A Pediatric Early Literacy Program

Information Kit

This brochure has been published by the Association of American Publishers' Trade Division, with production support from Mosby and Lindenmeyer Co.

Why Are Books and Reading Aloud So Important?

Research studies indicate that early positive exposure to children's books, especially through reading aloud, helps children learn to read. The 1985 National Commission on Reading reported that children's experiences being read to were the single most important predictors of later reading success. Reading aloud supports language and cognitive development. Favorite books may join teddy bears and blankets as transitional objects, easing separations for children. Children can use stories to work through fears and problems. And perhaps most importantly, children begin to view reading as a pleasurable experience. A positive relationship with books becomes critical when children enter school.

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Reach Out and Read
Boston City Hospital, Mat 5
818 Harrison Avenue
Boston, MA 02118

Reach Out and Read

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Reach Out and Read

A Pediatric Early Literacy Program

Developed At Boston City Hospital

"I know that by keeping her nose in the books, she is going to be a reader. If she's a reader, she could be a writer. She could be a doctor. She could be anything."

... a Reach Out and Read parent

What is the Reach Out and Read (ROR) Program?

ROR was created in 1989 by a group of pediatricians and educators in an effort to fight illiteracy in Boston's impoverished communities. ROR improves literacy among children living in poverty by reaching them at an early age and providing parents with the information, support and materials they need to make books a part of their children's lives. ROR uses the power of a supportive relationship between parents and health care providers to help children learn to read.

ROR integrates parent education about literacy development into regular pediatric care for children between the ages of 6 months and 5 years, taking advantage of regularly scheduled well-child visits to reach parents of young children before the school system can. Through the guidance from pediatricians and nurse practitioners, parents learn ways to support their children's early literacy development. In addition, children receive a free book at each pediatric visit and share stories with volunteer waiting room readers.

A 1991 pilot study by ROR found that parents who had been given a book and literacy counseling during a clinic visit were four times more likely to choose book sharing as an activity with their child.

How Does ROR Work?

- In the clinic waiting room, community volunteers read stories to children and model reading aloud techniques for parents.

- In the examining room, the pediatrician or nurse practitioner gives an age appropriate children's book to the child, comments on the child's abilities and counsels parents on how to use books to support their child's healthy development.

- At each visit, the child is invited to take home a new, developmentally and culturally appropriate children's book. Over time, the child acquires a home library of books to share with family and friends.

An Idea Flourishes

In May, 1994, ROR received a major three year grant from the Annie E. Casey Foundation to develop and implement similar pediatric early literacy programs in health-care settings nationwide, with Boston City Hospital as a national training site. The Association of American Publishers is the publisher of ROR's training materials.

ROR seeks to change the culture of pediatrics by making literacy development part of every child's pediatric care. Programs are designed to be co-directed by a multidisciplinary team, and implemented in collaboration with local community organizations. National pediatric and literacy advisory boards have been created by the national training site in Boston to provide guidance to the program on a national scale.

How To Become Involved

For more information about ROR, please contact:

Reach Out & Read
National Training Site
Boston City Hospital, Mat 5
818 Harrison Avenue
Boston, MA 02118
(617) 534-5701

Boston Globe
10/27/96

For children's good health, a book at every check-up

BOB DAHM ILLUSTRATION

PERRI KLASS

This week Boston will play host to the annual meeting of the American Academy of Pediatrics, the professional organization that speaks for pediatricians, tests us and certifies us, sets our standards of medical practice to keep up with changing times.

But the pediatric innovation that my collegues and I will be demonstrating at the meeting, the Boston-bred innovation we hope will diffuse out through pediatric clinics around the country, has nothing to do with wonder drugs or fiber-optic miracles. We want doctors to give books to their young patients.

A decade ago, it wasn't part of a pediatrician's job to give out books. But then, formal assessments of development and language weren't part of a pediatrician's role at one time, either. Now we teach developmental assessment as part of the standard pediatric exam. If, along with giving shots and handing out safety advice, we haven't checked to see if a child is acquiring spoken language, then we haven't done our job.

