

Reach Out and Read
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A Pediatric Early Literacy Program

Program Manual

Reach Out

Reach Out

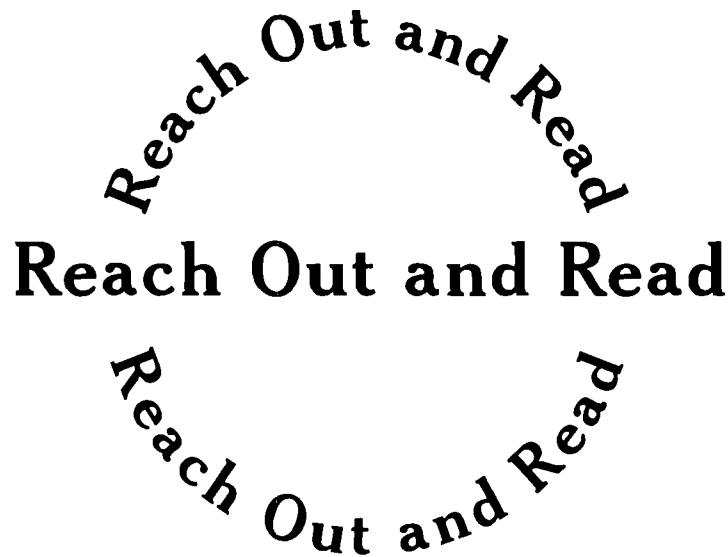
A People's Early Intervention Program

Program



REACH OUT AND READ • PROGRAM MANUAL • Boston City Hospital





PROGRAM MANUAL

A hands-on guide to establishing and running a pediatric early literacy program, based on the successful **Reach Out and Read** program at Boston City Hospital.

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ACKNOWLEDGMENTS

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FOREWORD

The Reach Out and Read (ROR) program is one of my favorite pediatric interventions to help children because it is easy to implement, it makes sense, it is relatively inexpensive, and it supports parents in their efforts to help their children. Its origins at Boston City Hospital involved educators, doctors, and nurses bringing books from home to the waiting room so that children could read prior to their appointments. When we discovered how quickly the books disappeared, Bob Needlman, M.D., Kathleen Fitzgerald Rice, M.S.Ed., and I developed the **ROR** concept; later, we were joined by Perri Klass, M.D.

The program consists of modeling reading by volunteers in the waiting room, training pediatric clinicians in the importance of literacy and strategies to promote books, and giving each child a developmentally and culturally appropriate book to take home at each visit. Based on my own early observations, I knew the program would be a success. Indeed, it is. When I give a book to a nine-month-old infant during a regular health supervision visit, the child's face lights up with excitement and, in response, the mother's face lights up. Anything that leads to smiles between a parent and child is bound to be repeated. A published evaluation of this study showed that parents involved in **ROR** were four times more likely to read or "book share" with children: The most high-risk mothers — those on welfare — were eight times more likely to read to their children compared to non-welfare mothers.

The exposure to books and the mutually satisfying relationship between parent and child form the basis for future learning. We tell parents that they don't have to teach letters to young children, but that when loving parents share books with them, children will develop an early positive attachment to books and will understand that they contain important information. Then, when it is time for children to learn how to decode let-

ters, they are much more likely to approach reading as a positive journey and adventure. While I do not like to medicalize activities, having a trusted physician give the book seems to be important to the parents. It validates their aspirations for the child to be a learner, to do well in school and in life. One mother said, "Well, if the doctor is giving me books and talking about sharing books with my child, it must be important."

ROR also has implications for the practice of pediatrics. Pediatrics has always gone beyond treating illness to trying to prevent problems, including injuries and poor nutrition. Promoting literacy is an important and natural step in the evolution of preventive pediatrics. Finally, **ROR** is rewarding to individual clinicians. Pediatric practice provides a special opportunity to develop relationships with parents and children and to share in the intimacy of a family's life. Giving shots, while helpful to the child, causes pain. Giving books to children is rewarding for a pediatrician because the children are pleased and the books are helpful. I believe that once clinicians see how much children enjoy the books, they will want to keep giving them out and the **Reach Out and Read** program will become a natural part of many pediatric practices.



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INTRODUCTION

A young mother with a very energetic toddler arrives at a neighborhood pediatric clinic. As the mother registers at the clinic desk, the child looks eagerly around the familiar waiting room. He tugs on his mother's arm, pulling her over toward the child-size table covered with picture books. It's hard to miss this table; most of the children in the waiting room are clustered around it and the newcomer is eager to join them. His mother sits down in one of the larger chairs nearby and a volunteer asks whether her son would like to look at some books. The toddler settles down to hear a story, while his mother watches, proud to see him listening, paying attention, pointing to pictures, responding to the volunteer's questions.

Later, in the examining room, the doctor gives the child a book and the mother comments that he really enjoys being read to. The doctor and the mother talk about how important it is to look at books with small children, and the doctor offers some advice about reading to active toddlers.

When the mother and the child leave the clinic, they take with them memories of a story read aloud, patterns of behavior for adults and children looking at books together, some practical advice, a sense that books and reading are very important to everyone at the clinic—and a brand new children's book.



For more than five years, the **Reach Out and Read (ROR)** program has operated at Boston City Hospital, making books and the encouragement of early literacy part of everyday pediatric practice. Volunteer readers bring books into the clinic waiting rooms, pediatric practitioners offer parents advice about books and reading aloud, and every child between the ages of six months and five years takes home a brand new book from every check-up. These children now grow up with at least a few interesting books at

home, and every parent hears about the importance of looking at books with young children.

We started with a hopeful, but by no means utopian vignette of a successful pediatric early literacy program in action. How does this happen? Can literacy and literacy guidance become an integral part of pediatric primary care? How do you design and implement an early literacy program that assists families in helping their children to reading and school success? How do you excite an often overextended clinic staff with limited time and limited resources about an early literacy program?

This manual is designed to help you develop a successful **ROR** pediatric early literacy program at your health center or hospital clinic. It offers specific and detailed advice on establishing the program and on each aspect of day-to-day coordination. There are sections on overall program organization and on the special training needed to help pediatric providers counsel parents about literacy. To ensure that you have a regular supply of appropriate and enticing books, a special section offers advice about choosing and ordering books.

The sections on volunteers, fundraising, and public relations are designed to be used by those offices in your hospital — or by a literacy program coordinator who may need to take on some of those responsibilities. We also offer suggestions for local collaborations to help connect your program with other organizations interested in books, literacy, and children. It is not necessary to have all these components in place at the beginning; the most important element is to make the connection between pediatric care and books and to get doctors and nurses started handing out books and advice about reading. As your program becomes established, we hope you will find in this manual answers to new questions that may arise, and resources to help you build and expand.

In writing this manual, we have tried to offer the benefit of our experience in running **Reach Out and Read** at Boston City Hospital. We've made the different sections as direct and practical as possible and have provided a variety of materials that can be adapted to your local needs or simply photocopied and used as they are, such as tips for choosing books, handouts

for training sessions, a volunteer application, and a book inventory form. We'd like to see our materials used, copied, annotated, and certainly improved as your own program gets going. As the national training site for **Reach Out and Read**, we are available to help you in any way we can. Together, we can make literacy part of well-child care and books a part of every childhood.

Please contact the **Reach Out and Read** program in Boston with questions or comments about the material included in this manual and for additional technical assistance.

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GETTING STARTED

GETTING STARTED

DESIGNING AND LAUNCHING YOUR LITERACY PROGRAM

- 2.1 What is early literacy?
- 2.2 Why early literacy programs in pediatrics?
- 2.3 Components of the program: Books
- 2.4 Components of the program: Parental guidance during health supervision visits
- 2.5 Components of the program: Volunteer readers
- 2.6 How do you staff a pediatric early literacy program?
- 2.7 Communication
- 2.8 Institutional support
- 2.9 **HANDOUT:** Checklist for ROR Program Development



Developing a program to promote early literacy in a pediatric health care setting means understanding connections between reading aloud and early literacy, and between early literacy and later school success. A **Reach Out and Read** program puts that understanding into action by building a program that incorporates books, advice for parents, and reading aloud into the clinic visit.

2.1

WHAT IS EARLY LITERACY?

A ROR pediatric early literacy program gives parents the information, support, and guidance they need to help their children become successful readers. Pediatric literacy programs are unique because they use pediatric health supervision visits and the power of the provider/patient

relationship to support the development of early literacy skills in young children.

Key components of a **Reach Out and Read** pediatric early literacy program are:

- 1) Developmentally and culturally appropriate children's books given to children by doctors and nurse practitioners during pediatric visits.
- 2) Guidance for parents about literacy during pediatric visits.
- 3) Volunteers reading to children and modeling reading aloud for parents in the waiting room.

This section on program organization explains the concept of emergent literacy and describes a model pediatric early literacy program. Each component of a reading program is discussed, and the section includes a checklist for designing a program and getting started.

2.2

WHY EARLY LITERACY IN PEDIATRICS?

Early literacy or, more specifically, emergent literacy, is part of a relatively new understanding of how children develop written language skills. Historically, reading and writing were looked at as separate cognitive processes that required a specific form of tutoring in order to develop. As a result, formal reading and writing instruction, beginning at school age (when children were seen as ready), was considered far more important in the development of literacy than exposure to books in the home and reading aloud by parents (Teale, 1988).

Recently, educators and researchers have paid more attention to the skills children acquire while still very young, and the process that leads them to reading and writing. (Teale, 1988; Snow, 1988; Schickedanz, 1992) Thus, the "discovery" of emergent literacy. The basic concepts of emergent literacy include the development of both writing and reading and the understanding that these skills are intimately linked and develop simultaneously rather than in sequence. Further, it is now understood that the development

of literacy is a continuous process that begins early in life and is very much dependent on environmental influences. (Schickedanz, 1992; Teale, 1988) In other words, we can look at literacy development the same way we look at language development. Important language development takes place before children actually start talking, and the child's environment and caretakers play vital roles in encouraging the precursors of speech and language. Like language development, literacy is a developmental process that can occur naturally when optimal conditions are present in the environment.

Researchers and educators now know that the development of early literacy skills through early experiences with books and stories is critically linked to a child's success in learning to read. (Snow, 1988; Teale, 1988) When children are exposed to books and reading, they develop emergent literacy skills, such as using books for fun, interpreting pictures, following the plot of a story, and putting meaning to the printed word. These emergent literacy skills become part of the bigger picture of the developmental process of literacy.

A 1985 National Commission on Reading study reported that reading aloud to children is the single most important intervention for developing their literacy skills. Numerous studies have found that children who are read to from an early age are more successful at learning to read. (Snow, 1988; Teale, 1988) Research on emergent literacy skills in young children found important links between their ability to read and their exposure to literacy experiences before they entered school. Such early experiences serve to associate books with parental affection, attention, and approval.

Since they play an important role in their children's literacy development, it is critical that parents have the information, materials, and support they need to help their children become successful readers. Children and families living in poverty (22.7 percent of all children in the U.S. in 1993) are particularly in need of supportive intervention because of their increased risks of school failure and extended cycles of economic hardship. Parents raising children in poverty face a variety of severe stresses, and may have limited literacy skills themselves. It is especially important to reach such families before the children enter school to give them a head start.

Doctors and nurse practitioners are often the only professionals with whom children and families have regular contact before the children reach school age. Parents respect the doctor's word and see the practitioner as someone with the power to heal their child. Promoting literacy in the context of this relationship between parent and health care provider can have a significant impact on parents' attitudes and behavior. In a study conducted by **ROR** in 1991, there was a four-fold increase in the number of parents who reported sharing books with their children after participating in **ROR**. Parents often give great weight to what the doctor says and understand that medical advice is being offered for the children's well-being. As one parent reported, "I knew reading aloud must be important, because my doctor said so."

2.3

COMPONENTS OF THE PROGRAM: BOOKS

High quality children's books are the heart of any **Reach Out and Read** program and are essential to its success. By giving a book to a family, you provide parents and children with a tool for reading aloud, for learning, and for warm, close times. Giving free books breaks down economic barriers to buying books faced by many families and conveys a message of importance, respect, and concern. And giving books to children feels a lot better than giving shots!

Children's books are given to families by doctors and nurse practitioners during pediatric health supervision visits. Beginning at the 6-month visit and continuing through the child's fifth year, clinicians give a child a book at each visit, along with parental guidance about literacy development, looking at books with young children, and reading aloud. These books should be new, culturally respectful, and developmentally appropriate. Doctors and nurse practitioners can use the books during the visit to observe motor, language, and cognitive development; to comment on the child's skills with books; and to demonstrate techniques for looking at books with young children.

If a child receives a new book at every health supervision visit, that child will enter school with a home library already established — and is

much more likely to enter school feeling that books are familiar and friendly. This home library is especially critical for families who can not afford the cost of children's books.

Although the primary strategy for getting books into the hands of children is through their doctors and nurse practitioners, books can be distributed to families in other ways as part of a pediatric **ROR** program. Donated books for older readers and used books can be put on bookshelves in the clinic waiting area for interested families to take home. Book give-away days can be planned as special events.

In order for books to be appealing and accessible to both families and providers, careful thought needs to be given to book selection, book storage, inventory, and distribution. This manual contains a special section entitled Books, Books, Books (Section 4) that elaborates on all these aspects of a **Reach Out and Read** program and its day-to-day operation.

2.4

COMPONENTS OF THE PROGRAM: PARENTAL GUIDANCE DURING HEALTH SUPERVISION VISITS

As part of a model **Reach Out and Read** program, health care providers give information and support to parents about literacy and the importance of looking at books with young children. Doctors and nurse practitioners are trained to use children's books to observe and comment on a child's development, to support and encourage parents who may be uncomfortable looking at books with their children, and to explore with parents strategies for integrating books and stories into a child's daily activities. Such strategies may include reading aloud as a bedtime routine or using books to encourage language development. Providers turn these strategies into prescriptions for reading that parents can use with their children. Through parental guidance and the gift of a book, health care providers and parents join together to support the healthy development of the child.

Providers need to be able to provide this guidance to parents who themselves have limited literacy. Children's books, with comparatively few words on a page and simple sentences, can offer reassuring first steps toward

improved adult literacy, as well. These parents can be encouraged to look at books with their children, ask questions about the books, and tell stories about the pictures. They may need to be reassured that all these practices will help children learn to love books and, eventually, learn to read. When a parent leaves the visit feeling confident and competent about looking at books and reading aloud, the intervention is working! And, since the issue of reading and literacy will have become part of the ongoing conversation between the parent and the health care provider, the provider will be well-placed to offer resources and referrals to parents who want to explore adult and family literacy programs.

