Reach Out and Read

Training for Primary Care Providers
Welcome to Reach Out and Read® Training for Primary Care Providers!

Reach Out and Read’s Training for Primary Care Providers is designed to help Primary Care Providers who work with children incorporate the Reach Out and Read Program into their clinical practice.

To learn more about Reach Out and Read and promoting early literacy visit the Reach Out and Read National Center website.
Before You Begin

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Target Audience
Pediatric and Family Practice MDs, DOs, NPs, RNs, PAs, and other interested parties.

Educational Needs Addressed
Given the correlation between poor literacy skill development and growing up at or near the poverty level, the pediatric health care provider has a unique opportunity to positively impact children’s exposure to books and their expressive and receptive vocabulary skills; this is done by making anticipatory guidance about language development and early literacy a part of all pediatric primary well child care.
Acknowledgements

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Course Objectives

By the end of this course, you will be able to:

- Describe the three components of the Reach Out and Read model in primary care practice
- Identify and choose appropriate books for patients ages 6 months to 5 years
- Understand how to use books in the exam room to enhance developmental surveillance
- Explain to parents the importance of reading aloud for their children’s development of language and literacy skills
- Summarize how the Reach Out and Read model can help you efficiently follow the Bright Futures guidelines
- Explain what your clinic can do in the waiting room to reinforce the message of early literacy
- Integrate the evidence base that supports the Reach Out and Read model

Module 1: Reach Out and Read in Your Clinical Practice

1) Summarize Reach Out and Read’s Mission and Model
2) Identify the three components of the Reach Out and Read model

Module 2: Books in Children’s Lives

1) Summarize why books are important to children’s language and literacy development
2) Clarify how disparities in income affect literacy rates
3) Summarize the importance of the role of the pediatric primary care provider in early literacy intervention
4) Identify components of a successful Reach Out and Read program in the waiting room and exam room

Module 3: Reach Out and Read in Action at Health Supervision Visits

1) Identify books appropriate for children at each age in the Reach Out and Read program
2) Identify the goals of Bright Futures guidelines for each well-child visit and identify how the Reach Out and Read model can help you meet the goals of those visits
3) Evaluate examples of Reach Out and Read visits and identify characteristics of an effective, efficient Reach Out and Read visit

Module 4: Reach Out and Read -Related Research

1) Summarize research results relating Reach Out and Read interventions to parent reading behaviors, attitudes toward reading, and children’s language abilities.
Module 1: Reach Out and Read in Your Clinical Practice

Introduction

Reach Out and Read Mission

Reach Out and Read Model

Why Participate in Reach Out and Read?

Introduction

Thank you for your interest in Reach Out and Read! Reach Out and Read is a national early literacy promotion program, targeting children from infancy through kindergarten age, and building on the relationship between primary care providers and families. When providers understand the connection between early exposure to reading aloud and later developmental progress, they are more likely to include literary guidance in the pediatric health supervision visit.

Reach Out and Read Mission

Reach Out and Read prepares America’s youngest children for school by partnering with doctors and other primary health care providers to prescribe books and encourage families to read together.

Reach Out and Read Model

The Reach Out and Read model was developed to work effectively in busy clinics, health centers, and medical practices. The model has three components:

1. The literacy message begins in the waiting room, where practices create Literacy-Rich Waiting Rooms
   - Create displays about books, reading, family literacy, and the local library
   - Display gently-used books to be read by parents and taken home by children
   - When possible, have volunteer readers read to children and parents in the waiting room, modeling how to read aloud, and showing parents how much children enjoy books
   - More information about literacy-rich waiting rooms can be found here and here.
II. In the exam room, pediatric health care providers offer Anticipatory Guidance promoting reading aloud

- Talk to parents about the benefits of reading aloud, and how parents contribute to a child’s love of books, and how experience with books promotes school readiness
- Describe and model developmentally-appropriate techniques for enjoying books with young children
- Discuss with parents how they can integrate reading aloud into a young child’s daily routine
- Remind parents how important it is to talk to their child since increased exposure to spoken language fosters development of the child’s language skills
- Help parents appreciate the literacy and language skills their children are developing

III. At every health supervision visit, from 6 months to 5 years, each child receives a new, developmentally-appropriate Book to Take Home

- Present the book to the child early in the visit, in order to watch the child explore the book and help the parent observe the meaning in this behavior.
- The Reach Out and Read Scholastic Catalog and the Reach Out and Read Scholastic Online Store offer recommended titles for use by Reach Out and Read Programs.
- Doctor-recommended books for use by Reach Out and Read programs can be viewed here.
- Some practices give books at visits earlier than 6 months, while others are able to continue giving books as children get older. The visits from six months through 5 years form the core of the Reach Out and Read model in terms of giving books, but the anticipatory guidance and encouragement around language and talking to young children should begin at birth, and continue into the school years.

A child who participates in Reach Out and Read reaches kindergarten with a home library of ten beautiful children's books, each one accompanied by age-appropriate literacy guidance about reading aloud offered to the parents. Best of all, the book and literacy guidance are given by you -- the pediatric health care provider -- a known and trusted source of advice and information.
Why Participate in Reach Out and Read?

Reach Out and Read offers patients many benefits, enhances your medical practice, and helps you do your job even more effectively and efficiently.