The next step is written language. Early literacy. Just as spoken language starts long before a child learns to talk, literacy starts developing long before a child actually begins formal reading instruction. What happens in the years between birth and kindergarten is absolutely essential: Children either start school liking books and understanding what they are or they start school way behind, set up for failure.

Mayor Thomas Menino's Read Boston literacy initiative, now one year old, aims to have all children reading by the end of third grade. Pediatricians and early-childhood educators have been part of this initiative from the beginning because this is not only a school problem, it's a preschool problem.

Consider my 2-year-old patient, Jahmaal, a primary-care success story: He came for a physical recently and we checked his lead level, since as a toddler in the inner city he's at high risk, and checked for anemia. But he didn't seem to have needles on his mind.

"Want book!" he yelled to me with 2-year-old intensity. "Want book!" I gave him a board book at his 18-month visit (along with his fourth DTP shot), another when he was 15 months (Haemophilus influenzae shot) and another when he was one year (measles-mumps-rubella). And so on, way back to the 6-month-old checkup. That's six books already; there'll be at least four more before he starts school.

Reading success starts well before school and formal reading instruction, as infants and toddlers learn to love books and to understand that books contain stories and information. A 1995 analysis that statistically examined 29 empirical studies of the effects of parents reading aloud to toddlers and preschoolers concluded that essentially all studies showed a pronounced positive effect on outcome measures of language growth, emergent literacy and reading achievement. The positive effects of reading to preschool children were independent of socioeconomic status or parents' educational level.

It's called 'a light in the darkness.'

Last week I saw a child I worry about. He's one year old, born with drugs in his system, the youngest of six children in a family that is struggling hard. Mother in treatment. Maybe not always enough food. Hasn't grown very well. Hasn't really developed on schedule. But he looked good, finally putting on weight, making some developmental progress, though delayed for his age.

I gave him a board book full of bright photographs of children playing, and his mother and I watched him grab it. "I know you're busy," I started, and she beamed. "The older ones will read it to him," she said. "They always read him that book you gave him last time."

The Reach Out and Read program was founded at Boston City Hospital about eight years ago by pediatricians and educators. "The first time I gave a 1-year-old a book as part of a pediatric visit and saw the child's eyes light up, and saw the mother smile in response to her son's excitement, I knew I had found a special way to touch a child's life," says Dr. Barry Zuckerman, chairman of the department of pediatrics at Boston Medical Center and one of the founders of Reach Out and Read. "I believe it has as much or more impact on the child's future as anything I do as part of preventive care."

The goal of the program is to make literacy part of regular pediatrics. Zuckerman's mentor was Dr. T. Berry Brazelton, now a member of the advisory board of Reach Out and Read, which he calls "a light in the darkness."

A book at every checkup from six months to five years. At Boston Medical Center, we will give away our 100,000th book this fall. If it costs $3 to $4 for a book, and if every child sees the doctor 10 times between the ages of 6 months and 5 years, then these books cost $30 to $40 a child. Less than any immunization or blood test.

In a study by Zuckerman and another founder of the program, Dr. Robert Needleman, carried out in the pediatric clinic at Boston City Hospital, parents whose child had received a book at a previous visit to the clinic were four times more likely to report reading aloud to their children. For families on AFDC, the association was particularly marked: if they had received a book, parents were eight times as likely to report reading to their children.

Pediatricians are trained to think in terms of prevention. Give the MMR and we don't have to treat the measles. Free flu shots for children with asthma.

Growing up without books is growing up deprived and with a deprivation that puts one at risk for failure. Just like many of the other risks and deprivations that children face in poverty, growing up without books is a sad loss in itself, but also a risk factor for larger, sadder losses. Double jeopardy. If we want our children to grow up reading, we have to do everything possible, and we have to do it as early as possible.

Perri Klass is a pediatrician at Boston Medical Center and Dorchester House.