In many clinics, non-English-speaking parents will comprise a sizable population. These programs may choose to make available books in other languages or bilingual children's books that may offer both parent and child an agreeable non-threatening way to play with English words, as well as more familiar language. Many non-English-speaking families may also be eager to acquire English-language books, viewing them as connected to the English-language school success they want for their children. Often an older sibling, more proficient in English than the parents, will help read and explain the book to the young child and to other family members. Again, the pediatrician or nurse practitioner will be able to offer referrals to English as a Second Language programs for the parents, because language, literacy, and education will all have found a place in the health supervision visit.

Doctors and nurse practitioners need training and support to integrate parental guidance on literacy and reading aloud into pediatric practice. These providers need to understand how literacy develops, find efficient ways to incorporate literacy guidance into pediatric care, and know how to support and encourage parents, including parents with limited literacy skills. And they need to be able to do this in the context of a busy, crowded, sometimes chaotic patient visit, a visit also filled with other imperatives. In fact, discussing reading and giving out books can be integrated into the assessment and the anticipatory guidance that goes on in the pediatric health supervision visit. This, however, requires special education and preparation for the doctor or nurse practitioner. Please refer to this manual's section on Training Health Care Providers (Section 3) for in-depth discussion of training and supporting healthcare providers.

COMPONENTS OF THE PROGRAM: VOLUNTEER READERS

The third critical component of a model **Reach Out and Read** program is the volunteer reader component. Volunteers read to children in the pediatric clinic waiting room while they are waiting to see their healthcare providers. This serves two important purposes for families. Volunteers provide a positive, nurturing experience with books, at a time when children may need comfort. Many children are ill or are frightened about getting a shot or just plain bored with waiting for their appointments. Books and stories provide new ideas, amusement, and a window into a wider world at a moment when children might otherwise find themselves with few distractions from the anxieties of waiting and wondering what the doctor's appointment will bring. The distraction of narrative, the humor, the visual interest of the illustrations, and the physical relaxation of listening and reacting to a story, can help children feel much less anxious in this setting. For children who are not accustomed to the joys of being read to, this may be a new discovery: Stories relax you and make you feel good. In addition, volunteer readers model techniques for capturing a child with a story and for reading aloud. Again, for parents, this may be new and useful information: A picture book is an easy, portable way to keep a young child happy in a situation requiring patience. Skillful volunteers busily reading to children can create a positive atmosphere of learning in a busy, sometimes stressful, waiting room.

Volunteers need training, supervision, and ongoing support for the experience to be a positive one for both volunteer and child. **Section 5** is devoted to recruiting, training, and supporting volunteer readers.

HOW DO YOU STAFF A PEDIATRIC EARLY LITERACY PROGRAM?

In general, a **Reach Out and Read** program requires a part time on-site coordinator and support from a committed staff physician. The on-site coordinator can be any interested clinic staff person familiar with the pediatric clinic and its healthcare staff. This coordinator is probably not a physician, but may be a nurse, educator, child life specialist, social worker or patient coordinator. It is critical that the early literacy program have an identified physician on staff to guide the program and advocate for it with the health-care staff.

ON-SITE COORDINATOR

This staff person commits one to three hours per week to coordinating the program. Time commitments and specific responsibilities will vary with each program. Responsibilities may include:

- Communicating with participating health-care staff through in-service trainings, meetings, and phone contacts (Section 3).
- Selecting, ordering, and distributing books (Section 4).
- Recruiting, training, and supervising volunteers (Section 5).
- Networking with community agencies (Section 9).
- Working to arrange ongoing funding (Section 6).
- Maintaining contact with the **ROR** National Training Site.
- Evaluating program effectiveness (Section 8).

MEDICAL CONSULTANT/DIRECTOR

This staff person is a physician, committed to the early literacy program, who can provide guidance to the coordinator as the program develops and grows. Responsibilities include:

- Consulting with on-site coordinator about program operation and staff training (Section 3).
- Educating health care staff about the value of pediatric early literacy programs (Section 3).
- Troubleshooting with clinic staff as concerns arise (Section 4).
- Working with clinic administrative staff to access ongoing funding (Section 6).
- Evaluating program effectiveness (Section 8).

2.7

COMMUNICATION

If the **ROR** program is to run smoothly, all the people involved need to feel that they are connected, that they are closely linked to the program as a whole, and that their concerns are heard and addressed. The medical consultant, in particular, should speak frequently with the coordinator and with the pediatric providers and should check in regularly on such questions as:

- Is the supply of books adequate?
- Are they easily accessible to providers during visits?
- Do the books seem appropriate and attractive to the children and their families?

In addition, it should be the medical consultant's role to reinforce the connection between the coordinator and the providers and to offer updates and information about books, literacy, the development of the pediatric early literacy movement, as well as contacts with adult and family literacy programs. The more that providers, coordinators, and volunteers understand the importance of their roles, the more vigorous the reading program.

INSTITUTIONAL SUPPORT

Crucial to any successful **ROR** pediatric early literacy program is support from the pediatric clinic's executive board or administration. Commitment to the literacy program from the top down will help the program survive and flourish. Administrative leadership should give initial approval of the program, stay involved and informed, and make a commitment to find ongoing funding to continue the program. Health care settings with existing development, public relations, and/or volunteer offices should work collaboratively to support program growth and development.

2.9 CHECKLIST FOR ROR PROGRAM DEVELOPMENT

PART ONE: PLANNING PHASE

- ☐ Review program material for start-up.
- ☐ Identify on-site coordinator.
- ☐ Identify staff physician as program consultant.
- ☐ Determine budget needs.
- ☐ Identify storage space for books.
- ☐ Develop book-distribution system, including inventory system.
- ☐ Create training plan for providers.
- ☐ Create program evaluation plan.
- ☐ Present program to executive management team and development office.
- ☐ Begin fund-raising initiative with development office.
- ☐ Develop contacts in public relations office or directly with the media.
- ☐ Identify on-site person or community agency to recruit, train, and supervise volunteers.
- ☐ Identify on-site clinic staff person as contact for volunteers while they are reading.
- ☐ Establish regular meeting time for core literacy program staff and key liaison staff.
- ☐ Target start-up date for program components.

2.9 CHECKLIST FOR ROR PROGRAM DEVELOPMENT

PART TWO: IMPLEMENTATION PHASE

- ☐ Contact media to alert them to program start-up.
- ☐ Send memo and program description to all clinic staff to introduce program.
- ☐ Attend clinic staff meeting to introduce program and set up staff training dates.
- ☐ Develop plan for ongoing communication with participating staff; give them contact person's phone number.
- ☐ Confirm storage space for books and clinic space for book distribution.
- ☐ Order books at least one month before program starts.
- ☐ Set up accounts with publishers and confirm shipping, receiving, and distributing system for books.
- ☐ Conduct orientation training for participating medical, educational, and support staff.
- ☐ Schedule follow-up training for participating staff in 1-3 months.
- ☐ Begin recruitment and training of volunteers; send memo to staff.
- ☐ Create on-site supply of picture books for readers to use.
- ☐ Conduct volunteer orientation training sessions as needed.
- ☐ Establish ongoing communication system with volunteers through workshops, newsletters, etc.
- ☐ Conduct program evaluation; monitor program progress.

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TRAINING

WHAT DOCTORS AND NURSES NEED TO KNOW TO HELP THEIR PATIENTS WITH BOOKS AND LITERACY

- 3.1 Provider training: rationale and goals
- 3.2 What do providers need to know?
- 3.3 Who can train pediatric providers?
- 3.4 What will providers learn in the training?
- 3.5 Orientation session
- 3.6 **HANDOUT:** Developmental milestones of early literacy
- 3.7 **HANDOUT:** Talking with parents about books
- 3.8 **HANDOUT:** Reading aloud tips for parents
- 3.9 Follow-up sessions
- 3.10 Special interest sessions



The **Reach Out and Read** program derives much of its impact from the trust that parents place in their pediatric care providers — the doctors or nurse-practitioners whose job it is to help their children grow up well in every sense. By having those providers offer age-appropriate advice about reading, and then reinforcing the importance of books in the home by giving the child an enticing new book, **Reach Out and Read** takes full advantage of the parent/provider relationship.

How can pediatric care providers, amidst their many other concerns and responsibilities, learn to provide parents with literacy counseling? How can they work such advice into the often rushed well-child visit and make most effective use of the books they give out to children?

This section will discuss how to train pediatric health care providers so that they are well-informed about basic issues of early childhood literacy and comfortable with introducing these issues into the pediatric health supervision visit. Along with details about the goals and techniques we have found effective in training pediatric providers, this section offers a format for an orientation session and follow-up discussions. We have also included handouts for use in training sessions, which can be copied for all participants.

3.1

PROVIDER TRAINING: RATIONALE AND GOALS

To work effectively with parents and children around issues of books and literacy, pediatric providers need an understanding of literacy development in the context of general child development.

Providers need to understand the well-documented role of reading aloud in the development of literacy.

Providers need an awareness of the many barriers that may make parents less likely to look at books with their children or even to have books in the home, such as limited parental literacy and a consequent discomfort with books and reading. They also need to understand that limited parental education is not necessarily indicative of limited literacy. They need an appreciation of the many obstacles faced by adults with limited literacy as parents, as wage-earners, and as members of society. When providers are sensitive to these barriers, they will be far more effective in helping parents surmount them.

Providers need to be thoroughly familiar with available resources for family literacy and adult literacy programs, including the availability of local programs, necessary referral steps, eligibility requirements, and the nature of different programs. This will allow them to respond to the needs of parents and families, and to seize the moment whenever a parent's desire to help a child seems to be blocked by the parent's own limited literacy.

By training pediatric care providers to encourage literacy in young

children, we offer them a chance to intervene in the years before school by helping children grow up in homes in which books and support of literacy are a part of everyday living. When providers understand these connections, they are more likely to include literacy counseling in the already full pediatric health supervision visit. The training will show them first that literacy is vitally important in the healthy development of the child, second, that effective literacy counseling can be accomplished quickly and smoothly as an integral part of the visit, and third, that they know enough about literacy and development to feel confident taking it on.

3.2

WHAT DO PROVIDERS NEED TO KNOW?

Many pediatric primary care providers have little or no formal training in child development. Additionally, many child development programs do not focus on early literacy or on the particular developmental issues faced by children growing up in poverty. However, as all providers who work with these children realize, poverty is correlated with a multitude of risk factors that can hurt growth and development, such as prenatal drug exposure, prematurity, nutritional deprivation, lead poisoning, exposure to violence, and unsafe housing. Although any one of these factors alone can impair development, children who face multiple risk factors are at greatest risk for ill effects.

Training primary care providers about the connections between literacy and development will give them a formal basis for their literacy intervention and an appreciation of its importance in children's lives. The training should emphasize the important links connecting poverty, school failure, and limited literacy.

IMPORTANT POINTS TO MAKE IN TRAINING

- By the time poor children get to school, it may be too late for many of them to become good readers.
- As many as half of children living in poverty have been categorized as having reading problems.

- Poor reading skills are tied closely to school failure, which in turn is tied to many other issues of concern to pediatric clinicians, such as poor self image, substance abuse, and teen-age pregnancy.
- Families living in poverty face many barriers to having books in the home, including limited parental literacy, lack of money to buy books, and the dearth of bookstores or libraries in many inner city neighborhoods and rural areas — sometimes compounded by a lack of understanding of the importance of books and reading to their children.

3.3

WHO CAN TRAIN PEDIATRIC PROVIDERS?

An initial training session and workshop can be conducted by faculty from the **ROR** national training site or by professionals who have been trained in these workshops. This session will include a curriculum similar to that provided in Section 3.5 and will emphasize that **ROR** represents a collaboration between physicians and educators and that the program takes advantage of the expertise of both.

Further sessions, for the purpose of follow-up, reinforcement, and discussion, may be led by national-training-site faculty or may be taken over by personnel from the individual program who have been trained in issues of pediatric early literacy. The national training site will provide materials and advice.

3.4

WHAT WILL PROVIDERS LEARN IN THE TRAINING?

The techniques that we suggest offer the doctors and nurse practitioners simple, concrete, and effective strategies for talking to parents about books. These techniques are keyed to the age of the child. They enable the provider to encourage the parents in their efforts to read aloud and to offer anticipatory guidance and support for the coming developmental stages, as well as to reinforce, at every visit, the importance of parents and children looking at books together. The book that the child will take home can actu-

ally become part of the physical and developmental exam, as the provider offers it to the child and has a chance to observe coordination, fine motor skills, vocabulary, and the parent-child interaction.

Pediatric primary care clinicians are the key to the success of **Reach Out and Read**. What they say and do during the pediatric visit has a very special impact on parents, who see these visits as essential to their children's good health. What the health care provider offers is what the parent takes home: the advice, the information, the support, and the books themselves. The provider training is designed to help pediatricians and nurse practitioners understand the importance of their role and to carry it out confidently and effectively.

3.5

ORIENTATION SESSION

All pediatric care providers should participate in a comprehensive orientation session that explains the program — including the logistics of distributing books — and offers advice on literacy counseling. The sample outline that follows presents such a training session. **Handouts 3.6** and **3.7** are intended to be used in the training, especially where indicated in the outline. Providers may find it useful to keep these charts and refer to them as they are integrating literacy into patient sessions. Finally, **Handout 3.8** is a sample to be reviewed with the providers, then copied and offered to parents.

AN ORIENTATION SESSION FOR PEDIATRIC PROVIDERS
SAMPLE OUTLINE TO BE USED IN TRAINING

I. Introduction to the program:

A. Early literacy is an important part of development: Literacy begins before children learn to read.

1. What we know about the development of literacy is that it is a natural process, analogous to learning to talk, and that it is dependent on several factors:

- a. cognitive abilities, curiosity.
- b. literacy-related experience, exposure to books.
- c. interactions with literate adults and books.

2. When these factors work together, children learn to read.

B. The factor that most clearly correlates with learning to read is a history of being read to.

- 1. Reading aloud is important.
- 2. Looking at books with children who are too young for formal reading aloud is also vital.

C. Providers should be asked about their own memories of being read to. The group may wish to go around the circle and have everyone contribute a book-related childhood memory.

- 1. Emphasize books as sources of information and pleasure.
- 2. Discuss what children like in books (see **Handout 4.2**).

D. Children who grow up in poverty face a greatly increased risk of reading problems, which correlate directly with school failure.

- 1. School failure, which is associated with poor self-esteem, drug abuse, and teen-age pregnancy, to name common problems, continues the cycle of poverty.
- 2. Before they even start school, children raised in poverty are already at higher risk for reading problems and, later, for lower-paying jobs.

E. **Reach Out and Read** is a program to encourage the development of early literacy in a pediatric setting, to use the power of the provider/patient relationship to help parents help their children look at books, and to make sure there are some books in the home to look at.