- The Reach Out and Read model of early childhood literacy promotion is fast becoming the standard of care and helps your clinic deliver the best possible care to the families you serve

- Reach Out and Read books provide an additional tool for developmental surveillance—giving the book early in the visit and observing the child allows you to observe fine motor, gross motor, cognitive, language, literacy, and social-emotional development

- Reach Out and Read allows you to give parents concrete, useful advice about enhancing their children’s speech and language development by building books into daily routines

- Reach Out and Read helps to fulfill the goals of the American Academy of Pediatrics’ Bright Futures guidelines in a time efficient and practical way

- Reach Out and Read helps build relationships! Children love the books, and quickly come to associate the provider and the clinical setting with getting a book. Parents appreciate the books, and can use them to carry out the advice given

- Practicing primary care with books is rewarding and even fun for health care providers; once you’ve practiced this way for a while, you won’t want to go into a health supervision visit without a book in your hand
Module 2: Books in Children’s Lives

Why Books Matter
Disparities in Socioeconomic Status (SES) and Language
Reading Difficulties in Low SES Children
What Risk Factors in Young Children Predict Reading Difficulties?
Why is Early Literacy an Important Subject for Busy Pediatric Health Care Providers?
The Reach Out and Read Visit: In the Waiting Room
The Reach Out and Read Visit: In the Exam Room
Book Selection
   General Principles
   Choosing the Right Book
Dialogic Reading: Helping the Child Become the Teller of the Story

Why Books Matter

- Books are a way to encourage and increase language exposure in young children. 9, 18

- Growing up with books promotes early literacy skills
  - Book handling and picture naming. 9, 3, 10
  - Understanding how stories work. 1, 21
  - Recognition of sounds and letters. 24, 5

- Books take children to places and times they have never been -- enlarging and enhancing young children’s worlds, offering them “mirrors and windows,” and providing children with humor, rhyme, story, and stimulation. 21 (e.g., Ezell & Justice, 2005)

- Reading aloud to young children is an excellent and enjoyable way for parents to spend time with their children (and to reduce screen time and television exposure!). 21, 26

- Children who are read to are more likely to progress to reading themselves in primary grades, which predisposes them to overall school success. 9, 14

- One in five children has significant difficulty learning to read. 12

- Providing books and guidance about reading aloud to parents of children at social and economic risk offers us a strategy to address important disparities in educational success:
  - Low-income parents may face barriers including limited time, family stress, limited resources, limited access to quality children’s books, no personal experience of being read to, and limited adult literacy skills. 28, 8
  - Children with reading challenges are disproportionately likely to be from low-income homes. 15, 12
In other words, by helping put books into your patients’ lives and homes, you are helping parents help their children grow up with increased language, increased stimulation, an enhanced home environment, and a better chance for success in school!

**Disparities in Socioeconomic Status (SES) and Language**

Hart & Risley’s 1995 study showed that the number of words heard by young children as they grow up varies dramatically with socioeconomic status (SES). According to the study, children from families on government assistance heard significantly fewer words than their more affluent peers. (In fact, there was a greater than ten-fold disparity in the number of words heard during preschool years.) The disparities were reflected in the vocabularies that these children developed, which are good predictors of language skills and school success.

Hart & Risley’s data showed that by age two, children in high SES families (children of professionals) had significantly larger vocabularies than children from low SES families. As children approached school age, vocabulary gaps widened even further.

For a summary of Hart & Risley’s study, go [here](#).
Reading Difficulties in Low SES Children

The disparities in vocabulary and language skills among young children are reflected in the high proportion of low-income children who experience problems or delays in learning to read.\(^{27}\)

National Center for Education Statistics data from 2003 showed a correlation between SES and reading difficulties identified in fourth-graders; low-income children were significantly more likely to have reading problems. Fourth grade marks an important watershed in reading development; it is the grade level at which children are supposed to have made the transition from learning to read to reading to learn, that is, they are supposed to have achieved the ability to read fluently for content, instead of struggling to decode words.

More recent studies show similar results. For more information on the correlation between poverty and poor reading skills, see “Eligibility for Free/Reduced Price School Lunch”.
What risk factors in young children predict reading difficulties?

If we examine school readiness skills in children as they start school, those children most at risk for later reading difficulties are those who start school with:

- Smaller vocabularies—Children at risk know fewer words and word meanings than their peers. 19

- Fewer verbal abilities or skills—Children at risk have less developed pronunciation skills, syntax, fluency, and voice inflection. 22, 16

- Less alphabet knowledge—Children at risk cannot recognize and name the letters of the alphabet. 20

- Less phonological awareness—Children at risk do not make connections between letters and the sounds letters produce. 6, 13

- Less familiarity with print knowledge—Children at risk lack knowledge about printed letters, words, and book conventions. This includes knowledge of the distinction between print and pictures, and the understanding that print carries meaning. 12, 16

- Lack of narrative knowledge—Children at risk lack skills needed to articulate spoken and written descriptions of real or fictional events experienced in the past, present, or future. 29, 17

Why is early literacy an important subject for busy pediatric health care providers?

Primary Care Providers have unique access, unique relationships, and a unique platform, which can be used to help parents promote their children’s early language and literacy development. In fact, the relationship between the provider and the family is the key to the Reach Out and Read intervention.

- Providers reach most parents and children early; they can discuss this subject during the months and years before most children are enrolled in programs or in childcare

- Providers have repeated one-on-one contact with families, especially during the critical first years of a child’s life

- Providers are trusted experts and serve as sources of important information and support

- Providers are responsible for offering guidance and screening language and development
The Reach Out and Read Visit: In the Waiting Room

The Reach Out and Read visit begins in a literacy-rich waiting room. You can create one with:

- Gently-used books
  - Schools or organizations in your area may conduct book drives for you
  - Be sure to sort books carefully before offering them to children
  - Display gently-used books so parents can read to their children
  - Put up a sign inviting children to take books home
  - Gently used books can also be kept in the exam rooms and offered to siblings or to children at sick visits

- Posters and displays about children’s books, libraries, and family literacy opportunities
  - Local librarians may help with displays, or even come into a clinic waiting room for a “library day”
  - The Reach Out and Read National Center can help with ideas and display materials

- Volunteers reading aloud to children, modeling interactive reading techniques
  - Depending on the nature of your Site, this can be done by hospital volunteers, by people connected with local civic groups, by medical staff on break, or by individual community volunteers

More information about literacy-rich waiting rooms can be found [here](#) and [here](#).