EDUCATION

To raise literate kids, plant seeds of reading early

By Beth Ashley
USA TODAY

Nothing prepares a kid better for reading than being read to, experts say.

"The single most important thing a parent can do to help a child learn to read is to read to the child early and often — and I mean early, a few months old," says Banita Somerfield of the Barbara Bush Foundation for Family Literacy.

Finding time to read may be tough, but parents across America are doing their best: Shari Thompson of St. Paul Park, Minn., says she read to her child, Jessica, even before Jessica was born. "I was told that even in utero a baby can hear your voice."

A Yankelovich Partners study in November said that 80% of parents believe reading to their children enhances educational development. Half said they read to their children daily, if only for 20 minutes.

"Parents are doing a pretty good job," says reading expert Linda Gambrell of the University of Maryland.

The Yankelovich survey also found that single parents tend to read to their children more often than two-parent households. "A single mother spends time with her children that she would otherwise spend with her spouse," Thompson says.

Ruth Graves of Reading Is Fundamental (RIF), which serves 3.8 million children nationwide, says parents need support from "the whole village" if children are to learn to read. She praises companies like UGI Corp. in Pennsylvania, which sponsors RIF programs in schools, and Nestlé in California, which has "adopted" 100 RIF schools. Employees of both volunteer to read to kids.

"It would be helpful if more businesses recognized that employees have lives outside their employment, and that being family-friendly is not only good for the country but good for the company."

Three times a year, RIF lets kids in schools, libraries, hospitals, day care centers and Head Start programs pick out a book to take home and keep, no strings attached.

Gambrell says "children should have lots of books. The way we increase the time children read is if they have books at home."

Having books, magazines and newspapers at hand is a big factor in getting kids to read, Somerfield says. And "parents who read at home are models for their children. 'If Mommy or Daddy reads, this must be a good thing to do.' "

By Shawn Henry

Brain medicine: Kids should learn to like books, says Perri Klass of Boston Medical Center's Reach Out and Read, which 'prescribes' books for poor kids. 'You have to see (books) as places to go for pleasure as well as information.'

"You walk into my house, everyone has a book," says Marie Knight, 34, of Detroit, single mother of three. "I keep a book in my purse."

A reader since childhood — "you can live in another country with a book" — Knight reads to her children every day. "I just make the time, because it's something I like to do." Her youngest daughter has been able to read since preschool.

Lynn Melchior, also of St. Paul Park, says reading aloud doesn't always guarantee children will become good readers: Two of hers read avidly, the middle one "struggles every day." If kids flounder, she says, parents should take charge. "We are working with a reading specialist. If you're a poor reader, it affects everything."

If families are too busy for reading time, "it's important to turn off the TV," Melchior says. "Even if the kids aren't reading, they can find something else to do besides TV, which is the worst thing that ever happened to reading."

Susan Neuman of Temple University says two to four hours a day of TV help with literacy — "a television set is a word machine" — but more is detrimental, "symbolic of a lack of other activities in the household."

Paul Andrews, an Austin, Texas, bookkeeper, not only reads to his two children but finds time (often vacation time) to read in schools where most of the kids are poor.

To lure them to read, he and other volunteers read snips of books, portray a story character or get (for example) a firefighter to explain how important it is to do well in reading.

At the Boston Medical Center, the Reach Out and Read program began when pediatricians wanted some way to help poor children who had few, if any, books at home. Now the pediatricians prescribe parental reading as part of their treatment of the children and send a book home each time a child comes in.

"The doctors realized that kids in poverty lag way behind developmentally in their ability to listen to stories, to sequence what happens and even to learn to turn pages," says medical director Perri Klass.

Sometimes parents themselves can't read, Klass says, but pediatricians encourage them to "look at the book with their child and make up a story to fit it."

To learn to read, "you have to like books," Klass says. "You have to see them as places to go for pleasure as well as information. If not, when you get to school, books will have no point!"