II. Specific design of the program: How early literacy will become a part of your clinic and a part of your practice.

A. Volunteers in the waiting room will read aloud and look at books with children. This serves to:

1. Demonstrate to parents that children like to be read to; that they like books.
2. Model ways of looking at books, asking questions, and playing.
3. Make the waiting room a much more friendly, child-oriented place for all concerned.

B. In the health supervision visit, the provider offers literacy counseling at every visit from six months to five years. The counseling should be:

1. Developmentally keyed to child's age — See **Handout 3.7**.
2. Culturally appropriate.
3. Short and to the point.
4. Non-threatening, supportive of parents.

C. Important messages to communicate to parents

(in addition, review tips for parents, **Handout 3.8**):

1. You can look at books with children before they can talk.
2. Reading aloud is very important for children.
3. This is something positive you can do to help your child.
4. Babies put books in their mouths, and that's OK.
5. Toddlers have short attention spans, and that's OK.
6. Reading aloud will help your child when it's time to learn to read.
7. Children who are read to may do better in school.
8. Asking questions about the book, letting the child practice naming, is part of the process.
9. Reading could be part of a bedtime ritual.
10. Literacy skills are part of other everyday activities, such as reading signs and identifying food labels.

D. The provider may use a book as part of the developmental assessment by giving it to the child at the beginning of the visit.

1. See Milestones of Early Literacy sheet (**Handout 3.6**) for age-specific milestones that can be evaluated using a book.
2. Observe parent responsiveness to child and book together.

E. The doctor or nurse practitioner who is the child's primary care provider then personally gives the child the book to take home. The book should be:

1. Age-appropriate; board books for infants and toddlers.
2. Culturally appropriate; a book that reflects the community.
3. Brand new and beautiful.

F. To recapitulate the tremendous importance of the pediatric health care provider's role in the early literacy program, it is the provider's job to:

1. Emphasize the importance of books.
2. Provide a book.
3. Support parents by sending the message that they can help their children along to literacy and school success.
4. Offer supplementary materials when appropriate, such as a parent handout on reading aloud (see **Handout 3.8**).
5. Listen to parents, ask their opinions, stay alert for possible barriers that may make it hard for them to follow through.

III. Staff alertness to potential barriers that parents may face:

A. Parents may be illiterate or semi-literate and may have negative associations with books and reading. If this is a concern, providers should:

1. Speak of "looking at books" rather than reading.
2. Emphasize the value of storytelling.
3. Make sure that the books given out are not too intimidating — that they have few words and short sentences.

B. Doctors and nurse practitioners need to see early literacy in the context of family literacy. Providers should:

1. Be sensitive to possible limitations on parental literacy and to the embarrassment that often surrounds such issues.
2. Provide encouragement for adults to use **ROR** referrals to adult literacy and family literacy programs.
3. Become aware that parents who are insecure about their own literacy skills may be willing to use the program to improve their own skills.
4. Maintain a list of local resources for adult literacy and family literacy.

C. When parents do not speak English, providers should:

1. Be ready to urge them to look at books and talk about books without necessarily reading the text, or urge them to try out their English on very simple board book texts.
2. Consider making available books in a language which is particularly common in your clinic but allow parents and children to choose whether they prefer books in English or in other languages.
3. Be sensitive to cultural traditions and speak with respect of storytelling and oral narrative.
4. Encourage parents to look at English language books but tell stories in their own language.
5. Be equipped to offer referrals for parents to local English as a Second Language classes for adults.

D. Role-playing to practice — work out the appropriate counseling and book selection for:

1. A six-month-old baby.
2. A one-year-old whose parents speak only Cambodian.
3. A three-year-old who cannot sit still for long.
4. A four-year-old whose mother cannot read well.

3.6 DEVELOPMENTAL MILESTONES OF EARLY LITERACY

MOTOR	COGNITIVE/SOCIAL	INTERACTION
6-12 months Reaches for book; book to mouth; sits in lap, head up steady	Looks at pictures, vocalizes, pats picture; prefers photos of faces	Parent holds child comfortably, face-to-face gaze; follows baby's cues for "more" and "stop"
12-18 months Holds book with help, turns pages, several at a time; sits without support, may carry book	No longer mouths right away; points at pictures with one finger; may make same sound for a particular picture (labels)	Child gets upset if parent won't give control of book; may bring book to be read; if parent insists that the child listen, child may insistently refuse
18-36 months Turns one page at a time, carries book around house	Names familiar pictures; attention highly variable; demands story over and over; reads books to dolls	Parent asks, "What's that?" and gives child time to answer, relates book to child's experiences; is comfortable with fluctuating attention of toddler
3 years and up Holds book without help, turns normal thickness pages one at a time	Describes simple actions, can retell familiar story, plays at reading, moving finger from left to right, top to bottom, "writes" name (linear scribble)	Parent asks, "What's happening?" questions, validates child's responses, elaborates on them, does not drill child but shows pleasure when child supplies words

3.7 TALKING WITH PARENTS ABOUT BOOKS

Having books in the examination room allows the pediatrician to directly model book sharing and to comment on the child's response to the book. Here are suggestions for brief anticipatory guidance, combining information about the child's emerging literacy with other developmental and behavioral issues.

6 to 12 months

- Comment while baby is looking at pictures. "She's really looking, moving her arms with excitement, and talking. Even infants love picture books."
- "You can make story time part of your baby's routine, before bed or naps."
- "You're teaching your baby that books feel good."
- "Babies love rhymes and songs."

12 to 18 months

- "When you ask, 'What's that?' and name the pictures in a book, it teaches your baby that things have names."
- "Once babies start to walk, trying to hold them on your lap can be a struggle. Some babies will want to be up and around during a story. That's OK."
- "Offer stories each day, but let your child be in charge of how long you read."
- "When your child grabs the book, he is showing a healthy drive for independence. He's not being bad."

18 to 36 months

- "If your toddler listens to a story for five minutes, that's a long time. Stories are a good way to help toddlers increase their attention span."
- "Sometimes you don't have to read what's actually written in the book. You can just talk about the pictures instead."
- "Your toddler will want to pick the book, the time, and the person to do the reading. Let your toddler make choices within the limits of what's OK."
- "Children learn by imitating. Does she ever read to her teddy bears or dolls?"

3 years and up

- "One way children learn to read is by hearing the same story over and over. It might be boring to you, but it isn't to her."
- "Your child might want to tell you a story, and it may be a very different one from the one you thought you were reading! Each time he retells the story, he is practicing using language in a very important way."
- "Play writing is the first step toward learning how to spell. Does she ever pretend to write or ask you to show her name?"

3.8 READING ALOUD TIPS FOR PARENTS

Children Who Are Read To Learn To Read

MAKE READING PART OF EVERYDAY.

Read at bedtime or on the bus.

HAVE FUN.

Children who love books learn to read. Books can be part of special time with your child.

A FEW MINUTES IS OK.

Young children can only sit for a few minutes for a story, but as they grow, they'll sit longer.

TALK ABOUT THE PICTURES.

You don't have to read the book to tell a story.

LET YOUR CHILD TURN THE PAGES.

Babies need board books and help to turn pages, but your three-year-old can do it alone!

SHOW YOUR CHILD THE COVER PAGE.

Explain what the story is about.

SHOW YOUR CHILD THE WORDS.

Run your finger along the words as you read them.

MAKE THE STORY COME ALIVE!

Make up voices, use your body to tell the story.

ASK QUESTIONS ABOUT THE STORY.

What's going to happen next? What's that?

LET YOUR CHILD ASK QUESTIONS ABOUT THE STORY.

LET YOUR CHILD TELL THE STORY.

Children as young as three can memorize a whole story.

**WHAT A GREAT JOB! YOU ARE HELPING
YOUR CHILD BECOME A READER!**

3.9

FOLLOW-UP SESSIONS

Plan a follow-up training session for several months after the program has begun. At this session, pediatric practitioners will get a chance to discuss their own experiences giving out books and book-related advice, and everyone will get a sense of how the program is going. Because the doctors and nurses will now have experience talking with parents about literacy and observing children with books, a review at this point of the program's goals will help consolidate their understanding of the developmental aspects of literacy.

FOLLOW-UP SESSION FOR PEDIATRIC PRACTITIONERS:
SAMPLE OUTLINE TO BE USED IN TRAINING

- I. Discuss how things are going.
 - A. General impressions of health care providers
 - 1. Do they like the program?
 - 2. Do their patients seem pleased with the program?
 - B. Logistics
 - 1. Are books easily accessible?
 - 2. Are books appropriate for children of this age in this community?
 - C. Counseling
 - 1. Are providers including literacy advice in the well-child visit?
 - D. Books in the well-child visit
 - 1. Are providers giving away books?
 - E. Reactions to the program
 - 1. What kind of responses have providers noticed from parents, children, staff?
 - 2. Discuss observations made during health care visits:
 - a. How do children behave with books?
 - b. How do parents respond to their children's behavior?
- II. Discuss specifics of counseling, using books in pediatric visits.
 - A. What works?
 - B. What problems have come up?
- III. Role-playing: providers should work through some scenarios for children of different ages, families with different needs.

SPECIAL INTEREST SESSIONS

Additional training and provider education sessions are offered as orientation for new staff members or if special problems arise. In addition, as providers become more involved with issues of literacy, special supplementary sessions can be custom-designed for staff interested in increasing their knowledge of literacy development, and could include such topics as:

- Literacy development in the context of speech and language development: A more detailed review of current theory and research.
- Bibliotherapy: How books are used to talk about sensitive issues such as illness or the loss of a parent.
- Identifying reading problems in children: An assessment of school problems and learning disabilities in the older (i.e., school-age) child.
- Adult literacy problems: How to ask parents about their own literacy skills, how to listen for signals that parental literacy is a concern, how to offer help, how to judge what kind of adult literacy program is most appropriate.

**BOOKS, BOOKS,
BOOKS**

BOOKS, BOOKS, BOOKS

CHOOSING, ORDERING, STORING, AND DISTRIBUTING THE CHILDREN'S BOOKS

- 4.1 Choosing books: Cost, quality, developmental and cultural appropriateness
- 4.2 **HANDOUT:** What children like in books
- 4.3 **HANDOUT:** Evaluating books for racism and sexism
- 4.4 Inventory and distribution of book supply
- 4.5 Ordering books
- 4.6 Troubleshooting
- 4.7 **HANDOUT:** Guidelines for accepting donated books
- 4.8 **HANDOUT:** Book inventory form



Carefully chosen books are truly the heart of **Reach Out and Read** programs. It is obviously important that children and families like the books they receive. Children are drawn to good books, and families will be turned on to reading aloud if the book is appealing. This section will discuss how to select and order books, create an inventory system, and distribute books efficiently.

4.1

CHOOSING BOOKS: COST, QUALITY, DEVELOPMENTAL AND CULTURAL APPROPRIATENESS

Selecting books for a pediatric early literacy program is an exciting but sometimes daunting task. Three criteria should be considered when selecting books: cost, quality, and appropriateness for participating families.

The books suggested by **ROR** for pediatric literacy programs are selected based on experience in our own program, as well as review by the **ROR** Children's Literature Advisory Board. An annotated book list of **ROR** selected books, along with a list of publishers, is available through the **ROR** National Training Site. The Association of American Publishers, our partner in the publication of this manual and other **ROR** materials, can also provide a descriptive listing of age-appropriate children's books for **ROR** participants. Reading Is Fundamental has books available at special discount rates through a number of book publishers. If you become a RIF program (see **Section 9** on Collaborations), you qualify for that discount. You can also contact publishing companies directly to request catalogs. Publishers' addresses are listed in *Literary Market Place*, an industry resource book available in most public libraries.

COST

The average cost of new paperbacks, at special wholesale rates, is about \$2 - \$3 per book. A wide selection of quality children's books is available in that price range. New hardcovers that are more durable and may seem more "special" to the children and their families can be purchased at special wholesale rates that should be between \$5 and \$7 a book. Ordering books in bulk usually means better discounts. Pediatric early literacy programs may qualify for publisher discounts. See *Ordering Books* (**Section 4.5**) for more information.

QUALITY

There are good books available for children and there are poor ones. Review books with a critical eye for visual appeal, content, and message. Get help by asking children what books they like! Also ask teachers and local librarians. Reading Is Fundamental (RIF) and other organizations publish recommended booklists and provide information on current titles. For recommended reading lists and other information contact:

The American Library Association
50 East Huron
Chicago, IL 60611
(312) 944 - 6780

Association of American Publishers
71 Fifth Avenue
New York, NY 10003
(212) 255-0200

The Association of Booksellers for Children
4412 Chowen, South #303
Minneapolis, MN 55410
(800) 421-1665

The Children's Book Council
568 Broadway, Suite 404
New York, NY 10012
(212) 966-1990

Educational Paperback Association
P.O. Box 1399
E. Hampton, NY 11937
(212) 879-6850

The Horn Book
11 Beacon St.
Boston MA
(617) 227-1555

International Reading Association (IRA)
800 Barksdale Road
PO Box 8139
Newark, DE 19714
(302) 731-1600

DEVELOPMENTAL AND CULTURAL APPROPRIATENESS

Children are excited by books that speak to them and their experiences. They love familiar sights and stories, but also love novelty and challenge. Knowing a little about child development and what children like in books are essential tools in book selection. This section contains information on the following:

- What Children Like in Books (**Handout 4.2**)
- Guidelines for Evaluating Books for Racism and Sexism (**Handout 4.3**)

Circulate these materials to everyone involved in choosing and evaluating the books you give out. The information will help providers select appropriate books for individual children and will also offer standards against which the books can be judged and discussed.

The **Developmental Milestones of Early Literacy** handout (Section 3.6) will also help you select books that will be developmentally appropriate for different ages. For guidance in selecting books for your particular program, please refer to these. Contact the American Library Association (addresses listed earlier in this section) for more information on choosing culturally appropriate books.

4.2 WHAT CHILDREN LIKE IN BOOKS

Infants 6-12 months like:

- Board books with photos of other babies.
- Brightly colored board books to touch and taste!
- Books with photos of familiar objects like balls and bottles.

Toddlers 12-24 months like:

- Sturdy board books that they can carry.
- Books with photos of children doing familiar things like sleeping.
or playing
- Goodnight books for bedtime.
- Books about saying good-bye and hello.
- Books with only a few words on each page.
- Books with simple rhymes or predictable text.
- Animal books.

Preschoolers 2-5 years like:

- Books that tell stories.
- Books about kids that look and live like them.
- Books about making friends.
- Books about going to school or to the doctor.
- Books about having brothers or sisters.
- Books that have simple texts they can memorize or read!