The Reach Out and Read Visit: In the Exam Room

There are many general messages about reading aloud that we can reinforce for parents as part of anticipatory guidance:

- Reading aloud stimulates language development even before a child can talk; just as we encourage parents to talk to children who can’t talk yet, we encourage them to read to babies and toddlers. 30,25

- Reading aloud promotes a love of books because the child comes to associate the book with times of pleasure and comfort, with a well-loved voice, and with the stories and pictures found in high-quality children’s books. 23,11

- Reading aloud should be fun for the parent and the child. 30
More specific anticipatory guidance can help parents with age-appropriate expectations for how their children will handle books and respond to stories:

- **Newborns and very young babies** need to hear a parent’s voice as much as possible, talking, singing, telling stories.

- **6-month-olds** may put books in their mouths; this is developmentally normal and appropriate and is why we give them chewable board books. It is not in any way an indication that the child is too young for a book!

- **12-month-olds** may point with one finger to indicate interest in a picture; parents should see this as developmental progress

- **18-month-olds** may turn board book pages, and may insist on turning back again and again to a favorite picture

- **2-year-olds** may not sit still to listen to a whole book, but will still enjoy looking at individual pages, or having parents read them stories bit by bit

- **3-year-olds may re-tell familiar stories and may memorize their favorite books**

- **School-age children** will start to be able to read to you—but don’t stop reading to them, and enjoy taking turns.

As children get closer to school age, they develop more advanced skills related to print, including recognizing letters, associating letters and sounds, and developing more sophisticated comprehension skills.

Click [here](#) for more about the Developmental Milestones of Early Literacy or [here](#) for additional developmental milestones.
Book Selection

General Principles

In the next module, we will watch providers interact with parents and children from infancy through school age. For each developmental stage, we will look at choosing the right book, at using the book in the exam room to observe developmental progress, and at offering developmentally appropriate literacy advice to parents.

Before we do that, let’s review some general principles about book choice, and about reading aloud techniques:

- We want to choose books that will be appropriate for our patient populations, and we want to offer books in ways that will encourage parents to read them. We don’t want to intimidate any parent, especially those parents who find reading difficult.

- We want to encourage a style of reading called “dialogic reading,” in which there is back-and-forth communication between parent and child.

- We want to use the book to everyone’s best advantage during the pediatric visit so that
  - The child comes away with an appropriate and engaging book
  - The parent comes away with useful strategies for enjoying that book at home with the child
  - The provider comes away with an enhanced appreciation of the child’s development, having had an efficient and effective primary care visit!

Choosing the Right Book

- Know your population—choose books that reflect the ethnic, cultural, and linguistic groups you serve

- Be responsive to parental preferences—and with older children (3 years and up), it is good to offer several books and let the child choose

- Be aware that some parents may have limited literacy levels, and/or may not have very positive associations with books and reading
For parents uncomfortable with “reading,” you can talk about “looking at books together” or about “naming the pictures.” For these parents:

- Offer books with very few words on the page
- Be ready to refer parents to an adult or family literacy program—have that information handy (some providers suggest offering this referral to every parent: “Would anyone in your family be interested in improving their reading skills?”)
- Remind the parent that her baby wants her voice, her attention, and time on her lap. Remind the parent that by looking at books with her baby, she is doing something very important and very powerful

**Dialogic Reading: Helping the Child Become the Teller of the Story**

Dialogic reading is a concept based on the work of Dr. Grover Whitehurst and the Stony Brook Reading and Language Project. As Dr. Whitehurst put it, “In Dialogic Reading, the adult helps the child become the teller of the story. The adult becomes the listener, the questioner, the audience for the child. No one can learn to play the piano just by listening to someone else play. Likewise, no one can learn to read just by listening to someone else read. Children learn most from books when they are actively involved.”

The fundamental technique for an adult to use in reading to a child is called the PEER sequence, in which the adult:

- Prompts the child to say something about the book
  “What does a dog say?”
- Evaluates the child’s response
  “That’s right, a dog says woof woof!”
- Expands the child’s response
  “And a cat says meow!”
- Repeats the prompt
  “What does a cow say?”
Here are some of the different kinds of prompts that adults can use in dialogic reading:

<table>
<thead>
<tr>
<th></th>
<th>Prompt</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Completion prompts—the child is asked to complete sentences in familiar books</td>
</tr>
<tr>
<td></td>
<td>“I do not like Green Eggs and Ham, I do not like them Sam I ___”</td>
</tr>
<tr>
<td>R</td>
<td>Recall prompts—the child is asked about what happened in a story that’s already been read</td>
</tr>
<tr>
<td></td>
<td>“Did Sam like Green Eggs and Ham?”</td>
</tr>
<tr>
<td>O</td>
<td>Open-ended prompts about the picture and the story— “What is Sam doing in this picture?”</td>
</tr>
<tr>
<td>W</td>
<td>What, when, where, and why prompts for preschoolers “What is Sam holding?”</td>
</tr>
<tr>
<td>D</td>
<td>Distancing prompts—the child is asked to relate the book to events or situations in his own life</td>
</tr>
<tr>
<td></td>
<td>“Look at Sam’s doggy. Do you have a doggy?”</td>
</tr>
</tbody>
</table>