A checklist for skills

To help parents understand children's reading progress, the Council for Educational Development and Research (CEDAR) has outlined checkpoints. They are not an item-specific recipe for every child but highlight skills that develop naturally. The child:

In kindergarten

▶ Knows print carries meaning by turning pages in a storybook to find out what happens next.

▶ Knows what written language looks like by recognizing that words are combinations of letters and identifying specific letters in unfamiliar words.

▶ Identifies and names letters of the alphabet by saying the alphabet and pointing out letters of the alphabet in a text.

▶ Knows how books work by holding them right side up, reading from left to right and top to bottom and beginning at the front and moving to the back.

In third grade

▶ Improves comprehension while reading a variety of simple texts by thinking about what is known and asking and answering questions while reading.

▶ Applies word-analysis skills while reading by using phonics and simple context clues to figure out unknown words and using word parts — root words, prefixes, suffixes and similar words.

▶ Understands elements of literature — author, main character, setting — by coming to a conclusion about events, characters and settings in stories.

▶ Understands the characteristics of various simple genres — fables, realistic fiction, folk tales, poetry and humorous stories.

▶ Uses correct and appropriate language conventions when responding to text by correctly spelling common words, using capital letters and punctuation correctly, using appropriate and varied word choice and using complete sentences.

In sixth grade

▶ Uses strategies to figure out unfamiliar words by sounding out new words when reading aloud, using context such as looking at the whole sentence and surrounding sentences, using phonics and using reference materials.

▶ Reads a variety of texts, such as social studies, math and science, as well as the local newspaper and popular magazines.

▶ Summarizes information from what has been read by explaining what happened in a book or story, what makes the main character tick and the author's reason for writing it.

▶ Understands how the elements and characteristics of literature interact by distinguishing whether an author is writing in the first or third person.

In ninth grade

▶ Uses decoding and comprehension strategies to get information from a wide range of materials — textbooks, classic novels such as *Great Expectations* and *To Kill a Mockingbird*, and magazines such as *Time* and *Psychology Today*.

▶ Demonstrates reading comprehension by explaining a character's traits, motivation and actions in the story, the theme and message or moral of a book.

In 12th grade

▶ Reads a variety of texts on a number of subjects to build knowledge and skills, conducting research on issues of personal interest, asking questions as the student ponders the issues, and making connections between new information and personal experiences.

▶ Demonstrates aesthetic appreciation of reading materials by commenting on the language, including the rhythm and rhyme of the text, critically evaluating texts in regard to their plots, themes, character traits, motives and the effect of the setting on the characters and the plot.

Free copies are available from CEDAR, 2000 L St. N.W., Suite 601, Washington, D.C. 20036, 202-223-1593.

To raise literate kids, pla

By Beth Ashley
USA TODAY

Nothing prepares a kid better for reading than being read to, experts say.

"The single most important thing a parent can do to help a child learn to read is to read to the child early and often — and I mean early, a few months old," says Banita Somerfield of the Barbara Bush Foundation for Family Literacy.

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At the Boston Medical Center, t

A 'Prescription' to Stimulate Young Minds

Success of Reading Encouragement Program at Boston Clinic Leads Other Hospitals to Follow Suit

By Kevin McManus
Washington Post Staff Writer

It looks rather innocuous, the little pad carried by doctors in the pediatric clinic at St. Agnes Hospital in Baltimore. "PRESCRIPTION FOR READING," each sheet says, and below, in the space where a doctor might scribble something about medicine, there is the printed instruction, "Share a book with Your Child." Following that are two options: "Every night at bedtime" and "For ___ minutes a day." It has the feel of a sweet, but humorous prescription.

To the doctors who sign and distribute them, though, these prescriptions are serious business. Since last August, St. Agnes has been taking part in a literacy program targeting very young children and their parents who might not spend time with books on their own. The program, organized by a Boston-based group called Reach Out and Read, consists of three elements: volunteers reading to children in clinic waiting rooms, pediatricians urging parents to read to kids at home and youngsters helping themselves to free books.

St. Agnes is one of 71 sites in 31 states where the reading program has taken root.