4.3 EVALUATING BOOKS FOR RACISM AND SEXISM

By staying attuned to subtle messages of racism and sexism, we can choose books that provide children with experiences that support their self-esteem and healthy development. Books need to be carefully evaluated for the messages they give to children.*

LOOK AT THE ILLUSTRATIONS. Are characters drawn stereotypically? Do people of color have Caucasian features except for tinted skin?

LOOK AT THE STORYLINE. Are people of color or females given subservient roles? Are cultural beliefs and practices portrayed accurately? Are negative judgments implied in depicting varied lifestyles?

LOOK AT THE CHARACTERS. Are females or people of color the main characters? How are individual characters presented? Who has the power? Who are the heroes in the story? Who are the villains?

CONSIDER A CHILD'S SELF IMAGE. What messages, overt or covert, are children receiving from the story? How does the story support or undermine a child's self esteem?

*Adapted from "10 Quick Ways to Analyze Books for Racism and Sexism," The Council on Interracial Books for Children.

INVENTORY AND DISTRIBUTION OF BOOK SUPPLY

Keeping track of the books that come into your program, getting them to the providers, and tracking them as they are given away all require careful planning. You want to maintain a steady flow of books so providers and families stay invested in the program, and children get their books! The following suggestions are useful in maintaining an organized, efficient system for managing your book supply.

DEVELOP A SIMPLE BOOK INVENTORY SYSTEM

Keep a notebook or file—computer or paper—to record books ordered, number of books on hand, and rate of distribution. Know the number of children seen weekly or monthly in your clinic for health supervision visits, and estimate your book needs in advance. See **Section 4.8** for a sample book inventory system.

GET PROVIDERS TO KEEP A RECORD

Establish a system with clinic staff to record when a child receives a book. This is part of evaluating the effectiveness of your program. Add a box to check, labeled **Book Given**, to the existing anticipatory guidance sheet in the health record. Or, perhaps, providers can be given stickers to add to progress notes or record sheets. Keep it simple!

IDENTIFY STORAGE SPACE

Clinic space is highly prized and often scarce. You must have convenient space for your book supply. It is better to keep a supply of books right in the examining rooms since providers will not always be able to get books from another area of the clinic. The presence of books in the examining room also reminds both provider and parent to include a book in the visit. Find a sizable amount of safe storage space for your main supply of books as close to the clinic as possible. This storage area should be dry and secure.

HAVE ENOUGH BOOK CHOICES AVAILABLE

Have enough book choices available and encourage providers to let the child choose among a selection of books, whenever possible. Make sure there are books available at every age level.

THE BOOKS GO FAST!

Remind enthusiastic providers to give just one book at a time and give them during well-child visits, not sick visits. Supplies will deplete quickly and books may take about three to six weeks to be delivered. Take that into consideration when supplies start to run low.

4.5

ORDERING BOOKS

Selecting and ordering books for your program is exciting and challenging. The following guidelines will make ordering books more efficient, economical, and manageable. In addition, **ROR** has an annotated list of selected books along with a list of publishing companies available to assist you in ordering. As previously mentioned, such organizations as the Association of American Publishers, the International Reading Association, the American Library Association, and the Children's Book Council can help guide you to the titles you need.

WHAT YOU NEED TO KNOW BEFORE YOU ORDER:

1. **Know the size of your clinic population.** Be clear about the number of health supervision visits your clinic has per month in the six month to five year age range. Tabulate by the week or month so you know exactly how many books you need.
2. **Know the cultural make up of your clinic.** How many Spanish language books will you need? How many Asian families or African-American families does the clinic serve?
3. **Know your budget.** Exactly how much money do you have to spend?

4. **Know how many books you can store at one time.** Ask the maintenance or shipping department to help figure out how many books you have room for in your designated storage space.

GUIDELINES FOR ORDERING

1. **Order as many books at a time as you can.** When you order in bulk, the discounts often increase with the number of books you order. Try to order as many titles and books from one company as you can at one time. It's more economical.

2. **Order direct from the publisher.** Calling them may be most economical.

3. **Request a special-sales account.** Let the publisher know that you are giving away these books. You probably qualify as a special-sales account that will entitle you to special savings.

4. **Make sure "bill to" and "ship to" addresses are accurate.** At a hospital or clinic, billing and shipping addresses are often different. Introduce yourself to the shipping and receiving department at your clinic so they know who to contact with any problems.

5. **Allow at least three weeks for delivery.** Keep that in mind as you plan your ordering.

6. **Keep a record of orders and books received.** Save invoices and packing slips as part of your inventory system.

7. **Review your inventory periodically.** How fast are the books going? Which books are favorites and should be reordered? Which books aren't popular? Is there enough variety of books?

4.6 TROUBLESHOOTING

The most common problems that occur with books are:

- Inadequate storage space.
- Books are inaccessible to busy providers.
- Supply runs out before the new order comes in.
- Providers aren't giving them out.
- The books are going too fast.
- Children are offered books they already have.

Often, these problems can be avoided with careful planning and good communication. Be aware of these as possible trouble spots, and if any of these problems do occur:

- Discuss the problem with clinic staff and individual providers and look for solutions that fit your particular site and program.
- Contact the **Reach Out and Read** National Training Site at (617) 534-5701.

4.7 GUIDELINES FOR ACCEPTING DONATED BOOKS

Donated books are another way to get books into the hands of children. If you think about the kind of books you need and advise donors accordingly, you will get books you can happily accept — and give away. Potential donors should be informed of program guidelines for book donations. Accept the following gifts:

- Donated books that you or your family might like to own; books that are respectful of families.
- Hardcover books with brightly colored pictures and stories that capture a child's interest are ideal.
- Used books with minimal damage from use—covers/pages intact, clean and readable.
- Books that are culturally appropriate for the families served by the hospital or clinic.
- Books reflecting the age level of children you serve.

4.8 BOOK INVENTORY FORM

PROGRAM NAME _____

Dates: From _____ To _____

Inventory Completed by _____

[illegible]

VOLUNTEERS

RECRUITING, TRAINING, AND TAKING CARE OF YOUR WAITING ROOM READERS

- 5.1 What do volunteers do?
- 5.2 Recruiting volunteers
- 5.3 Training and supervising volunteers
- 5.4 **HANDOUT:** Tips on being a pediatric clinic volunteer reader
- 5.5 **HANDOUT:** Sample volunteer application form



Volunteer readers in pediatric literacy programs transform clinic waiting rooms and hospital floors into positive learning environments for children and parents. Volunteers hand out books to parents while they wait for their appointments, read to individual children, or lead groups of children in exciting storytelling activities.

In order to make the volunteer reading experience work for both volunteer and child, special attention should be paid to the recruitment, training, and supervision of volunteers. Working closely with your clinic's volunteer office or linking up with a community volunteer placement organization is extremely beneficial to your literacy program. The **ROR** program in Boston works in conjunction with the hospital volunteer office, where the recruitment, training, and supervising of volunteers occurs. This section outlines what **ROR** has learned about developing a strong volunteer reader component for a pediatric literacy program.

5.1

WHAT DO VOLUNTEERS DO?

Volunteer readers come from all walks of life but share two important traits: a love of books and stories, and a genuine interest in helping children. Volunteers in Boston's **ROR** program are hospital employees, retired teachers, community activists, college students, high school students, foster grandparents, and suburban parents. The Junior League of Boston has been a tremendous source of support to Boston's ROR, both in terms of volunteers and fundraising. Volunteers often report that reading has helped them feel they made a contribution, that they have gained respect for families in crisis, and that it's just plain fun.

- Volunteers typically commit a minimum of one hour per week to reading to children in the pediatric waiting room.
- Volunteers read to one child or a group of children, depending on the interest of children and the comfort level of the volunteer.
- Volunteers are not responsible for supervising children or for keeping order in the waiting room. Their goal is to offer children some happy, book-related moments.
- Volunteers may also talk with parents about reading or encourage them to join their children in looking at books.

5.2

RECRUITING VOLUNTEERS

WORK WITH YOUR VOLUNTEER OFFICE/LOCAL VOLUNTEER ORGANIZATIONS

If you have a volunteer office or community relations department in your hospital or clinic program, develop a collaborative plan for recruiting and training volunteers. Any volunteer agency has guidelines for accepting volunteers. Find out their procedure. At minimum, volunteers should submit a complete application, letters of reference, evidence of current immunizations and recent TB skin test, and complete an interview before acceptance into the program.

If your hospital or clinic does not have volunteer services, investigate local volunteer placement organizations in your community. Schools and libraries are good sources of information on existing community volunteer services. Local high schools and colleges may have students who want volunteer placements.

GET THE WORD OUT

Reading to children is a popular volunteer activity for many individuals and groups. High schools, colleges, senior citizens groups, foster grandparent programs, and community service organizations are great resources for volunteers. Place ads in community papers, call the placement office at local colleges, ask high schools about their community service projects (many schools have this requirement). Local radio and cable TV stations often have on-air community-events bulletin boards.

CREATE A VOLUNTEER INFORMATION PACKET

As part of recruitment and training, create an informational and motivational packet of materials. Include a one-page program description of your literacy program and the pediatric clinic, information on the volunteer experience, directions to the program, phone numbers, and other specifics.

5.3

TRAINING AND SUPERVISING VOLUNTEERS

ALWAYS COMPLETE THE APPLICATION PROCESS

A comprehensive application form, letters of reference and any pertinent medical information (proof of immunizations) are all vital parts of the typical application process for volunteers. References should be thoroughly checked. A sample volunteer application is provided in Section 5.5.

REQUIRE AN ORIENTATION TRAINING

Volunteers should be required to attend one orientation training—either a group training or a one-on-one session. Volunteers need to be oriented to the sometimes overwhelming clinic environment and know the nuts and bolts of reading in that setting. Volunteers need advice on reading aloud in the waiting room, and interacting with parents—see the **ROR** handout, *Tips on Being a Pediatric Clinic Volunteer Reader* (5.4).

OFFER FOLLOW-UP WORKSHOPS

Follow-up trainings should be offered to enable volunteers to give feedback about their experience and learn more about literacy and children. Volunteers may be required to attend a minimum of two follow-up workshops. Workshops provide an opportunity for fellowship and connections among volunteers. Guest speakers can be recruited to discuss special interest topics and motivate volunteers. See Section 3 on Training for ideas on training topics.

SET UP A SYSTEM FOR ONGOING COMMUNICATION

Volunteers need someone on the other end of the telephone to call when they have a question or concern. Identify a staff person to maintain contact with volunteers. Volunteers often report that it is the personal connections with program staff that keep them coming in to read.

IDENTIFY AN ON-SITE STAFF PERSON FOR VOLUNTEERS

Volunteers need someone to go to if a concern arises while they are in clinic. Sometimes volunteers see or hear something distressing regarding a child, and they need to be able to ask for help.

CREATE A BUDDY SYSTEM

Match new volunteers with veteran volunteers for the volunteer's first time reading. Reading together helps the new volunteer feel comfortable getting started.

KEEP A SCHEDULE

Scheduling volunteers using a monthly calendar system assures that there are enough people reading, but not too many. Make sure the clinic staff gets a copy of the schedule.

HAVE A SIGN-IN AND IDENTIFICATION SYSTEM

Volunteers should wear name tags and be required to sign in when they come to read. They should know whom to call to cancel and reschedule. Requiring this lets volunteers know that they are needed and missed!

MAKE VOLUNTEERS FEEL WELCOME

Volunteering can be an isolating experience in a busy clinic. Encourage clinic staff to greet volunteers and offer assistance. Let volunteers

know where they can get coffee or hang up their coats. Can your clinic offer free parking?

HAVE BOOKS AVAILABLE

Colorful, hardcover picture books with short text are ideal for reading aloud in the waiting room. Create a volunteer readers' bookbag with selected titles and store it in a safe but accessible place. Encourage volunteers to bring in their own favorite books, if they have them.

CREATE A READING AREA

Make it easier for volunteers and children to feel comfortable by making available comfortable chairs, a child-size table, a colorful rug, etc. Put appealing posters on the wall that encourage reading.

ASK FOR FEEDBACK

Have volunteers complete a satisfaction survey periodically, or contact them for feedback. Volunteers are a great resource for ideas on improving the program!

THANK VOLUNTEERS

Send thank-you cards. Host a volunteer appreciation party. Give awards and certificates. Always let volunteers know that they are appreciated!

5.4 FOR THE VOLUNTEER: TIPS ON BEING A PEDIATRIC CLINIC VOLUNTEER READER

WELCOME! Your commitment is an important one and you are making a difference for children and families.

PEDIATRIC CLINICS ARE UNPREDICTABLE! Every time you come it will be a different experience. Bring a book or a snack for yourself in case clinic is slow. Remember to take a break if it gets really busy!

MAKE SURE YOU HAVE A PLACE FOR YOUR COAT OR BAG. Travel light because clinics often have limited space.

INTRODUCE YOURSELF TO STAFF EVERY TIME YOU COME IN. Wear your name tag and always let people know who you are. Busy staff may need a few introductions before they remember you.

ASK YOUR VOLUNTEER COORDINATOR FOR THE NAME OF A KEY STAFF PERSON YOU CAN APPROACH. Introduce yourself.

BRING IN YOUR FAVORITE CHILDREN'S BOOKS. You may be most comfortable reading familiar stories.

PICK A COMFORTABLE PLACE TO READ. Find a quiet corner with little traffic. A reading table or soft chairs are ideal.

DON'T TAKE RESPONSIBILITY FOR THE WHOLE WAITING ROOM. You are there to provide a positive reading experience. It can be for one child or a group. Do what is most comfortable for you; read to the children who want to be read to.

START WITH ONE CHILD. Don't wait for an audience to gather. Often, starting to read to one child will attract other interested children.

INVOLVE THE PARENTS. Introduce yourself. Offer them books. Invite them to listen to a story. Praise their child's skills. If you don't speak their language, a welcoming gesture and smile is always understood.

ASK FOR HELP. If you are concerned about anything you observe during your time reading, go to your key staff person. It is not your job to intervene.

REMEMBER, CHILDREN AND PARENTS ARE STRESSED. Many children are sick or scared. Many parents are overwhelmed with life crises. Families may take a minute to warm up, but most will welcome a book or story.

5.5 SAMPLE VOLUNTEER APPLICATION FORM

NAME _____ STREET _____

CITY _____ STATE _____

PHONE (H) _____ (W) _____ DATE OF BIRTH _____

EMERGENCY CONTACT: (name) _____ (PHONE) _____

EDUCATION: HS 1 2 3 4 College: 1 2 3 4 Other _____

DEGREE _____ YEAR _____ OTHER _____

CURRENT SCHOOL OR PLACE OF WORK _____

CURRENT OCCUPATION _____ SOCIAL SECURITY # _____

WORK EXPERIENCE (or attach resume) _____

VOLUNTEER EXPERIENCE (where, when, what kind of work) _____

TIMES/DAYS ABLE TO VOLUNTEER: Days/Evenings Mon/Tues/Wed/Thurs/Fri/Sat/Sun

MONTHS ABLE TO COMMIT TO VOLUNTEER WORK _____ HOURS PER MONTH _____

WHY DO YOU WANT TO VOLUNTEER? _____

WHERE DID YOU HEAR ABOUT OUR PROGRAM? _____

REFERENCES: Name _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

(Three written references are required. You are responsible for contacting your references. Please feel free to attach a resume or other information that will help us to know you better.)