Information on the above page from Whitehurst, G. (1992), Dialogic Reading: An effective way to read to preschoolers, retrieved on September 1, 2009, as well as additional info about Dialogic Reading can be found [here](#).
In the Exam Room: Video Vignettes

In the video clips that follow, you will watch providers work with children ranging from a 6-month-old infant to a 5-year-old child ready for kindergarten. You will learn techniques that will help you:

- Select a developmentally-appropriate book to give away at each health supervision visit from 6 months to 5 years of age; this means you will distribute eight to ten books to each child before kindergarten!
- Introduce the book early in the visit, so you can watch the child with the book, and can discuss both the book and the child’s development during the exam
- Tailor the book and anticipatory guidance to the child you are seeing
- Use the book to support the guidance you offer regarding other issues from language development to bedtime routines to school readiness
- Use the book as a screening tool to assess a child’s motor development, social/emotional and cognitive development, and ultimately, school readiness
- Model age- and developmentally-appropriate strategies for parents’ reading aloud and enjoying books with young children
- Introduce and describe the program briefly at the first visit – or first few visits --where a book is given, so families understand that you and your practice feel this is an important part of well child care

As you watch the vignettes, we will offer information that explains the early literacy goals of each visit, how the book fits in with Bright Futures Guidelines, and analysis of the interactions among provider, parent, and child.

“Which Books to Choose” offers suggestions on what types of books and which titles are appropriate for each age group.

“Teachable Moment” suggests ways to use the book to create a teachable moment to talk about early language and literacy.

“Bright Futures Guidelines” show which aspects of Reach Out and Read help meet the Bright Futures guidelines, including the child’s Socio-Emotional, Communicative, and Cognitive Development.

References:

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents—Third Edition

The 6 Month Visit: “Your baby is not too young for a book!”

Anticipatory guidance to parents about the importance of talking to a baby should begin at birth, and should continue at every well visit. There are a variety of different literacy programs—and at least a couple of Reach Out and Read programs—which give one or more books in the newborn period. However, all Reach Out and Read programs give a book at the 6 month visit, and for many babies, it may be the first time they have held (or chewed) a book. For some parents, this may look surprising or unfamiliar.

Teachable Moment: Books are about exploration and hearing language.

Bright Futures Guidelines

- Socio-Emotional
  - A 6-month-old baby is socially interactive with the parent

- Communicative
  - A 6-month-old baby vocalizes (puts a string of vowels together such as /aa/)

- Cognitive
  - A 6-month-old baby continues to use visual exploration to learn about the environment, but is also beginning to use oral exploration

6 Month Visit: Larry
What We Just Saw: 6 Months

<table>
<thead>
<tr>
<th>Child</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initially he is not focused</td>
<td>She is proud of Larry’s interest and obvious glee in books</td>
</tr>
<tr>
<td>He receives the book and his joy is apparent in his entire body—he</td>
<td>She lets him freely examine the book, in part because the provider just said it was “ok”</td>
</tr>
<tr>
<td>raises his arms and his tone changes</td>
<td></td>
</tr>
<tr>
<td>He calms, brings his hands to the midline, and focuses on the book</td>
<td>She has great questions about helping Larry’s development</td>
</tr>
<tr>
<td>He makes rudimentary attempts to turn/stroke the page</td>
<td></td>
</tr>
</tbody>
</table>

Which Books to Choose: 6-12 months

- Choose books with board pages—they are going to get chewed!
- Small books are easier for small hands to hold
- Babies love pictures of faces, pictures of babies, and pictures of familiar objects
- Babies love bright colors
- Look for books with not many words on a page—babies do not need to hear long stories

Suggested Book:

_Click here to see additional Books recommended for children at this age._
Module 3: Reach Out and Read in Action at Health Supervision Visits

The 9 Month Visit: “As new skills develop, your baby finds new ways to handle books.”

Teachable moment: Books are beloved pieces of a child’s world.

Bright Futures Guidelines

- **Socio-Emotional**
  - A 9-month-old baby seeks the parent for play, comfort, and as a resource

- **Communicative**
  - A 9-month-old baby uses a wide variety of repetitive consonants and vowel sounds
  - A 9-month-old baby starts to point out objects

- **Cognitive**
  - A 9-month-old baby looks at books as he physically and visually explores his environment

9 Month Visit: Victor and Alexander
What We Just Saw: 9 Months

<table>
<thead>
<tr>
<th>Children:</th>
<th>Parents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Each twin has a different temperament</td>
<td>• They are concerned with their children’s development</td>
</tr>
<tr>
<td>• Each child manipulates the book differently</td>
<td>• They see that their children are excited about books</td>
</tr>
<tr>
<td>• Both children show obvious interest in the books</td>
<td>• The parents are advised to offer books with faces and colors</td>
</tr>
<tr>
<td>• Both children exhibit good truncal tone and good fine motor skills</td>
<td>• The doctor explains that the books are safe to “eat”</td>
</tr>
<tr>
<td>• Children look to parents for reassurance</td>
<td>• The doctor reassures the parents and re-frames their concerns</td>
</tr>
</tbody>
</table>

*Click here to see additional Books recommended for children at this age.*
Module 3: Reach Out and Read in Action at Health Supervision Visits

The 12 Month Visit (Early Toddler): “Your child is eager to spend time with you and hear your voice!”

Teachable moment: Books are an important part of family life and routines.