"The earlier you expose a child to reading, the better he's able to process reading," says pediatrician Kenneth Koskinen, pausing for a breather on a busy morning at St. Agnes. "It's almost like you turn the computer on earlier, the computer is smarter and is able to process the information faster and better as the child gets older."

For some new parents, of course, the reading-aloud habit arises naturally and irresistibly. But among many families in the low-income population served by St. Agnes, Koskinen says, the habit needs to be introduced and pushed—because books cost money, because parents are busy and sometimes because parents lack confidence in their own literacy. "The *majority of the* patients that we see are on medical assistance," Koskinen says, "and the environment from which these people come is not necessarily optimal for learning."

After a doctor hands a reading prescription to a parent, the child is invited to select a take-home prize from a set of bookshelves near the nurses' station. "Our most popular books are the ones for infancy to 2 years, because that's when we see the children the most," says nurse Roberta Poulton as she shows off shelves packed tightly with donated books.

Once selected, a volume is fitted with a bookplate bearing the child's name. During the past six months, Poulton says, many kids apparently have come to associate the clinic with free books: They're quick to ask for one whenever they visit.

Down the hall from the bookshelves, in a waiting room, volunteer Eula Gray finishes reading a story to a little boy. He slips quietly from his seat, takes his mom's hand and heads for his checkup. Gray begins bundling up for the outdoors. She has completed her shift here—two hours of open books and eager listeners—and she is happy.

"I used to be a teacher, and I know how important it is for children to listen to reading from the very earliest ages," Gray says. "It gives them a real sense of reading." She too gets something from the exercise: "My children are all grown, and I miss having someone to read to."

Most parents appear glad to have their kids entertained by storytellers, Gray says. But occasionally there is tension, as when one mother told Gray it made no sense to read to an infant, since infants don't understand words.

"But then I saw [the mother] the next month," Gray says, "and she told me, believe it or not, that she had decided to do so. And she felt the baby had responded to her voice."

Experts say a parent's voice is just one of several powerful stimuli for a baby. In a 1992 article in Contemporary Pediatrics, Robert Needlman and Barry Zuckerman, co-founders of the reading program, described what they believe happens when parents read aloud to kids, early and often:

"Children . . . learn to associate books with their parents' love and attention. They have an emotional tie to the books, founded in their earliest relationships. Favorite books may join teddy bears and blankets as transitional objects, easing the separation at bedtime. Children also use stories to satisfy desires vicariously and to work through their fears and problems."

BY GERALD MARTINEAU—THE WASHINGTON POST

Paul Cattle volunteers at St. Agnes Hospital to read to children because he says it is fun "sharing in their fantasy adventures through books." His audience here is, from left, Brianna Crenshaw, Taylor Gable and Bilal Iqbal.

Youngsters who've formed these emotional ties before age 1 probably enjoy a huge advantage over kids who know nothing of books until they start alphabet studies in kindergarten, Needlman and Zuckerman say. "When reading is presented as a set of cognitive tasks that are unconnected to the child's basic interests," the coauthors write, "children who are not already strongly motivated to read may see it as an empty exercise or, worse, a form of slow torture."

It was in 1990 that Needlman and Zuckerman first shaped these ideas into a public program. The catalyst was a conversation about visitors taking books from a waiting room at Boston City Hospital, where the two men then worked. Zuckerman recalls saying something like, "Maybe that's a good place for the books to be—at home with kids."

The doctors aimed to capitalize on the special relationship between a parent and a pediatrician. They figured that prescriptions of daily reading would stand a good chance of being acted upon because of parents' respect for doctors.

The only evaluation of the program has focused on mothers in the Boston City Hospital program. Zuckerman says it found that these women were four times more likely to read aloud to their children than mothers from similar socioeconomic backgrounds who hadn't taken part in the program.

Zuckerman says kids in the program are being studied now, "but we don't have any data yet." Then again, he doesn't feel he needs hard data to sell the concept of early literacy, which holds tremendous appeal for many book-loving adults.