FOR OFFICE USE ONLY

Office interviewer: _____

1. Classification: Volunteer/Intern/Community Service (circle one)

2. Applicant has completed or returned the following (please check):

General orientation	_____	Date	_____
Reference letters:	#1 _____	#2 _____	#3 _____
Interview	_____	Date	_____
Confirmation form	_____	Date	_____
Infection control	_____	Date	_____
Medical screening	_____	Date	_____
Program orientation	_____	Date	_____
ID form/Temporary pass	_____	Date	_____

3. Interviewer's comments:

4. Placement: _____ Position: _____

Contact: _____ Extension: _____

Starting date: _____ Estimated ending date: _____

Schedule: _____

5. Placement: _____ Position: _____

Contact: _____ Extension: _____

Starting date: _____ Estimated ending date: _____

Schedule: _____

FUNDING

RAISING MONEY AND WRITING GRANTS TO SUPPORT YOUR READING PROGRAM

- 6.1 Getting started
- 6.2 Raising funds to support your project
- 6.3 Ideas for fundraisers
- 6.4 Grant writing tips
- 6.5 Grant materials: Rationale, statement of problem, literature review, role of pediatricians, features of model programs, references
- 6.6 **HANDOUT:** Raising funds—a checklist



Raising funds for your program is always a challenge, but one that will result in tangible rewards. Boston City Hospital's **ROR** program survived for five years on small grants and charitable contributions. Program staff found that patience, commitment, determination, and a little bit of faith could keep the program alive. Your commitment to the program's goals and to children and literacy will draw people's attention and pull them into the effort. Linking children's literacy to the larger picture of fighting chronic cycles of poverty and dysfunction will sustain the interest and support of individuals and organizations. Remember — and always make it clear to potential donors — that you are only raising money for books. Every few dollars donated means another book in the hands of a child! That makes your fundraising mission straightforward and manageable, and your message direct and very appealing.

Raising money takes time and specialized skills and experience. Communicating and collaborating with experienced fundraisers can result

in the support you need to develop a plan for funding your program. Most hospitals and health centers have existing development offices. Fundraising organizations in your community can be called upon for help. Corporations may choose to donate valuable “in kind” contributions to your program, rather than funds. However it is designed, collaboration is critical in raising program funds. Reading Is Fundamental (RIF) is an excellent resource for participating programs in search of ongoing funding (see Section 9). It is never too soon to think about funding needs for your program. The remainder of this section will provide information and guidance on grantwriting and fundraising for your literacy program. Grant application materials are included for your use and adaptation.

6.1

GETTING STARTED

KNOW YOUR PROGRAM'S NEEDS

Determine if your health center can provide financial support. Come up with a clear description of your program's needs.

OBTAIN TAX-EXEMPT STATUS

Consult your clinic's legal services or development office to obtain tax-exempt status. You will need copies of the letter verifying status to send to potential funding sources. Find out whether you can use the clinic's tax exempt status, or whether you need to do this separately for your program.

PREPARE A BUDGET AND SET UP AN ACCOUNT

Know exactly how much money you need for the upcoming fiscal year, and make sure you have an account set up to accept donations and grant awards. Be sure to decide how donation checks should be made out.

MAKE A PLAN FOR RECORDING AND ACKNOWLEDGING DONATIONS RECEIVED

Record donations and keep records of your donors. You may need this for tax purposes, and you can stay in contact with donors. Remember to acknowledge donations with thank you notes.

CREATE A FUNDRAISING COMMITTEE

This committee would have the primary responsibility of accessing funding. Clinic administrative staff, literacy program staff, and individuals from the community should be working members of the committee. Can you find a professional fund raiser to donate consultation time?

DEVELOP LITERATURE ABOUT YOUR PROGRAM

Have a concise description of the program and funding needs. Include anecdotes and stories of the program's successes. Make goals and objectives of the program clear. How can you motivate people to give?

6.2

RAISING FUNDS TO SUPPORT YOUR PROJECT

Charitable contributions and fundraisers are primary sources of support for nonprofit programs like ROR. Charitable contributions often come as a result of publicizing your program through the media, presentations at organizations, and solicitation letters. This manual's section on publicity (Section 7) will focus on the how-tos of publicizing your literacy program.

There are a number of ways to raise money for your project. Writing letters, sponsoring special events, and advertising your project are some directions to consider. You will find that many individuals in your community are moved by the idea of early literacy and that a wide variety of organizations will want to help. Although raising money can seem difficult and daunting, people will find your requests reasonable and your goals inspiring. The money you raise is earmarked to buy books for children, the operating budget of a **Reach Out and Read** program is comparatively modest, and your community will respond to your appeals.

FUNDRAISING TIPS

Think locally. Identify civic groups, school groups, religious groups, fraternal orders, and others in your community. Local bookstores can be big supporters. These groups are especially fond of outcome-oriented projects, where they see the results of their efforts: The reality of putting books in children's hands is a concrete outcome. (See Section 9 of this manual for ideas on groups for collaboration.)

Contact newspapers. Get local newspapers involved in publicizing your project. (See Section 7 on Publicity for more details.)

Write a solicitation letter. Write a clear description of your project and its needs. Be specific and concrete about what donors can do. Give your letter a human touch. Include anecdotes and stories about children in the program.

Create slogans. Capture potential donors with slogans like “Buy a baby a book,” “Share a book, Share a dream,” “Fight illiteracy with books!”

Tell them what you need. Don’t apologize about asking for money. Be upfront about what you need.

Consider effort and return. Weigh the amount of work needed for a fundraising event against the amount of money you could make. Is it worth it? For example, bake sales are a lot of work, with minimal rewards.

6.3

IDEAS FOR FUNDRAISERS

Form a “Friends” network. Develop a group of individuals willing to commit time as well as money to the project on an ongoing basis. Put them on your mailing list. Ask them to participate on your fundraising committee and to sponsor special events.

Organize a walkathon or readathon. Encourage sponsors to promise a certain sum of money for every mile walked or every page read aloud.

Plan an adopt-a-book program. Arrange for bookstores to sponsor a fundraiser where patrons buy two books and donate one to your project.

Place book bins. Arrange to have book bins placed in local businesses for employees to donate books. Be sure to share guidelines for book donations with donors. Think carefully about when books will be collected

and who will do the collecting.

Organize book drives. Talk with schools and libraries about programs to collect books.

Start a read-to-me campaign. Use posters and stickers to advertise a campaign of reading, emphasizing the importance of reading aloud to children. Use the campaign and the attention it generates as an opportunity to solicit donations for an ongoing reading program.

6.4

GRANT WRITING TIPS

Find grants that are right for you. Your local library or college is a good place to begin research to find grants that match your program needs. Communities often have foundation centers listed in the phone book. Ask knowledgeable colleagues who have been successful at grant writing to share their expertise. A sample *Letter of Intent* is included as **Appendix A** at the end of this program manual. For additional information on grant sources, contact:

The Foundation Center
79 Fifth Avenue
New York NY 10003-3076
(800) 424-9836

Research the grant or funding source. Read carefully about each organization to see if the pattern of giving matches your needs. Does the foundation have special interests? How much money does it usually give?

Write for more information. Contact the executive officer at the foundation or agency and ask about applying for funding. Pay special attention to how you present your program in your letter. Don't underestimate the power of the first contact.

Give them what they ask for. Most private foundations want a brief (2-3 page) prospectus outlining why you want funding. Don't send in a long

application without first checking with the foundation to see if your proposal corresponds to its guidelines..

Make a timeline that is realistic. Give yourself enough time to write the proposal. Never turn in a late proposal.

Be prepared. Keep grant-related material like staff resumes, project abstract, demographics, and research data on hand.

Follow the guidelines exactly for the proposal format exactly. Don't miss any details. Make sure you have the right address and the correct number of copies when you send it in. Stay within the guidelines for page limits. Some reviewers won't read past limits.

Call with questions. Call the project officer or foundation representative with any questions. Both can be very helpful in guiding the grant writing process.

Keep it simple. State your case clearly and concisely in the first paragraph. Make sure your goals and your plan to achieve them are understandable and realistic.

Pay special attention to preparing your budget. It's often the first thing reviewers read. Include a budget justification for each line item — a narrative that explains and justifies each expenditure.

Prepare a sample support letter. If you need letters of support, make it easy to get them from supporters. Prepare a sample letter to send to supporters that they can use or adapt.

Review the final draft. Have a colleague not connected to the project read the final draft and make suggestions.

6.5

GRANT MATERIALS: RATIONALE, STATEMENT OF PROBLEM, LITERATURE REVIEW, ROLE OF PEDIATRICIANS, FEATURES OF MODEL PROGRAMS, REFERENCES

RATIONALE: OVERVIEW

Early failure in learning to read affects 20 to 35 percent of American children. Children who grow up in poverty are at especially high risk. Studies show that reading aloud to children, beginning at an early age, is the single most important factor in preventing early reading problems. Pediatricians have a special opportunity to promote early, positive book exposure because they see infants frequently in the first two years of life. Model programs have shown that pediatric clinic-based interventions can make a difference. Three elements of successful programs are pediatricians who know how to talk with parents about the role of books in child development; availability of free picture books to be given at every pediatric "check-up"; and availability of children's books in the waiting rooms and waiting room volunteers who demonstrate positive ways to look at books with young children.

STATEMENT OF THE PROBLEM

More than 40 million Americans lack adequate literacy skills. Reading failure in school constitutes a major disability that may contribute to school drop out, juvenile delinquency, teen pregnancy, and other problems of significant concern to pediatricians and society (Gottlieb & Zinkus, 1981; Yule & Rutter, 1985). The early childhood years are crucial ones for the development of literacy. Children who are placed in remedial or "low" reading groups early in elementary school often continue to perform below age expectation (Brown, Palincsar & Purcell, 1985). According to the 1991 report of the Carnegie Foundation, *Ready to Learn: A Mandate for the Nation*, 35 percent of children enter kindergarten unprepared to learn; most are lacking the language skills that are the prerequisites of literacy acquisition. Children living in poverty bear a disproportionate burden of early language delay as well as later reading disability (Anastasiouw, Hanes & Hanes, 1982; Levine, Brooks & Shonkoff, 1980; Richman, Stevenson & Graham, 1982). There is widespread consensus that reading aloud by parents is "the single most important activity for building the knowledge required for eventual success in reading" (Anderson, Hiebert, Scott & Wilkinson, 1985). Children

from lower SES households, as a group, receive comparatively little of this critical stimulation at home (Feitelson & Zukerman, 1986).

The national commitment to redress these deficits is evidenced by a recent Department of Education report entitled *Preparing Young Children for Success*. This document states as a main objective that “Every parent in America will be a child’s first teacher and devote time each day to helping his or her preschool child learn; parents will have access to the training and support they need.”

REVIEW OF THE LITERATURE

In this section we review the evidence for the importance of reading aloud and its relative absence from lower-income households.

The importance of reading aloud

There is a long history of research linking reading aloud by parents with verbal language and literacy (Chomsky, 1972; Durkin, 1966; Snow & Goldfield, 1983; Stevenson & Fredman, 1990). For example, the frequency of preschool story reading, prospectively measured, correlates with measures of verbal language and reading comprehension at ages five and seven (Wells, 1985). Consistent with these data is the finding that reading aloud to young children contributes to the academic success of Indo-Chinese refugee children (Caplan, Choy, & Whitmore, 1992). Recent studies (discussed below) demonstrate a direct link between picture book reading and verbal language (Whitehurst, et al., 1988).

The mechanisms by which book sharing might affect verbal language development have been described in a number of studies (Heath & Branscombe, 1986; Snow, et al., 1983). For example, Ninio and Bruner analyzed videotapes of one mother looking at books with her infant between the ages of eight and 18 months and showed that the interactions were structured to provide maximal support for the emergence of labeling (Ninio & Bruner, 1978). Moerck argues that the text in many picture books represents “an optimal ‘motherese,’ ready-packaged . . . for those mothers who might not have the capacity or inclination to gradually develop their idiosyncratic motherese in interaction with their infants” (Moerck, 1985). Heath has presented a detailed case study showing improved verbal interactions between a

low-income, undereducated mother and her one-year-old son as a result of regular book reading over an 18-month period (Heath, et al., 1986).

In addition to improving verbal language, picture-book sharing may also directly foster the early precursors of literacy (Bus & van Ijzendoorn, 1988; Schickedanz, 1986; Snow, 1991). Snow and Ninio, for example, present evidence that picture-book reading teaches children implicit rules underlying literacy, such as "Pictures are for naming," and "Books constitute an autonomous fictional world" (Snow & Ninio, 1986). Emotional and motivational aspects of book sharing have also been explored (Bettelheim & Zelan, 1982; Coplon & Worth, 1985; Resnick, et al., 1987). Attention during picture book reading is associated with secure attachment and increased "emergent" or pre-literacy skills and decreased use of maternal discipline (Bus, et al., 1988).

Evidence for a Link Between Book Use and Language Development

In 1988, Whitehurst, et. al, published results of a randomized trial of parent training in a technique called Dialogic Reading, which includes eliciting active participation by the child, asking open-ended questions, providing feedback, and progressively increasing expectations. Parents of two- and three-year-old children were trained in two half-hour sessions. At the end of the two-month intervention, children in the experimental group showed six to eight month gains relative to controls on the Expressive One Word Picture Vocabulary Test (EOWPVT) and Verbal Expression Subtest of the Illinois Test of Psycholinguistic Abilities (ITPA). Receptive language, as measured by the Peabody Picture Vocabulary Test (PPVT), was not significantly affected. These group differences remained unchanged at follow-up nine months later! Reading logs and audio-taped reading sessions showed that parents in both groups read to their children frequently, although the parents' style of book sharing differed as expected based on the intervention.

These findings demonstrate a causal connection between parent-child book-sharing and improved language outcomes in young children; that parents' book-sharing behaviors can be influenced by an educational intervention; and that guidance about book use can result in improved child language even among relatively well-educated parents.