Bright Futures Guidelines

- **Socio-Emotional**
  - A 12-month-old toddler hands you a book when he wants to hear a story
  - A 12-month-old toddler can listen to a story
  - A 12-month-old toddler has a strong attachment to the parent or caregiver

- **Communicative**
  - A 12-month-old toddler demonstrates *protodeclarative* pointing (pointing to show the parent something)
  - A 12-month-old toddler speaks 1-2 words
  - A 12-month-old toddler jabbers with the inflections of normal speech

- **Cognitive**
  - A 12-month-old toddler follows simple directions

12 Month Visit: Nyla
What We Just Saw: 12 Months

<table>
<thead>
<tr>
<th>Child:</th>
<th>Parent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Her constant, happy babble reflects good exposure to language and books</td>
<td>• He allows Nyla control of the book</td>
</tr>
<tr>
<td>• She calms immediately and is attuned to Dad as he reads</td>
<td>• He describes how he enjoys spending time together</td>
</tr>
<tr>
<td>• She eagerly explores the book with eyes, hands, and mouth</td>
<td>• He discusses how books fit into her routines</td>
</tr>
<tr>
<td>• She holds the book and turns board pages easily</td>
<td>• He points to objects to engage and teach</td>
</tr>
<tr>
<td></td>
<td>• The doctor encourages him not to give up</td>
</tr>
<tr>
<td></td>
<td>• The doctor reassures him that Nyla is developmentally appropriate in her skills and focus</td>
</tr>
</tbody>
</table>

[Click here](#) to see additional Books recommended for children at this age.
Module 3: Reach Out and Read in Action at Health Supervision Visits

The 15 Month Visit (Early Toddler): “Your child likes it when you read aloud.”

Teachable moment: Books are contributing to the development of your child’s communication skills.

Bright Futures Guidelines

- **Socio-Emotional**
  - A 15-month-old toddler may imitate you reading a book
  - A 15-month-old toddler may bring you a book to read aloud
  - A 15-month-old toddler has a strong attachment to the parent or caregiver

- **Communicative**
  - A 15-month-old toddler will point, grunt, and/or pull to show you what she wants
  - A 15-month-old toddler speaks 2 – 3 meaningful words
  - A 15-month-old toddler hands you the book when he wants to hear a story

- **Cognitive**
  - A 15-month-old toddler understands and follows simple commands

(Video not available for this visit.)

*Click here to see additional Books recommended for children at this age.*
Module 3: Reach Out and Read in Action at Health Supervision Visits

The 18 Month Visit (Late Toddler): “Your child’s language is getting better every day!”

Teachable moment: Books create and sustain a language explosion!

Bright Futures Guidelines:

- **Socio-Emotional**
  - An 18-month-old toddler explores alone but wants the parent in close proximity

- **Communicative**
  - An 18-month-old toddler vocalizes and gestures
  - An 18-month-old toddler speaks 6-50 words
  - An 18-month-old toddler uses two word phrases
  - An 18-month-old toddler asks parent to read a book

- **Cognitive**
  - An 18-month-old toddler points to an object or animal in a book when responding to “where is__?” questions
  - An 18-month-old toddler follows simple instructions (understands gestured cues and two-step commands)
  - An 18-month-old toddler knows the name of his favorite books (this is a better question to ask than his favorite TV show!)
  - An 18-month-old toddler completes sentences and rhymes in familiar books

Following are two vignettes of children at the same age, which illustrate some of the range of toddler behavior in the exam room. At one end of the spectrum is an attentive and responsive toddler; at the other, a child who is not in a cooperative mood. The doctor needs to remain consistent with the message of the importance of reading aloud but tailor the Reach Out and Read intervention to the child’s mood and temperament – and help the parent do the same!
### 18 Month Visit: Eli

#### What We Just Saw: 18 Months

<table>
<thead>
<tr>
<th>Child:</th>
<th>Parent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• He knows his animal sounds</td>
<td>• She lets her child control the book</td>
</tr>
<tr>
<td>• He can point to objects</td>
<td>• She reads more than one book at a sitting</td>
</tr>
<tr>
<td>• Though quiet, he was totally engaged with the book</td>
<td>• She re-reads stories to Eli</td>
</tr>
<tr>
<td>• His attention span has increased</td>
<td>• She engages in verbal turn-taking with Eli</td>
</tr>
<tr>
<td>• He has an understanding of left to right print sequencing</td>
<td>• She labels/describes book contents</td>
</tr>
<tr>
<td></td>
<td>• She asks “wh” questions</td>
</tr>
</tbody>
</table>
### 18 Month Visit: Geo

**What We Just Saw: 18 Months**

**Child:**
- He demonstrates healthy curiosity by touching surfaces, exploring the physical spaces, and making noises
- He resists sitting still
- He becomes captivated by the book and by his mother’s voice
- He quickly shifts focus from book to new object of attention

**Parent:**
- She describes a daily, consistent routine that features reading time together
- She allows Geo to explore the physical space and new environment
- She reads with enthusiasm and an animated voice
- The doctor reassures her that Geo’s occasional reluctance to focus on a book is developmentally appropriate
- The doctor compliments her reading style

[Click here](#) to see additional Books recommended for children at this age.
Module 3: Reach Out and Read in Action at Health Supervision Visits

The 24 Month Visit: “Your child has a growing vocabulary and is enjoying familiar rhymes and books.”

Teachable moment: Offer books all the time, but follow the child’s cues!