One of those adults is Perri Klass, a Boston Medical Center pediatrician and writer who is Reach Out and Read's medical director.

Klass says, "There are a limited number of things that I actually give parents." Among the "life and death" items she strongly urges parents to get are medicines, bike helmets, car safety seats and window guards. "And I think that when you hand over a book, it puts the book in that category: I don't want your child to grow up without this."

Another bibliophile who is sold on the program is First Lady Hillary Rodham Clinton, who last week plugged Reach Out and Read (without mentioning it by name) in a Time magazine essay.

Washington's first Reach Out and Read program may begin as early as May at Children's National Medical Center. Sandra Cuzzi, the pediatrician who's setting it up, says she has a $3,000 grant and needs about $12,000 more to buy books for the first year at the hospital's General Pediatric Ambulatory Center.

"Most of the parents that I speak with now, when I discuss reading with them, they don't have children's books at home," Cuzzi says. "That's not a priority. So I hope that by making that a presence in the home, it will become important."

A 'Prescription' to Stimulate Young Minds

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"The earlier you expose a child to reading, the better he's

Philadelphia Inquirer - Saturday 9/7/96

Children's Hospital prescribes a dose of reading

Reach Out and Read provides books to children. They provide the enthusiasm.

By Stacey Burling
INQUIRER STAFF WRITER

It was after 5-year-old Sharon Caldwell's eye test, her ear test, the scale and the blood-pressure cuff, and midway through a page of questions designed to measure her intellectual development that Dr. Stephanie James sprang the surprise.

She pulled a shiny new book, *Wild Wild Sunflower Child Anna*, from Sharon's medical chart and began showing Sharon pictures of a little girl in a beautiful green place full of flowers and animals. This was a different world from the West Philadelphia homeless shelter where Sharon and her eight brothers and sisters live, but Sharon and Anna had the same energy, the same dark skin, the same wide smile and big eyes.

"I know you're a smart kid, and I know your mom tries to read to you," the pediatrician said as they sat Thursday in an examining room at Children's Hospital of Philadelphia's Primary Care Center at Cobbs Creek.

"Oh goodness," Sharon's mother, Wanda McCoy, chimed in. "I be reading to them at night, and they be wanting stories on top of stories."

James wrote Sharon's name on the inside page. This would be Sharon's book, her present from the doctor, and one of the first of many books that Children's Hospital doctors will be giving to city children.

The three of them leafed through the pages together as James explained pictures, asked Sharon questions and gave McCoy pointers on how to read a book to a child. Sharon's eyes brightened. She began answering James' questions more quickly and with more enthusiasm. The ice was broken.

"It's not really a gift," James said as she prepared to continue the exam. "It's part of your health care because it's going to get you all buffed up for school."

Thursday, Children's Hospital launched a new program from its three primary-care centers in the city. Called Reach Out and Read, the program will provide each child with a new book at every well-child visit: 10 books by the time a youngster starts school. The centers will also have used books for patients' brothers and sisters. Eventually, volunteers will read to children as they wait for the doctor, not only making the wait more fun but showing parents how to help children get the most from a book.

Reach Out and Read started seven years ago at Boston City Hospital and now operates in 13 large urban hospitals and many smaller neighborhood health centers. Proponents hope the program will prevent school problems by introducing poor children and their parents to books early. Doctors see it as a natural outgrowth of the prevention trend in pediatrics. They try to keep children from being hurt by teaching parents about safety. They give shots to ward off dangerous childhood diseases. Why not also try to prevent school

See **BOOKS** on B3

The Philadelphia Inquirer / RON CORTES

Sharon Caldwell hugs a book as Dr. Stephanie James tells her that she'll be allowed to take it home with her. That's Sharon's mother, Wanda McCoy, behind the doctor. Sharon had just completed a checkup.

The Philadelphia Inquirer / RON CORTES

Dr. Stephanie James reads to Sharon Caldwell. Sharon's mother, Wanda McCoy, had brought Sharon to the Children's Hospital of Philadelphia's Primary Care Center at Cobbs Creek.