A companion study has been carried out in day-care centers serving low-income, mostly African-American children (Whitehurst & Fischel, 1991; Whitehurst, Fischel, Arnold, Smith & Epstein, 1991). Sixty-nine three-year-old children were randomly assigned to receive either small group reading sessions in day care, small group reading plus reading at home by parents trained in Dialogic Reading, or small group play with non-literacy-related toys (control). Parents of children in the second group were trained in two half-hour sessions, using a videotaped program and role-playing and were also given six children's books to take home. Post-test scores on the PPVT and EOWPVT in the home-plus-school group exceeded the control group by 11.8 and 12.3 standard points, respectively, or approximately 0.8 SD, which was both statistically significant and clinically meaningful (Whitehurst, et al., 1991). As in the previous study, the methodology was compelling.

The authors note that application of the findings is limited by the difficulty of changing the organization and operation of day care centers. Moreover, only a small proportion of children who are cared for outside of the home receive center-based care. Changing the behavior of home day-care providers, many of whom are unlicensed, may be especially problematic.

The importance of this research to our present proposal is that it provides a tried method of instructing low-income parents in reading practices, which can be adapted to the pediatric primary care setting, and that it identifies outcome measures that are sensitive to the types of intervention to be used.

In summary, picture-book sharing is associated with advanced language and literacy skills, and various mechanisms have been proposed. Experimental studies support a causal link between child language and parents' book-sharing practices and indicate that these practices can be influenced by educational interventions.

Reading Aloud and Low-Income Families

As a group, children from low-income families grow up with fewer books in the home, and are exposed to relatively little reading aloud

(Adams, 1990; Anastasiouw, et al.; Feitelson, et al.; McCormick & Mason, 1986). Extensive in-home observations of 24 low-income two and three-year-old children showed a wide range of exposure to literacy: children participated in or observed literacy-related activities between three and 35 minutes per hour; the number of children's books varied from "numerous" in eight homes to "few" in 14 and none in two. By contrast, only three of the children were read to on a regular basis (Teale, 1986). This study suggested that children's book use, with its child focus and interactive nature, might support literacy and language development in ways that other forms of literacy exposure, such as watching a parent pay bills, do not. Comparable data for middle class samples are not available. Qualitative differences in parent-child interactions during book reading have also been documented, with low-income parents eliciting less spoken language (Ninio, et al., 1978).

The finding of limited reading aloud in lower income families is consistent with clinical experience, which indicates that there are multiple potential barriers to book use. These may include the cost of quality children's books; low parental literacy, resulting in discomfort with books; cultural beliefs that do not place a high priority on picture book use; a simple lack of awareness that young children like looking at books; and high levels of family stress, which leave little time or energy for "frills." Awareness of these barriers has informed the design of our program.

THE ROLE OF PEDIATRICIANS

In the effort to improve school readiness and literacy, pediatricians remain an underutilized but potentially important resource. Pediatricians may have a special opportunity to provide parents of young children with the "training and support" spoken of in the Department of Education report (Needlman, Bauchner & Zuckerman, 1990). Pediatricians are often the only professionals to have repeated, one-to-one contacts with parents during their children's early years. The pediatrician sees the child and parent together at least every two to three months for the first 18 months of the child's life, and every six to 12 months thereafter. Parents often turn to their pediatricians for advice about the needs of their infants and young children. Guidance about picture books and how they promote child development fits naturally into the structure of pediatric health supervision. Because of the regularity of contact, the close nature of the parent-professional relationship,

and parental expectations to receive guidance, the pediatric health supervision visit is an ideal context in which to promote behaviors that support language and literacy development. Preliminary evaluation of a model pediatric clinic-based literacy support program has shown that book distribution by pediatricians is associated with an eight-fold increase in reports by parents that their children enjoy looking at books among families receiving Aid for Families with Dependent Children (AFDC) (Needlman, Fried, Morley, Taylor & Zuckerman, 1991).

In this study, 79 consecutive English and Spanish-speaking parents were interviewed in the Boston City Clinic waiting room. The children ranged in age from six months to five years; 73 percent were under two years of age. Thirty-nine percent of the families received Aid for Families With Dependent Children (AFDC); 40 percent were single-parent households. In 25 percent, the parent had less than a high school education.

In order to obscure the focus on literacy, parents were told that this was a survey about "what young children did." The parents were asked to provide a 24-hour activity recall, modeled after a diet recall, and to list their child's three favorite activities, other than eating or sleeping. If parents mentioned looking at books in response to either open-ended question, they were scored as showing "literacy orientation." Parents were then asked to report if they had received a book or guidance about literacy at a previous visit.

When child age, parental ethnicity, parental educational level and reading habits, and government support (AFDC) were controlled statistically, there was a significant association between literacy orientation and parent report of having been given a book (odds ratio 4.05, $P=.028$, 95 percent confidence interval 1.12 to 14.6.) The sample was then stratified according to whether the family received AFDC. Among families receiving AFDC, 64 percent of the parents who had received books reported that looking at books was a favorite activity, compared to 19 percent of the parents who had not received books (odds ratio 7.8, $P=.011$) (Needlman, et al., 1991).

These results are consistent with the only other published evaluation of a program of book distribution in a pediatric clinic. Locke reported that parents of children who were given books by volunteers reported increases in book use (Locke, 1988). However, the study population and procedures were incompletely described, there was no control group, and no effort was made to remove the effect of parents providing what they may have perceived as the desired response.

This study showed an association between parental report that books are important to their children and parental recollection of having been given a book by the pediatrician. The clinic-based intervention appeared to affect parent's beliefs about the role of books in their children's lives and may have resulted in increased reading aloud.

FEATURES OF MODEL PROGRAMS

This section discusses a number of issues relevant to program development, based on the experience of model programs and on the scientific literature. These issues include what age to start, time limitations, low literacy parents, book selection, anticipatory guidance, provider training, the importance of giving material objects, and program acceptance.

Age: Most studies of picture book exposure have looked at children age two years and older, in part because emerging literacy skills are difficult to measure much before age three. One observational study reported increasing verbalizations in children six to nine months of age to books and the emerging ability to anticipate events in well-known books (Lamme & Packer, 1986). In the **ROR** model program, the decision to begin the intervention at six months is based on logistics and clinical experience: children are seen most frequently during the first year of life, allowing for greater temporal density of the intervention. Some parents adopt the book reading recommendations only after repeated exposures. Six-month-old children are usually perceptually and motorically mature enough to appreciate the visual and tactile properties of the book and are often content to sit on a parent's lap. They tend to respond quite positively to book sharing, which represents a potent reinforcement to the parents. The infant's excitement with book sharing is a key ingredient in setting up a positive interaction that will be continued in the home.

Time limitations: Given the already extensive list of topics for health supervision, it is reasonable to ask how yet another issue can be included within the limited time of the pediatric visit. The **ROR** experience has been that book use can readily be combined with other developmental concerns, such as bedtime routines or autonomy, so that little extra time is required. Pediatricians report that having books in the examination room increases their efficiency by providing a ready way to quiet a complaining child, occupy an impatient sibling, and build rapport.

Parental literacy: How can the program serve the needs of low-literacy parents? Effective picture book use does not require that the parent read the words (Whitehurst, et al., 1988). However, lower-literacy parents may have beliefs about books and reading that reduce their effectiveness. A survey of 108 parents of beginning kindergartners found general agreement about the value of learning about books and reading during the preschool period. However, parents with low literacy levels tended to emphasize the importance of didactic training (e.g., learning the alphabet) over more informal literacy exposure such as picture book reading (Fitzgerald, Spiegel & Cunningham, 1991). This obstacle may be circumvented in part by starting with infants and by emphasizing to parents that they are teaching their children to love books, not teaching them to read. A pediatric clinic-based program may also provide an opportunity to identify parents with low literacy skills in a non-threatening way and then refer them to adult literacy programs.

Book selection: Recognition of differences in parental literacy and ethnic and cultural background has informed the selection of books and training of physicians. Many of the books have few or no words, and parents are encouraged to talk about the pictures rather than stick to the text. For the Primary Care Center at Boston City Hospital, where **ROR** was developed, the books are selected to include predominantly non-white children in order to promote identification and the sense that "this book is written for me." Increasingly, books with bilingual texts are being used.

Provider training: Training pediatric providers about literacy development and how to provide anticipatory guidance about literacy within the context of a visit can be accomplished by relatively brief in-service

lectures and workshops. ROR has used formal presentations, workshops, and individual tutorials.

Importance of giving material objects: Despite our emphasis on training practitioners to provide counseling, the **ROR** experience and pilot data suggest that the more important part of the intervention may be the fact that something of obvious value is being given away. This fact communicates the importance the pediatrician places on the book more strongly than the pediatrician's words. In addition, the high cost of quality children's books prevents many parents from purchasing them, especially if they are not sure their children will use them. Once books are in the home, however, parents will often buy more books or request them as presents at holidays. In this way, the books given by the pediatrician serve as seeds around which the child's home library can grow. Health supervision interventions that include distribution of material goods may be especially powerful in changing parental behavior (Kelly, Sein, & McCarthy, 1987).

Program acceptance: An indicator of program acceptance has been the increasing demand for books at the Boston City site. Initially, books were only provided for health supervision visits. Within a year, however, subspecialty pediatricians who direct the Neurology, Lead, and Infectious Disease (HIV) clinics requested that books be provided to their patients as part of our program. In four years, more than 20,000 books were distributed.

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6.6 RAISING FUNDS—A CHECKLIST

- ☐ Establish fundraising committee to begin fundraising initiative.
- ☐ Create budget of program needs for fiscal year.
- ☐ Obtain tax-exempt status.
- ☐ Develop short and long term goals for raising funds.
- ☐ Research funding sources.
- ☐ Begin networking to establish community connection.
- ☐ Gather materials needed for grant writing.
 - resumes
 - demographics
 - research data
 - anecdotes/testimonials
- ☐ Develop publicity packet.
- ☐ Maintain close connection to public relations office.
- ☐ Communicate with media contacts on program progress.
- ☐ Write solicitation letter.
- ☐ Organize fundraising events through fundraising or “Friends Of” committee.

PUBLICITY

WORKING WITH THE MEDIA AND GETTING THE WORD OUT

- 7.1 Advantages of publicity
- 7.2 Opportunities for publicity
- 7.3 Hooks and angles: Who might be interested and why
- 7.4 Emphasizing important points about the reading program
- 7.5 **HANDOUT:** Literacy program publicity—a checklist



A pediatric literacy program is likely to attract all kinds of attention. By encouraging the interest of local media, you can help your program establish itself, make important local connections, and generate the kind of support you will need to keep the program running. In general, publicity for the **ROR** program will also turn out to be excellent public relations for the hospital or health center and will generate a certain amount of institutional goodwill.

If your hospital or health center has a public relations department, they will already have valuable contacts and connections. Work with them to help attract attention to this new and newsworthy program. This section will discuss the goals of publicity, suggest possible media angles on the literacy program, and provide a publicity checklist of things to do.

7.1

ADVANTAGES OF PUBLICITY

1. Good community relations for the **Reach Out and Read** program.
2. Good community relations for the hospital or health center.
3. Helps attract volunteer readers.
4. Aids fundraising effort (See section 6 on fundraising for full discussion).
5. Reinforces the connection between early exposure to books and emergent literacy.
6. Spreads the message that pediatric care providers are involved with literacy.

7.2

OPPORTUNITIES FOR PUBLICITY

The start up of a new pediatric early literacy program should be the occasion for a press release from the hospital or health center public relations department, if such a department exists, or from the directors of the **ROR** program itself.

Once the program is running, local media should be notified that volunteer readers are reading, that pediatric providers are handing out books, and that this can be observed and reported. Offer reporters the chance to spend time in the waiting room, to interview volunteers, even to sit in on a pediatric clinic visit (with the patient's permission, of course).

Any special events such as benefits, book fairs, or local expansions of the program should be opportunities for press releases and for special invitations to reporters who have been interested in the past.

Sports heroes, politicians and their spouses, and other public figures may be willing to come read in the waiting room. Alert newspapers and television news departments, emphasizing that this will be a good visual opportunity (the celebrity reading to children). Arrange in-hospital coverage

by your publicity department, both for any in-house newsletter or magazine and to keep the photo on file. Always make sure your special events are listed in community calendars.

7.3

HOOKS AND ANGLES: WHO MIGHT BE INTERESTED AND WHY

There are many possible media “angles” to a pediatric literacy program. It will definitely be worth reaching out to TV news shows and radio stations that cover the following beats. Sample “leads” are provided to show how reading program news can fit into each of these categories:

- **Children and their welfare**

“Are there children in our city who are growing up without books? A new program at _____ has doctors and nurses giving away books to every child who comes in for medical care.”

—Tie into stories about poverty, poor housing, malnutrition—this program redresses a different but very real deprivation. It’s a simple solution, rather than another problem story.

- **Education**

“Reading begins long before children actually get to school, as educators know. Now pediatricians and nurses have joined forces with those educators to get books and reading into children’s homes long before the time comes to face formal education...”

—Tie in to stories about educational programs and illiteracy

- **Children’s books**

“When Johnny Jones, 18 months old, went home from the doctor’s office last Tuesday, he had a sore arm from an immunization, a sugar-free lollipop—and a brand new book. A present from his pediatrician, Johnny’s bright new board book about toddlers and mommies was the first new children’s book he had ever owned.”

- **Book world and publishing news**

“The avenues of children’s book distribution are well known to everyone in

the book business. There are bookstores, book fairs in schools, catalogs, and mail-order operations. But now there is also the doctor's office, as a new program, with the cooperation of educators, pediatricians, and publishers, that has doctors handing out books to children..."

- **Health care**

"When Johnny Jones' mother brought her two-year-old son to the clinic for his check-up, she was delighted to find volunteers in the crowded waiting room reading stories to the children. She was even more surprised, and even more delighted, when Johnny's doctor handed him a brand new book. 'Now,' said Dr. Smith, 'you know that two-year-olds have a short attention span. They can't sit still for a very long story; Johnny may be up and running around in a minute or two. But that's okay, that's normal. He still needs you to look at books with him, even for that minute or two—it's still important...'"

—Tie into stories about immunization—a "course" of books for every child, to stories about increasing importance of primary care, about doctors as community activists, about health care that serves the whole patient.

7.4

EMPHASIZING IMPORTANT POINTS ABOUT THE READING PROGRAM

- It targets children often too young to be in school but aims to improve school functioning.
- It represents a collaboration between pediatricians and educators, a new vision of literacy as part of healthy growth and development.
- Volunteers show parents different ways of looking at books with children.
- Pediatric care providers receive special training in literacy counseling.
- Everyone likes this program—the providers who get to give each child a book, the parents who appreciate the waiting room readers, the books and the advice, and the children themselves.

7.5 LITERACY PROGRAM PUBLICITY—A CHECKLIST

☐ **PREPARE A PUBLICITY PACKET ABOUT YOUR PROGRAM**

A press kit should include the following materials:

1. A press release describing the launch or ongoing operation of the program.
2. A one-page program description giving more information
 - Photos of volunteers reading, practitioners handing out books.
 - Other clippings that have already appeared.
 - Forms for photo release for families if new pictures are taken.
 - Quotations from patients, volunteers, doctors, nurses.