Bright Futures Guidelines:

- **Socio-Emotional**
  - A 24-month-old child imitates adults
  - A 24-month-old child refers to “I” or “me” more often

- **Communicative**
  - A 24-month-old child has vocabulary of at least 50 words
  - A 24-month-old child uses 2-word phrases
  - A 24-month-old child asks parent to read a book

- **Cognitive**
  - A 24-month-old child follows 2-step commands
  - A 24-month-old child names one picture, such as a cat, horse, bird, dog, or man
  - A 24-month-old child completes sentences and rhymes in familiar books
  - A 24-month-old child corrects you if you change a word in a book he/she knows

Video not available for this visit.

*Click here* to see additional Books recommended for children at this age.
Module 3: Reach Out and Read in Action at Health Supervision Visits

The 30 Month Visit: “Your child’s imagination is fed by reading aloud.

Teachable moment: Offer books all the time, but follow your child’s cues!

Bright Futures Guidelines:

- **Socio-Emotional**
  - A 30 month-old child has fears about unexpected changes in the physical environment, explores alone but wants the parent in close proximity
  - Is starting to include other children in play and games
  - Imaginary games (e.g., dolls) are increasing

- **Communicative**
  - A 30 month-old child vocalizes, gestures, and knows several hundred words
  - Uses three and four word phrases, and is understandable to others 50% of the time
  - Asks parent to read a book

- **Cognitive**
  - A 30 month-old toddler knows the correct action/sound for a selected animal or person (e.g., cat meows)
  - Follows simple instructions (understands gestured cues and two-step commands)
  - Has friends!

Video not available for this visit.

*Click here* to see additional Books recommended for children at this age.
Module 3: Reach Out and Read in Action at Health Supervision Visits

The 36 Month Visit (Pre-School): “Your child understands books and stories, and they help him learn about the world.”

Teachable moment: Reading books increases comprehension and the ability to retell stories.

Bright Futures Guidelines:

- **Socio-Emotional**
  - A 36-month-old child’s imaginative play is becoming more elaborate, with specific themes or story lines demonstrated
  - A 36-month-old child enjoys interactive play

- **Communicative**
  - A 36-month-old child carries on a conversation with 2 to 3 sentences spoken together
  - A 36-month-old child is understandable to others 75% of the time

- **Cognitive**
  - A 36-month-old child identifies self as a girl or boy
  - A 36-month-old child knows the name of and the use of a cup, ball, spoon, and crayon
  - A 36-month-old child draws a person with 2 body parts

36 Month Visit: Spencer
(Although Spencer is 3.5 years old, his video clip is included at this visit because he exhibits many of the behaviors one would expect to see in children at the 36 month visit.)
### What We Just Saw: 36 Months

<table>
<thead>
<tr>
<th>Child:</th>
<th>Parent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• He exhibits good story comprehension and sequencing skills</td>
<td>• She asks child to interpret pictures</td>
</tr>
<tr>
<td>• He demonstrates counting</td>
<td>• She helps child relate story to his own experiences</td>
</tr>
<tr>
<td>• He makes inferences and articulates his words</td>
<td>• She positively reinforces child’s efforts</td>
</tr>
<tr>
<td>• He is clearly familiar with bedtime rituals</td>
<td>• She asks open-ended questions</td>
</tr>
<tr>
<td>• He understands conversation, turn-taking</td>
<td></td>
</tr>
</tbody>
</table>

*Click here* to see additional Books recommended for children at this age.
Module 3: Reach Out and Read in Action at Health Supervision Visits

The 48 Month Visit (Pre-School): “Your child understands books and stories, and they help her learn about the world.”

Teachable moment: Reading books with children increases comprehension and the ability to retell stories.

Bright Futures Guidelines:

- **Socio-Emotional**
  - A 48-month-old child describes himself, including gender, age, interests, and strengths
  - A 48-month-old child plays with favorite toys, and acts consistently with the community’s or family’s cultural values
  - A 48-month-old child engages in fantasy play

- **Communicative**
  - A 48-month-old child gives first and last name
  - A 48-month-old child sings a song or recites a poem from memory
  - A 48-month-old child’s speech efforts are clear and understandable 100% of the time

- **Cognitive**
  - A 48-month-old child can name four colors
  - A 48-month-old child can make predictions regarding what he thinks is going to happen next in a book

Video not available for this visit.

*Click here to see additional Books recommended for children at this age.*
Module 3: Reach Out and Read in Action at Health Supervision Visits

The 60 Month Visit (Pre-Kindergarten): “Your child is ready to start learning to read!”

Teachable moment: The child who loves books is ready for school.

Bright Futures Guidelines:

- **Socio-Emotional**
  - A 5-year-old child has social readiness to both separate from parent easily and to get along with other children

- **Communicative**
  - A 5-year-old child is clearly understandable
  - A 5-year-old child gives his first and last name when prompted

- **Cognitive**
  - A 5-year-old child has knowledge of the alphabet and numbers
  - A 5-year-old child is curious!

60 Month Visit: Youcef
What We Just Saw: 60 Months

<table>
<thead>
<tr>
<th>Child:</th>
<th>Parent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• He uses complex language and proper grammar</td>
<td></td>
</tr>
<tr>
<td>• He can recognize letters and pick out the letters of his name</td>
<td></td>
</tr>
<tr>
<td>• He asks and answers questions</td>
<td></td>
</tr>
<tr>
<td>• He elaborates on the storyline</td>
<td></td>
</tr>
<tr>
<td>• He anticipates outcomes in the story</td>
<td>• She lets child tell story</td>
</tr>
<tr>
<td></td>
<td>• She responds to and expands on child’s questions</td>
</tr>
<tr>
<td></td>
<td>• She encourages his interest in books and reading</td>
</tr>
<tr>
<td></td>
<td>• She and the doctor provide books about her child’s specific interests</td>
</tr>
</tbody>
</table>

[Click here](#) to see additional Books recommended for children at this age.
Module 3: Reach Out and Read in Action at Health Supervision Visits

You’ve just seen some very experienced providers talk with parents about books and reading in a whole range of different ways. You’ve seen children engage with books, refuse to engage with the books, and parents and providers discuss different stages of development and behavior.