Children's Hospital prescribes a dose of reading for the children

BOOKS from B1

failure with an early dose of books?

Although there is some evidence from the Boston program that children who have been exposed to Reach Out and Read are more likely than their peers to look at books, no one knows yet whether it improves achievement.

But the staffers at Children's thought the program made so much sense that they decided not to wait for hard facts.

"It's so intuitive to most parents," said Trude Haecker, the hospital's medical director of primary care. "We didn't feel that we needed to prove the point, really."

After months of planning, staff members started the program with financial help from the Boston program and the hospital's Women's Committee. They expect to give books to 30,000 children a year at a cost of $50,000.

On Wednesday, Perri Klass, a pediatrician who is involved with the Boston program and is nationally known for her books on medical training, helped teach 175 center staffers about Reach Out and Read.

"I've become a little messianic on the subject," she said as she stood in a hospital auditorium. She says she feels much the same way about children who go without books as she does about those who have no food or heat. They, too, have been "deprived of something fundamental" before children learn to read, just as spoken language begins before a baby says its first word.

She talks to parents about the connection between books and love, how children come to like books because they associate them with cuddling in their parents' laps. This is not about teaching your children to read, she tells parents, some of whom may be a bit intimidated by books themselves. It's about teaching them to love books.

The books can also be helpful to the doctor, who can observe the physical skills of children as they reach for books or turn pages. Doctors can evaluate language skills as children describe what they see. Books also calm children down and make it a lot easier to talk to their parents.

Distributing books is also something nice that doctors can do. Too often, children associate pediatric visits with shots and blood tests.

At the Cobbs Creek center yesterday, staff members spent much of the morning reading the children's books and reminiscing about their childhood favorites. They giggled at a potty-training book and spoke in reverent terms of another book about an iconoclastic young girl with a penchant for offbeat hairdos. It is that kind of love of books they hope to convey to their young patients.

sized to parents the importance of reading, knowing full well that some of them may not have a book in the house. Now she knows her patients will have books.

"I think it's just perfect," she said. "I love it."

Toward the end of Sharon's exam yesterday, as her mother and James tried to figure out what shots she would need, the girl began fidgeting, hopping around the room while her long, thin braids swayed around her face. James handed her *Wild Wild Sunflower Child Anna*. Sharon stopped for a while to look at the bright pages, allowing James and McCoy to finish their conversation. Sharon took the book to her mother. "Mama, where's the bumble bee?" she asked.

They found a bee, and James pointed out some daisies and black-eyed Susans.

"We're going to read this tonight," McCoy said.

Sharon hugged the book to her chest.

"We can keep it?" she asked.

"That belongs to you," James told her. "That's part of keeping you healthy."

To Help Out

■ To become a volunteer reader or to donate books, call 590-2001.

...ible Television

...red Savage in "No One
...ould Tell," about teenage
...ting violence. Page 5E.

...nday, May 6, 1996

THE WAY WE LIVE

Detroit Free Press

a book a day

ALAN R. NAMUDA/Detroit Free Press

ROAR volunteer Joseph Reed reads a story to Michelle, in Mickey Mouse shirt, Loriesa and Louis McCaskill at Children's Hospital of Michigan.

Children's doctors prescribe books to fight the disease of illiteracy

BY CASSANDRA SPRATLING
Free Press Staff Writer

Taking the children to the doctor is no fun for a parent. It's one of those things you do because you have to. And with four children, ages 1, 4, 6 and 8, including one with asthma, Roseann McCaskill has to do it a lot.

But her last trip to the general pediatric clinic of Children's Hospital of Michigan was surprisingly pleasant.

In the waiting area of the Detroit hospital, as baby Ilysia snuggled and wiggled in McCaskill's lap, her three older children sat quietly listening while hospital volunteer Brother Joseph Reed read stories to them and other children.

"I was so happy that he came and asked if he read to " says McCaskill, of Detroit.