☐ **HAVE DESIGNATED CONTACTS WHO ARE WILLING TO BE INTERVIEWED**

- The program director.
- One or two volunteers.
- A physician or nurse practitioner who actually gives away books.
- If possible, a parent whose children have received books.

☐ **WRITE OR CALL LOCAL REPORTERS WHO COVER RELATED STORIES**

Reporters who work for area newspapers and magazines should be apprised of your program for possible coverage as a human interest, literacy, education, book, health-care, or family-issues story. In your introductory letter or phone conversation, emphasize these points.

- That this story ties into their interest in children, literacy, books.
- That the **ROR** program can be viewed either as a focal point of local literacy efforts or a “sidebar” to a larger story.
- That this is a positive, good-news kind of story.
- That this is a local program and benefits local children.

☐ **MAKE SURE THINGS RUN SMOOTHLY WHEN REPORTERS DO COME**

- There should be patients scheduled in the clinic (choose a moderately busy time of day).
- An experienced volunteer should carry the reading responsibilities that day.
- Practitioners who support the program should be available for comment.

☐ **WRITE TO PEOPLE WHO DO COME AND COVER THE PROGRAM**

- Thank them for coverage, for taking the trouble to talk to those they interviewed.
- Emphasize that this is an ongoing story, that you hope they'll come back.

☐ **MAINTAIN A FILE OF MEDIA CONTACTS**

- Stay in touch with anyone who has written about you.
- Update them on changes or expansions.
- Try to cultivate a reporter who is interested in the program and will act as a primary contact and supporter at your most important local paper.

☐ **MAINTAIN A MEDIA LIBRARY**

Keeping track of the articles and mentions of the program is important. This material can be added to the press kit and used to publicize the program to other publications and foundations, too. In your press-clippings file include:

- Newspaper and magazine clippings.
- Transcripts on tape of radio or television coverage.
- Special event pictures taken by in-house publicity staff.

PROGRAM EVALUATION

PROGRAM EVALUATION

ASSESSING PROVIDER OPINION AND PATIENT RESPONSE

- 8.1 Why evaluate your program?
- 8.2 What kinds of evaluations are necessary?
- 8.3 Guidelines for process evaluations and program reports
- 8.4 Outcomes: Qualitative research
- 8.5 Sample open-ended interview questions
- 8.6 Outcomes: Quantitative measures
- 8.7 **HANDOUT:** Sample short form for quantitative outcome evaluation



After your reading program is up and running, we will check in with you periodically to learn how things are going. This will help us become more effective at developing new programs and enable us to be sure we are providing you with any help you need along the way. You will probably want to carry out your own program evaluation as well, to help you maintain quality control, to obtain information that will help you in fundraising and grant writing, and to answer questions you develop about your patient population, their needs, and their response to the early literacy program.

This section discusses a range of questions you may want to address and offers some sample questionnaires and evaluation designs for you to adapt to your own needs.

8.1

WHY EVALUATE YOUR PROGRAM?

Surveys of care providers and clinic staff to collect information on program function and staff satisfaction can help to:

- Pinpoint and address problems in running the program from day to day.
- Target follow-up training sessions to questions, problems, and areas of special interest.
- Codify growing staff expertise which can be used in future training.
- Collect first-person experiences that will help in fundraising.

Surveys of parents and patients to collect data on background literacy beliefs and practices, as well as on the effects of the program, can help you:

- Understand the literacy level of your target population.
- Identify and understand beliefs about reading, children, and literacy.
- Develop more successful counseling guidelines.
- Concentrate on the books to which parents and children respond best.
- Collect data to use in grant writing and fundraising.
- Develop new, more complex questions about early literacy and possible interventions.

8.2

WHAT KINDS OF EVALUATIONS ARE NECESSARY?

Useful program evaluations can be carried out on two levels: process and outcome.

PROCESS EVALUATIONS

Process evaluation answers the following questions:

- What were the goals, and how did they change?
- What was accomplished in the project?
- What was attempted but not accomplished?

- How well did the project meet its goals?
- What problems were encountered, and how were they solved or not solved?

Specific issues that may be addressed include:

- What were staffing roles and tasks?
- How was book selection accomplished, and by whom?
- How were staff and volunteers recruited, trained, retained, rewarded?
- How was book distribution accomplished?
- How many books were distributed to how many children over what period of time?
- What problems arose in each of these areas?

These process evaluations will help you understand and improve your own program. In addition, the accumulating information about literacy program function will increase your understanding of how such programs can work within the context of busy clinics and offices, and what characteristics are best accepted by patients and practitioners. The specific details of individual programs contribute to a larger operational picture, showing that there are a variety of solutions to problems, and a variety of workable styles (see Section 8.3).

OUTCOMES EVALUATIONS

Outcomes evaluations include both qualitative and quantitative measures. Both are intended to assess how well the project succeeded in achieving its overall aims:

- Promoting early, positive book use.
- Encouraging positive parent-child interactions around books.
- Supporting parents' sense of competence with respect to books.
- Supporting parents' ability to nurture their children intellectually.
- Enriching the pediatrician-patient-parent relationship.

Qualitative assessments using open-ended questions and interviews are discussed in Section 8.4, and sample questions are provided in Section

8.5. Quantitative research is discussed briefly in Section 8.6, and a sample short form to be used in parent interviews is included; Section 8.7. The best outcomes evaluations probably include both qualitative and quantitative measures. Individual interest may certainly lead to more ambitious outcomes studies at some sites, and **Reach Out and Read** faculty would be eager to provide more detailed information and advice about study design and past experience with literacy program research.

8.3

GUIDELINES FOR PROCESS EVALUATIONS AND PROGRAM REPORTS

As your program progresses, you will need to generate regular reports. The following general guidelines are to assist you in gathering information both for reports to **Reach Out and Read** and to your own institution, as well as to any organization that offers you funding and support.

Describe your program's goals and the general means by which it seeks to reach them (for example, by giving away books, having waiting room volunteers, etc.). Here are the types of questions you should be able to answer:

- How is the program structured? What are the administrative and non-administrative positions and roles?
- How does your program function on a daily basis?
- How many pediatricians, nurses, nurse practitioners, health educators, and other professionals or non-professionals participated?
- How many volunteers participated?
- How many books were given out?
- Approximately how many children were served?

- Describe any publicity that was generated.
- Provide evidence of continuing (and, if possible, increasing) institutional support. For example, has your parent institution offered to assume any of the administrative responsibilities or other costs?
- Did you do any fundraising? Report on any sources of funds, including those already received, those promised, or those you plan to obtain.
- Report your actual expenditures over the past year.
- Include any anecdotal reports (for example, verbatim reports of parents' responses or pediatricians' responses). For this, you might want to set aside an afternoon or two to systematically interview program participants. (See attached page for suggested questions.)
- What were the most positive aspects of the program?
- What were the most negative aspects?
- What do you plan to change in the future?

8.4

OUTCOMES: QUALITATIVE RESEARCH

Qualitative research, relying on open-ended interviews with parents and children, offers a way to assess your program and its effects without committing to a large academic study (or raising the funds to conduct one!). These interviews will yield anecdotes and descriptive information that will help you understand how the program affects parents and children. Qualitative measures can identify strengths of the project and suggest new areas to be explored, as well as areas that may need improvement. One major advantage of open-ended questions is that they allow you to learn things that you did not expect to find out because, unlike quantitative research, the questions do not limit the possible answers.

The qualitative information you gather will be effective for many purposes.

- Presenting and explaining the program to others.
- Providing literacy program staff training.
- Supporting a fundraising effort.
- Providing progress reports and feedback to sponsors.

8.5

SAMPLE OPEN-ENDED INTERVIEW QUESTIONS

- Basic information: How old is the child? How long has the parent been using the clinic? Who is the child's doctor/nurse?
- Has your child ever gotten a free book to take home from the clinic? How many? How did that affect you, if at all?
- Has your pediatrician/nurse ever talked with you about looking at books with your child/children? What did he/she say? How did that affect you or your child, if at all?
- Have you ever seen any of the volunteer readers in the waiting room?
- How did your child respond to them? How did the readers affect you, or your child, if at all?
- What do you think about reading aloud or looking at books with children? How did you come to those beliefs? What role did your own upbringing play in your thinking about books or reading and children?
- Do you ever look at books with your child? How often? Did the program here have anything to do with that?
- How does your child feel about picture books?

OUTCOMES: QUANTITATIVE MEASURES

Quantitative outcomes are measures that can be analyzed using statistics. These are generally more expensive and time-consuming to collect, but they can be influential with funders and may become necessary if academic research and publication is a goal. These measures are limited in that they tell whether a project is “working,” but not why it is working. Their value is also that they are “scientific” and therefore helpful in convincing those who need numbers and statistics to be convinced. These studies require a comparison or control group that is not exposed to the literacy intervention. This presents special challenges for programs that are primarily oriented to providing clinical services.

Do a simple “before and after” study

Note that for this design, the evaluation must begin before the program is implemented.

One approach is to focus on a single age—for example:

- Give a questionnaire to 100 parents of two-year-olds, examining their beliefs and practices about looking at books with their children.
- Start your pediatric early literacy program, giving books and literacy counseling at every health supervision visit from six months on.
- Give parents of children participating in the program the same questionnaire when the children reach two years of age.

The information gathered in studies like these might yield:

- A description of parent-reported reading practices and beliefs.
- A sense of how these beliefs and practices change with children’s ages.

- Evidence of how they can be affected by pediatric-linked intervention.
- Baseline data for examining school progress and reading ability.

Gather control data:

The advantage of this design is that there is no contamination of the control group, since they are studied before the program begins. The disadvantage is that the data from the experimental and comparison groups are collected at different times. Other things, obviously, can change in the course of eighteen months that might render the comparison less valid.

Another design would involve the collection of control data before the program begins from children at a variety of ages, at one year, 18 months, 24 months, 36 months, and so on. Then, institute the program and study cohorts of children in the program when they reach the ages at which the control data has been gathered. In this way you get a sense of how staying in the program over time affects outcomes. It sounds complex, but it isn't. Care needs to be taken, however, to avoid biasing the sample by consciously or unconsciously selecting children for the control group who differ in some important way from children in the experimental group, and to avoid studying the same children twice. Methodological pitfalls, some of them not obvious, can easily undermine the value of quantitative studies. In designing your research plan, you will certainly need to draw on those people participating in your program who have the most experience conducting clinical research. In addition, **ROR** staff members are available to discuss research plans and protocols.

The following Sample Short Form Questionnaire (Section 8.7) has the following features:

- It combines open-ended and close-ended questions, providing both qualitative and quantitative data.
- It is brief (administration time less than 5 minutes), possibly allowing administration by medical personnel without unduly disrupting clinic flow.

- Questions are designed to minimize cueing of parents to reduce distortions introduced by the desire to give socially desirable answers.
- Key questions have been piloted and validated in published research (Needlman, R., et al. 1991).
- Using the form in a before-and-after manner, or with some other control group, allows simple statistical analysis to show the existence of significant differences in the percentage of parents endorsing specific literacy-related endpoints (e.g., the percentage who have a regular bedtime story), and also a summary score for literacy exposure made up of a sum of all relevant endpoints. If you decide to use this form, or one like it, please get in touch with us to discuss the possibilities of this data analysis in more detail.

Reference: Needlman, R., Fried, L., Morley, D., Taylor, S., & Zuckerman, B. (1991). Clinic-based intervention to promote literacy. *American Journal of Diseases of Children*, 145 (August), 881-884.

8.7 SAMPLE SHORT FORM FOR QUANTITATIVE OUTCOME EVALUATION

Child's name: _____ Age: _____

Medical record no. _____

Study ID number _____ :1.

Today's date _____ :2.

D.O.B. _____ mo. _____ day _____ yr. _____ :3.

Parent's name: _____

Address/phone: _____

Zip code: _____ :4.

Ethnicity: _____ :5.

Insurance: _____ :6.

If refused participation, reason for refusal

code 0=no reason given 1="too busy" 2="other" _____ :7.

Interviewer: 1= 2= 3= 4= _____ :8.

Short Outcome Interview

default codes: 1=yes 0=no 8=NA 9=missed

ID number_____

Are you []'s mother/father?

1=mother 2=father 3=foster parent

4=grandmother 5=aunt 6=other

_____ :9.

Where does [] spend his/her time during most weekday

_____ :10.

1= all care at home with respondent

2= other care , 20 hours/ week

3= other care > 20 hours/wk

4= other (describe)

Does [] attend day care or preschool?

_____ :11.

1= yes 2= no

If yes, average hours per week:

_____ :12.

Does [] have a regular M.D./PNP? if yes, who?

reg MD/PNP 1=yes 0=no

_____ :13.

able to give name of PNP/MD 1=yes 0=no

_____ :14.

What are []'s three favorite things to do right now, other than eat or sleep?

STANDARD CODING: 1=incl. books 0=no book

Baby's favorite things

_____ :15.

Short Outcome Interview

default codes: 1=yes 0=no 8=NA 9=missed

ID number _____

Sometimes parents/care providers especially enjoy certain activities that they do together with their babies.

What are your three favorite things to do with [] right now?

STANDARD CODING: 1=incl. books 0=no book

Parent's favorite things _____ :16.

Many parents believe it's important for their children to do well in school. Are there things you do with [] *now, when he/she is* __, *or could do now*, so that when [] gets older and goes to school he/she will be more likely to be a good student?

Again, please tell me the two or three most important things.

STANDARD CODING: 1=incl. books 0=no book

School name _____ :17.

(if BOOK, ask "How will that help [] do well in school?")

Short Outcome Interview

default codes: 1=yes 0=no 8=NA 9=missed

ID number _____

How often do you or another family member tell stories to []

0=never, very rarely 1=usually about every week**2=usually most days**

_____ :18.

Do you have a bedtime routine for [] (explain if necessary: things)

1= yes 2= no

(if yes)

Please describe what you do for your bedtime routine:

_____ :19.

code 1 if book/reading mentioned, 2 if no book

These next few questions are about things you have at home for

[] to play with.

show card with numbers: **0=none 1=1 2=2 to 5 3=6 to 10 4=>10**

Does [] have any	How many?
Trucks/cars/planes	
Blocks	
Books	
Dolls or action figures	

_____ :20.

_____ :21.

_____ :22.

_____ :23.

(If there are books) Can you tell me the names of one or two of them?

(1=name recalled)

_____ :24.

Do you have a library card for yourself?

_____ :25.

1=yes 2=no

Have you ever gone to your branch library with [], or gone there to get a book for him?