Here is a mnemonic that was developed to help providers remember all the different aspects of using a book in the exam room:

<table>
<thead>
<tr>
<th>S</th>
<th>Show book early and Share it with the child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Ask the parent about reading activities in the home and Assess the response.</td>
</tr>
<tr>
<td>F</td>
<td>Give Feedback to the parent about your observations of the child’s interaction with the book.</td>
</tr>
<tr>
<td>E</td>
<td>Encourage the parent to read aloud daily and Express the benefits of becoming a reader.</td>
</tr>
<tr>
<td>R</td>
<td>Refer the family to a family literacy program if indicated and Record intervention in the chart.</td>
</tr>
</tbody>
</table>

Now that you’ve had a chance to watch providers in the exam room, let’s review some take-home messages about how you can get the most out of Reach Out and Read in your own practice:

- Start the visit with a book: bring it into the exam room with you, hand it to the child, and make it part of the whole visit from beginning to end
- Use the book to create a teachable moment to talk about early language and literacy
- Use the book and the whole issue of reading aloud in your anticipatory guidance—talk about the importance of reading when you talk about language, when you talk about sleep behavior and bedtime routines, and when you talk about school readiness
- Use the book as part of developmental surveillance, to get a sense of the child’s development and also to observe the child’s behavior and the parent-child relationship
- Whenever possible, model developmentally-appropriate techniques for enjoying the book and demonstrate dialogic reading: point at pictures, name objects, ask questions
- Encourage daily reading aloud, and talk about where it fits in a child’s routine
- Recommend the library; any parent who reports that a child loves the book you gave at the last visit needs to know about the great variety of books available at the local public library!
Module 3: Books 6-12 Months

Which Books to Choose: 6-12 months

- Choose books with board pages—they are going to get chewed!
- Small books are easier for small hands to hold
- Babies love pictures of faces, pictures of babies, and pictures of familiar objects
- Babies love bright colors
- Look for books with not many words on a page—babies do not need to hear long stories

Suggested Books:
Module 3: Books 12-24 Months

Which Books to Choose: 12-24 months

- Board pages are still best, as fine motor skills are still developing
- One-year-olds like to look at pictures of familiar objects and learn their names
- Books can be an important piece of a child's routine (naptime, bedtime) and can encourage transitions (they can be about subjects like going to bed)
- Children this age enjoy rhyming words
- As they get older, look for books with new concepts; try identifying zoo animals, shapes, colors, big and small, etc.

Suggested Book: Goodnight Moon
Module 3: Books 24-36 Months

Which Books to Choose: 24-36 Months

- Many 2-year-olds can handle paper pages as their fine motor skills evolve
- Children this age enjoy rhyming words
- Look for humorous and silly books that play games with rhymes and offer funny pictures and stories
- Children can handle more advanced themes, stories, and contrasts (big/small, over/under)

Suggested Title: Is Your Mama a Llama?
Module 3: Books 36-60 Months

Which Books to Choose: 36-60 months

- Preschool-age children can follow more complicated stories, and they enjoy books based on folk tales and legends, as well as stories of family life
- This is a great age for colorful alphabet and counting books
- Look for books and illustrations that exercise the child’s imagination and offer the parent opportunities to talk about the world
- If possible, offer several books and let the child choose

Suggested Title: *Eating the Alphabet*
There are more than ten peer reviewed published studies looking at the effect of the Reach Out and Read intervention on what parents do at home, how parents feel about books, and how Reach Out and Read affects children’s language. In this section, we’ll take a look at significant findings from some of these studies.

**Clinic-based Intervention to Promote Literacy**
(Neeldman et. al., 1991)

- This was a pilot study designed to determine if exposure to a clinic-based literacy intervention promotes parents’ reading aloud to children.
- Researchers conducted waiting room interviews with 79 parents regarding their activities with their children. Parents who mentioned reading were considered to have a Parental Literary Orientation.
- Results indicated that parents who had received a book through Reach Out and Read were four times more likely to report reading to their children as parents who had not.

**Literacy Promotion in Primary Care Pediatrics: Can We Make a Difference?** (High, 2000)

- This controlled study evaluated the impact of a clinic-based literacy program (based on the Reach Out and Read model) on parent-child book sharing.
- The study enrolled 205 low-income families: 106 Intervention and 99 Control.
- Results indicated that the intervention families read aloud more frequently to their children, and had more positive attitudes toward reading than the control group families.

**Frequency of Reading Aloud**
(High et. al., 2000)
• Families in the intervention group read an average of 4.3 days a week, while families in the control group read an average of 3.8 days a week.

• Families in the intervention group read an average of 3.4 nights a week, while families in the control group read an average of 2.1 nights a week.

