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# Reach Out and Read Oregon

ROR is an evidence-based program preparing America's youngest children to succeed by partnering with doctors to prescribe books and encouraging families to read together.

## The Problem

- > 40% of children in Oregon enter Kindergarten without the necessary tools they need to learn to read.
- > Kids who start behind stay behind, for life. Home literacy experiences are tied directly to later reading achievement.
- > OR ranks 37th among 50 states for 4th grade reading standards, with only 30% of students at or above proficient levels.
- > 43% of children in Oregon live in low-income families and 61% of low-income families do not have any books in their home.

## The Program

> ROR is a non-profit that trains and supports medical providers who give a developmentally appropriate book to children during well-check exams and advice to parents about the importance of reading aloud. The program begins at the 6-month checkup and continues through age 5, with special emphasis on children growing up in low-income communities.

## ROR Oregon

- > ROR Oregon, a coalition through the Oregon Pediatric Society, has 37 active sites in Oregon.
- > ROR Oregon serves over 85,000 well-check visits annually.
- > ROR Oregon has 24 new applications in process from sites interested in starting up the program.
- > ROR Oregon has over 30 deferred applications from sites who are unable to implement the model due to lack of funding.

## Outcomes

> ROR is a proven intervention, supported by **15 independent published research studies**. Families served by ROR read together more often and their children enter Kindergarten with larger vocabularies, stronger language skills, a home library of at least 10 children's books and a six-month developmental edge over their peers. ROR helps children enter school on target. **Research shows that children who start school on track are more likely to reach their full educational, social and life potential.**

> Gains made toward kindergarten readiness follow the child through their school experience and improve high school graduation rates and college attendance. Life outcomes indicate these interventions also improve employment rates and earnings, juvenile crime stats, adult crime stats and welfare dependency.





**To:** The Honorable Rod Monroe, Co-Chair, The Honorable Betty Komp, Co-Chair, Education Subcommittee

**Subject:** HB3234 / Reach Out and Read Oregon

May 2, 2013

Members of the Education Subcommittee,

I am the Medical Director for Reach Out and Read Oregon, a coalition through the Oregon Pediatric Society, which represents over 500 pediatricians and primary care providers in the state. I am a pediatrician at Doernbecher Children's Hospital and professor at Oregon Health and Science University (OHSU) and have three children in Portland Public Schools. I am here to testify about the potential benefits of incorporating the Reach Out and Read model into Oregon's early learning plan to help achieve the kindergarten readiness goals of HB3234.

As you know, early language development and literacy provide the critical background necessary for academic achievement and are strong predictors of long-term success. Exposure to books and reading aloud are essential for optimal development of early childhood literacy and preparation for school, yet over 60% of children from low-income families have no books in their home.

Today, I would like to focus on 1) what we know about early learning and brain development and 2) how Reach Out and Read can effectively target children at the age when they are most receptive to intervention. What do we mean when we say "early" in terms of language development? At what age, should we be reading bedtime stories like *Goodnight Moon*? As Dr. Shonkoff from the Harvard Center for the Developing Brain stated in his report, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, "From the time of conception to the first day of kindergarten, development proceeds at a pace exceeding that of any subsequent stage of life." In fact, if you look at the mapping of neuronal connections, the first 1000 days of life are the most critical. Between ages 2 and 6, you can already see pruning of certain pathways that aren't used. Beginning as early as eighteen months of age, Hart and Risley identified major gaps in language based on exposure to words at home. This gap widened and by age three, an astounding difference in the number of words spoken to children from high and low income families became evident, eventually reaching a 30-million word gap. So, when we talk about "early", we need to talk about very "early" and target children in the first 1000 days of life. Also, economic studies such as those done by James Heckman have shown that the most cost effective window to bring about change isn't kindergarten or even preschool age but in infancy.

If we know that children's brains are most malleable and receptive to language development in these very early years, how do we increase their language exposure during this critical window? Studies show that reading aloud leads to the most words expressed between a parent and child. In addition, reading is about much more than the actual words. Snuggling up with a parent reading is also about sharing warmth, caring, and love with a child, which are essential for healthy emotional development and positive parent-child relationships.

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The number of books in a home strongly predicts reading achievement, even after controlling for parents' education levels and income. Talking and reading to babies may seem obvious to some but studies such as those by Professor Rowe at the University of Maryland demonstrate that it's not instinctive and that lower income parents are even less aware of the importance of talking and reading to their babies at an early age.

So, how do we get the message about the importance of early literacy and the necessary books to parents so that they have the tools to read-aloud and be their child's first teacher at home before they even start school or preschool? As you saw in the video, a very successful approach nationally is the Reach Out and Read model, which is endorsed by the American Academy of Pediatrics and the Bright Futures guidelines.

Through Reach Out and Read, pediatricians and primary care providers speak with parents about the importance of early literacy at every well child check-up from age six months through five years of age and provide a new age-appropriate book at each of these visits. This leads to ten encounters over the first five years of life, eight of which happen by age three, where parents can receive direct guidance on the benefits of early reading. Why healthcare providers? Parents generally trust and value the advice they receive from us. We offer a nearly universal point of access as over 95% of children under age five visit a doctor at least once a year, which isn't true of any other early childhood setting. We can write prescriptions for parents to read with their child every day and at bedtime and provide the first "dose" right in our clinics and offices. We can also identify significant developmental delays and address them immediately and appropriately. The providers in the Reach Out and Read program volunteer their time to add this valuable message into their visits, so the primary cost is the actual books; only \$10 annually per participating child.

Research findings from 15 published studies clearly demonstrate that the Reach Out and Read model works. And, it works in low-income and bilingual households. Participating parents are more likely to read to their children, have more children's books in the home, and their children have an impressive six-month developmental gain in language skills by the time they enter kindergarten. No other early literacy intervention has this kind of evidence base or impact.

I can also tell you that it works from my experience every day I give a child a book in clinic. A baby will immediately brighten when I show them a book with a baby face, a toddler will hold on to the book as tightly as Elmo and ask to be read to again and again if they've learned to love reading by age one. I can tell if a three year old is developing on target as they can finish a rhyme from *Brown Bear Brown Bear*. Nationally, Reach Out and Read has more than 5000 locations and serves more than four million children annually, with a focus on low-income children who are most at risk. We began a coalition in Oregon less than two years ago. Reach Out and Read Oregon now serves children at over 80,000 well child checks annually at 37 pediatric practices, health centers, and hospitals. We have just as many sites on the waiting list unable to implement the program due to lack of funding.

In summary, 40% of children in Oregon enter kindergarten without the tools they need to learn to read. Studies demonstrate that children who start kindergarten behind will likely remain behind in school and in life. Reach Out and Read, in conjunction with other efforts in the Early Learning plan, can help provide solutions. With \$100,000 in state funding per year for the biennium, Reach Out and Read could continue to support the existing 84,000 well-child visits annually and expand by at least 10% per year. This funding would target low-income communities to provide the greatest impact on kindergarten readiness. This simple intervention delivers lasting, invaluable benefits.

Thank you very much for your consideration. I welcome any questions.

Ellen Stevenson, MD, MPH

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