_____ :26.

1=yes 2=no

COLLABORATIONS

FORMING ALLIANCES AND MAKING CONNECTIONS

- 9.1 Literacy organizations
- 9.2 Reading is Fundamental
- 9.3 The Junior League and other service organizations
- 9.4 WGBH and the Family Literacy Alliance
- 9.5 Publishers
- 9.6 PEN
- 9.7 Public libraries
- 9.8 Bookstores
- 9.9 Other community groups



In building bridges between your program and other institutions and organizations, you can establish strong connections within your own community and find friends and allies to help with fundraising, book donations, and volunteer recruitment and training. As your reading program becomes established, think about developing alliances with other organizations concerned with literacy, children's welfare, and books. A first and natural alliance, as you are getting started with your reading program, is with local literacy groups (see **Section 9.1**). These organizations can be extremely valuable resources for health care centers taking first steps into the literacy field and may be able to assist in many areas, including provider training, fund-raising, volunteer recruitment, and publicity. You are likely to find a mutuality of interests and a strong commitment that will reinforce your own.

This section lists some of the connections that the **Reach Out and Read** program has been able to establish in Boston, its collaborations with several national organizations and groups. New **ROR** sites in other cities may be able to form alliances with local branches of these national groups and with other community-based partners as well. In these pages, we hope to spark some ideas for other groups that may be important in other communities and describe some of the creative ways of uniting expertise and goodwill around the issues of children and books.

9.1

LITERACY ORGANIZATIONS

The family literacy movement offers an opportunity to encourage parental literacy while helping parents help their children. It recognizes the crucial importance of books and reading in the home and helps parents do what they most want to do: improve their own skills so they can help their children break the cycles of poverty and illiteracy and find their ways to better lives.

It is crucial that a pediatric literacy program build strong ties from the very beginning to local and national adult and family literacy programs, so that pediatric early literacy can take its place in the larger movement for literacy in this country, and parents who need help can be referred for tutoring and support.

Contact the office of adult basic education in your state education department to find out about programs in your area to which you can refer parents who ask for help with their own reading. Be aware of hotlines and referral services. Find out how long the wait for adult literacy series will be and follow through with parents who get referred. Try to develop connections with one or two nearby adult literacy programs, in particular, so that you can work together on family literacy, using parents' ambitions for their children to help the parents achieve their own goals.

Suggested organizations to contact:

Barbara Bush Foundation for Family Literacy
1002 Washington Ave. NW
Washington, D.C. 20007
(202) 338-2006

Literacy Volunteers of America
5795 Widewaters Pkwy.
Syracuse NY 13214
(315) 445-8000

The National Center for Family Literacy
325 West Main St.
Louisville, KY 40202-4251
(502) 584-1133

National Institute for Literacy
800 Connecticut Ave. NW, Suite 200
Washington, D.C. 20202-7560
(202) 632-1500

Laubach Literacy Association
1320 Jamesville Avenue
Syracuse, NY 13210
(315) 469-1991

Literacy Hotline
Contact (800) 228-8813

9.2

RIF

Reading is Fundamental (RIF) is a nationwide literacy program whose primary goal is encouraging children to read by showing them that reading is fun. RIF gives children a chance to choose and keep books that interest them and supports parents in encouraging their children to love books and reading. RIF supports existing programs like **ROR** in their efforts on behalf of children and families. Boston's **ROR** program has been a RIF program since 1991. RIF can provide financial support, educational assistance, and community connections to programs whose goals match RIF's philosophy. For more information on becoming a RIF program, contact:

Reading is Fundamental (RIF)
600 Maryland Ave. SW, Suite 600
Smithsonian Institution
Washington, D.C. 20024
(202) 287-3220

9.3

JUNIOR LEAGUE AND OTHER SERVICE ORGANIZATIONS

Your local branch of the Junior League and other service organizations can be very valuable contacts both for volunteers and for fundraising. The Junior League as a whole is composed of women interested in volunteerism and works to demonstrate the effectiveness of trained volunteers and to encourage volunteerism and community service. The more than 280 Junior Leagues in the Association of Junior Leagues International are dedicated to training women to make a difference as volunteers in their communities. **ROR** is deeply indebted to the Boston-based Junior League, which has recruited many volunteer readers from its ranks and has been responsible for their orientation and training, all as part of the League's commitment to community service. The League is committed to programs involving direct service, and many groups are particularly interested in opportunities involving children.

Boston's chapter of the Coalition of 100 Black Women and the Boston Celtics basketball organization's Wives Group have also supported

the development of **ROR**'s literacy programs.

If you would like help finding your local Junior League chapter or need more information about the organization, contact:

Association of Junior Leagues International Inc.
1319 F. St., NW, Suite 604
Washington D.C. 20004
(202) 393-3364

9.4

WGBH AND THE FAMILY LITERACY ALLIANCE

Boston's public television station, WGBH, began collaborating with **ROR** in 1991 to help develop family literacy programs based on the "Reading Rainbow" TV series in community-based settings. WGBH's Family Literacy Alliance, one of the station's outreach projects, took the lead in establishing drop-in parent/child family literacy groups in Boston City Hospital's pediatric clinics. Families who were in clinic for regular pediatric appointments were invited to watch the "Reading Rainbow" program, given free children's books, and invited to participate in hands-on literacy-related art activities. The goals of the program were to encourage families to read together and to turn them on to quality educational television programming.

Other public television stations have launched similar community-based efforts. For more information on collaborating with your resource-rich local public television station, call the **Reach Out and Read** National Training Site at (617) 534-5701.

9.5

PUBLISHERS

Publishers have a strong and sincere desire, as well as a professional interest, in seeing children grow up to be readers. The Association of American Publishers is working in partnership with **Reach Out and Read**, publishing materials for its expanding programs. At the AAP, literacy is considered one of the key issues facing American culture and the organization is expanding its involvement in this area by working with programs

such as **ROR**.

A consortium of Boston publishers has organized a library at Boston City Hospital, home of **ROR**, to collect books and raise money for furnishings, book carts, and upkeep.

Book publishers may be willing to support your program with special discounts on books ordered in bulk or with donations of children's books. Some publishing companies operate foundations that dispense grants to literacy and education projects located in the areas in which they have production and distribution facilities. Look into the possibility of acquiring remaindered titles, recently out-of-print books offered at lower than original retail prices, but nonetheless new and beautiful to the children who receive them. Additionally, newspaper and magazine publishers may also be willing to contribute reading materials and to help facilitate your publicity effort. In many communities, local newspapers are heavily involved in educational and literacy-related programs. They are often deeply involved in the sponsorship of school-related activities, holiday book drives, and related special events pertaining to education and literacy; **ROR** is a good fit.

9.6

PEN

The New England branch of PEN (Poets, Essayists, and Novelists), a professional association of published writers and editors, has formed a committee to support **Reach Out and Read** as a way to promote literacy. Their Friends of **Reach Out and Read** group will be comprised of people professionally concerned with books, literacy, and education, including both PEN members, publishers, booksellers, educators, and librarians. Theirs is a long-term commitment to keeping **ROR** operating, fully funded and provided with books. They will help the program achieve and maintain public visibility, using this exposure to advocate for reading aloud, for books in the home, and for library membership for children. They will supply fundraising support. They will help coordinate author visits to **ROR** sites, where possible activities will include reading aloud with children, telling the children how books are made, providing readings for parents, and offering writing exercises with parents and older children. They are organizing and promoting a book fair to be held at Boston City Hospital in 1996 and will canvass publishers for book donations. The PEN Friends of **ROR** will issue public state-

ments about the value of early literacy programs and the importance of the pediatrician's role, emphasizing that people in the literary community see the connections among reading aloud to children, school success, and adult literacy. Further, they will explain the freedom-to-read message. PEN is deeply committed to issues of writers' freedom and views illiteracy as a freedom-of-speech issue: If the poor cannot read, they are excluded from debate and discourse, as well as from the possibilities and world-expanding ideas to be found in books.

PEN is a national organization; if someone from the chapter nearest you is interested in pursuing a connection to your reading program, contact the New England chapter for advice:

PEN New England
100 Beacon St
Boston, MA 02116.
(617)-499-9550

9.7

PUBLIC LIBRARIES

A pediatric early literacy program should work in partnership with the local public library system. This partnership can be very close, with children's librarians coming to the clinic waiting room to lead book activities and story hours, or it can be limited to providing library information in the clinic. At a minimum, the clinic should be able to offer parents — either with handouts, bulletin board display, or both — information on the location and opening hours of local branches, children's room activities, story hours, and how to obtain a library card.

OTHER POSSIBLE LIBRARY-RELATED ACTIVITIES TO CONSIDER:

Practitioners have several other options for library-related activities, including:

- Asking about library cards at the appropriate health supervision visit (“Does she know the alphabet? Can she write her name? Does she have a library card? Do you know where to go to get one?”).

- Arranging for the issue of library cards (real or temporary) at a specific check-up.
- Inviting children's librarians to visit the clinic to talk about children's books and interact with the children.
- Turning the waiting room into a small branch of the public library once or twice a week, with cards being issued and a small cart of library books available for check-out.
- Establishing library-science student internships in the program that would benefit volunteers, practitioners, and families.
- Developing an in-hospital library, with help from the public library system, stocked with donated books, staffed with volunteers or student librarians.

For more information, contact:
 The American Library Association
 50 East Huron St.
 Chicago, IL 60611
 (312) 944-6780

9.8

BOOKSTORES

Booksellers have a strong interest in seeing children grow up loving books. Today, bookstores large and small are more eager than ever to establish strong community ties. A bookstore could hold a book drive for **ROR**, asking patrons to buy an extra book to donate to the project, perhaps offering them a discount if they do. Some stores already contribute new or damaged books to a good cause, as well as posters and book-related handouts that they no longer need. Perhaps the **ROR** practitioner could deliver a presentation on family literacy issues in a bookstore setting. Another store might consider issuing special coupons to **ROR** families, redeemable for books. Bookstores specializing in children's literature can also give you guidance on content-based questions, as well as information on contemporary children's books you may have missed. For more information on bookstore services, contact:

The American Booksellers Association
 828 South Broadway
 Tarrytown, NY 10591
 (914) 591-BOOK

9.9

OTHER COMMUNITY GROUPS

There are so many local organizations that could prove vital to the success of your **ROR** project. Some of these are listed below.

- Civic organizations like the Rotary and Kiwanis Clubs
- Organizations of teachers and educators
- Police associations
- Organizations serving new immigrants
- Cultural organizations serving diverse populations in your area
- Youth organizations

Seek them out and give them a call!

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10.1 GRANT PROPOSAL

LETTER OF INTENT

I am pleased to submit this letter of inquiry on behalf of (your institution). We are contacting you to determine if (foundation name) would be interested in providing funding for an innovative literacy program, (program name), which targets (your patient population).

(Program name) is a program that uses clinic (hospital/office) staff to demonstrate to parents and caregivers the value of sharing books with young children. In the program, we read books to children in the clinic/office waiting area, give books as gifts to pre-school age children, and explain to parents the importance of the early development of literacy. Our goals are to encourage families of children in our outpatient clinics to read--or, more accurately, "share books"--with their children, increase the pleasure as well as the skills of reading and being read to, and help the children we serve enter school with an affinity for books, ready to read, and able to keep up with their peers.

We know from experience that reading is especially important to children with chronic illnesses; it's something they can enjoy and use despite physical illnesses; it gives them the ability to imagine a world beyond the hospital room; and is something that the parent and child can do together, no matter how sick the child.

(Program name) gives our staff the opportunity and the resources to address literacy development as they do other medical, psychological and social issues.

Why (your institution)? Our outpatient clinics serve more than (number) children per week with a very large proportion coming from low income families. Statistically, these children are at a higher-than-average risk of reading failure. To compound the problem, a chronic illness or disability can further compromise a child's ability to learn due to physical limitation, missed time from Head Start or other pre-school programs, or simply the need for his or her parents to tend to other pressing priorities. Parents often are so busy caring for the child's illness, that they may not recognize that reading to the child is an equally important need.

(Your institution) is well-positioned to address literacy development, and to do it successfully because of our unique relationship with the children and families we serve. The relationship begins in most cases, long before the child is

ready for school or Head Start programs, during the time in his or her life when foundations of literacy are laid. Due to the nature of chronic illness most (your institution) patients are regularly seen by our staff, many as often as twice a month, often for many years.

There are few programs in (your institution's) service area promoting early literacy, and fewer that target sick children.

The Program: (Program name) is modeled after a similar project at Boston City Hospital which has been operating successfully since 1989. (Describe aspect of your program now in place.) Our program has two essential components: reading aloud to children in the hospital clinic waiting room, and giving new books to children in the clinics.

During the clinic visits, the doctors and nurses make sure that each patient (age range) receives a developmentally appropriate book at every visit (or other interval), and that the parent or caretaker receives information about the importance of reading activities. Because the doctors and nurses know their patients well, they are able to select books tailored to each child's need. The doctor/nurse presents the book to the young patient and caretaker, looks through it with them, commenting on how the child's interaction with the book relates to the development of motor skills, language socialization, and autonomy. The professional may also use the book as a tool in the assessment of the child. Finally, the doctor/nurse will inscribe the book with the child's name and short message.

Waiting Room Readings: Volunteer readers are trained by the hospital and taught about the developmental milestones of early literacy. On clinic days, these volunteers come to the outpatient waiting room, set out colorful bean bag chairs and a display rack of children's books, and engage young patients and their siblings in reading activities. The volunteers don't simply read aloud; they interact with the children, encouraging them to identify pictures, add their own experiences, and create new stories around the one being read. They encourage older children to read to younger ones, and answer the questions of other family members.

Through these activities, the volunteers show children and parents that books and book activities "feel good." They don't suggest to parents that they read to their children, but rather that they "share books" or "look at books together." Through their own behavior, they stress the core activities in reading aloud; being together, talking with the child, and becoming comfortable with books.

Program budget: The total cost of the (your program) program is (\$). We are seeking (\$) in philanthropic support for the tangible costs of the program and

will absorb overhead expenses.

(Program name) requires funding primarily for book purchases and staff support. We need to buy books rather than asking for book donations, because the books we give to children are carefully selected, with guidance from educators, reading specialists, physicians, and others, to meet our patients' developmental needs.

It is our hope that the (Foundation name) will consider this program a unique opportunity to promote literacy among under-privileged, high-risk children, and we would be pleased to submit a full proposal, outlining the proposed project in more detail.

Thank you for considering this request. We look forward to hearing from you soon.

NOTE: This model **Letter of Intent** was created by the staff at the Read With a Child program at Chicago's LaRabida Hospital and Research Center, who give permission for it to be modified and used by the those seeking to start, or keep funded, a pediatric literacy program.