• **Attitudes Toward Reading**  
  (High et. al., 2000)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>1 of 3 favorite activities of parents</th>
<th>1 of 3 favorite activities of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Intervention</td>
<td>Control</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
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<tr>
<td>40</td>
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<tr>
<td>50</td>
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<tr>
<td>60</td>
<td></td>
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</tr>
</tbody>
</table>

• 57% of parents in the intervention group mentioned reading as one of three favorite activities for parents in the intervention group (vs. 33% for this in the control group)

• 27% of parents in the intervention group mentioned reading as one of three favorite activities for children in the intervention group (vs. 12% for those in the control group)

**The Impact of a Clinic-based Literacy Intervention on Language Development in Inner-City Preschool Children**  
(Mendelsohn et. al., 2001)

• This study examined the impact of a Reach Out and Read program on children’s language development in a low-income, at-risk population

• There were 122 participants: 49 Intervention and 73 Comparison

• The results show that parents receiving the intervention read to their children approximately one more day per week than those in the control group. The children participating in the intervention had higher receptive and expressive language scores (as much as a six-month developmental difference) than their non-participating peers
Children’s Expressive and Receptive Language Competencies
(Mendelsohn et. al., 2001)

- This study examined the effect of the Reach Out and Read program on the language development of children ages 2 to 5.9 years in two urban pediatric clinics
- Participants included Latino and black families who spoke English or Spanish
- 49 Families at one clinic (intervention group) had been exposed to Reach Out and Read during the previous three years. 73 families in a comparison group started Reach Out and Read three months before the study

Children in the intervention group had better receptive and expressive language scores than those in the comparison group

Summary of Reach Out and Read Related Research

Reach Out and Read significantly and positively influences a child’s literacy environment. When providers give books and counsel parents about reading aloud:

- Parents read more to their children
- Parents and children have more positive attitudes toward reading aloud
- At-risk children tend to have increased language development

Click here for a complete summary of Reach Out and Read-related research (link to one-page Research Summary)
Click here for Reading Across the Nation: A Chartbook for to find more about literacy statistics in your state.
References


Reach Out and Read Glossary of Terms

**Bright Futures Guidelines**


**Catalog**

Reach Out and Read Catalog published in collaboration with Scholastic Inc., containing children’s books from a variety of publishers, all offered at discounted prices. All books are selected by National Center staff, and appropriate for children ages 6 months-5 years. Catalog also includes Reach Out and Read program materials (e.g., stickers, bookmarks, Milestones).

**CME Training**

Online Reach Out and Read training course. Anyone can review the training, but only eligible medical providers (currently doctors and nurse practitioners) will receive one CME (Continuing Medical Education) credit for taking the certified course. Visit [www.bu.edu/cme/or](http://www.bu.edu/cme/or).

**Coalition**

Collaboration of Reach Out and Read programs in a given region, typically statewide, that has a contractual agreement with the National Center. A designated Coalition Leader directs funds and activities. For more information, go [here](http://www.bu.edu/cme/or).

**Coalition/Regional Leader**

Individual responsible for managing approved Regional or State Reach Out and Read Coalition, and in direct contact with National Center regarding contractual agreement; serves as resource and advocate for programs in a defined region.

**Coalition Medical Director**

Medical provider with formal responsibility for Reach Out and Read program delivery in Sites within an Reach Out and Read Coalition; usually a physician and most often a pediatrician, the Medical Director supports Sites and the Coalition in a variety of ways that may include: training providers in the Reach Out and Read model, assisting with fundraising at the Coalition level, and advocating with government officials for the program’s benefit.
Developmental Milestones of Early Literacy
Chart created by Reach Out and Read National Center to highlight motor and cognitive developments in children ages 6 months through 5 years as they are related to early literacy, and what parents can do to enhance these skills. Available in poster format and 8 _ x 11 sheets, in English, Spanish and Chinese.

Dialogic Reading
Technique defined by Dr. Grover Whitehurst, in which child is active participant in storytelling process. Reader involves child with questions and discussion of picture/story content. Goal is to have child become teller of the story.

Emergent Literacy
Reading and writing behaviors that precede more formal literacy instruction in school. Emergent literacy refers to the earliest phases of literacy development, between birth and when children learn to read and write. For more information, go here.

Joint Attention
Joint attention is the process of sharing one’s experience of observing an object or an event, by following gaze or pointing gestures; critical for social development, language acquisition, and cognitive development.

Program Coordinator, Reach Out and Read
On-site program role responsible for coordinating and managing program (i.e., book ordering and distribution, tracking numbers, volunteer training). Typically the primary program contact with the National Center.

Program Medical Director, Reach Out and Read
On-site program role responsible for supporting and implementing Reach Out and Read model in pediatric practice, and training fellow providers in methods. Must be a doctor or nurse with authority at medical facility.

Medical Director, Coalition
Medical provider with formal responsibility for Reach Out and Read program delivery in Programs within an Reach Out and Read Coalition; usually a physician and most often a pediatrician, the Medical Director supports Programs and the Coalition in a variety of ways that may include: training providers in the Reach Out and Read model, assisting with fundraising at the Coalition level, and advocating with government officials for the program’s benefit.
National Center
Administrative center for the national Reach Out and Read program, housed in Boston, Mass. Serves as a source of fundraising, public relations, program management, fund allocation and more for programs throughout the country, as well as developing a national presence. For more information, go here.

Primary Site
A clinical program that has been approved for participation in the Reach Out and Read program by, and may receive books and/or funding for books from, the Reach Out and Read National Center.

Protodeclarative Pointing
Protodeclarative pointing is pointing at an object in order to get another person to look at that object.

Reach Out and Read
Reach Out and Read is the appropriate abbreviation for the Reach Out and Read program. When using the abbreviation to refer to a program, the appropriate usage is “an Reach Out and Read program.”

Scholastic
Scholastic Inc. is one of the leading publishers of educational materials and children’s books worldwide. They have partnered with Reach Out and Read repeatedly to provide benefits for our programs, including the publication and management of the Reach Out and Read Catalog and ordering process.
Thank You!

Thank you for completing Reach Out and Read’s *Training for Primary Care Providers*! If you have any questions or would like more information about Reach Out and Read, please email training@reachoutandread.org, or visit our website.