"When you have to come here with more than one child to tend to, it can be very hectic. But look at them; they've been sitting here paying attention ever since he sat down. Having someone reading to them and keeping their minds occupied — it's a good idea."

It's called ROAR — Reach Out and Read — and it's the hospital's latest prescription for preventive medicine.

In an example of the increasing role pediatricians are playing in promoting the health and well-being of children, doctors at Children's Hospital of Michigan, St. John Hospital and Medical Center and other hospitals across the country are putting literacy high on the shelves of their medicine cabinets.

"There's a direct correlation between illiteracy and the kinds of children who will end up in our emergency rooms and hospitals," Dr. Teresa Holtrop said in a recent seminar that explained the ROAR program to new doctors training to be pediatricians at Children's.

"What we're trying to do is get you to look at illiteracy as a disease that affects the child's well-being as he grows up. The children who can't read well are the ones who we will see later with (wounds.

Please see ROAR, Page 4E

Doctors help fight illiteracy

ROAR, from Page 1E

early pregnancies and other behavior problems."

Holtrop, a pediatrician on Children's mobile team, learned of the program from one of the men who developed it, nationally recognized pediatrician and children's advocate Dr. Barry Zuckerman of Boston City Hospital.

Zuckerman and another pediatrician, Dr. Robert Needleman, now in Cleveland, started ROAR six years ago.

The program is based on the connection between reading and children's well-being — and is rooted in Zuckerman's philosophy that many factors contribute to a child's health. Illiteracy, the argument goes, helps begin a downward spiral that very often leads to school failure, which correlates with substance abuse at a young age, teen pregnancy, delinquency and other problems.

So, Zuckerman and Needleman set out to develop a program that would foster childhood literacy.

It began almost by happenstance. They noticed that when teachers came into their clinics armed with crayons and books to do educational assessments, the children often wanted to keep the books. It occurred to the doctors that children who learn to read well early on tend to have better health outcomes later on. So, they reasoned, why not give them books they could keep?

The doctors applied for grants to purchase new books, mostly for children from low-income families, and began incorporating the promotion of literacy into their medical treatment.

The Annie E. Casey Foundation, which assists low-income and disadvantaged families, was so impressed with ROAR it gave Boston City Hospital a grant to encourage other hospitals that wanted to duplicate the program.

Reading, talking, giving

Laurie Dayton, an administrator at Children's in Detroit whose job it is to help make visits there more pleasant, heard about ROAR at a health conference. She and Holtrop joined forces, and Children's became one of nine hospitals nationally to develop ROAR programs.

ROAR has three elements:

- Trained hospital volunteers, armed with a bag full of children's books, read to children in the waiting room. This exposes children to good books, keeps them entertained and shows parents some important elements of reading to children — interacting with them, asking them questions and encouraging discussions about the stories.
- Pediatricians talk with parents at each well-baby visit about the importance of sharing books with children every day. Pediatricians at Children's are taught that promoting literacy should be as much a part of their routine as talking with new parents about the importance of proper nutrition and immunizations.
- A free book is given to each child at the end of each well-baby visit — the regular office visits in which a pediatrician assesses a child's general health and development and updates immunizations. Usually, that amounts to 10 visits from age 6 months to 5 years.

"If a child gets a new book at the end of each visit, that's 10 new books for a child who might not otherwise have books in his home," said Dr. Perri Klass, who co-directs the ROAR program in Boston. "That means it costs about $30 to $40 to start a home library for a child — less than the cost of one blood test. That seems to me to be a modest investment for a potentially tremendous payoff."

At the recent training session at Children's Hospital, new doctors not only learned why they should care about literacy, they got a refresher course in children's literature — an area that has grown considerably since they were children.

Twelve pediatric residents, accustomed to studying high-level medical journals, sat around a table reviewing "Goodnight, Moon," "Corduroy," "Richard Scarry's ABCs," "Ten, Nine, Eight" and other children's favorites.

Holtrop, who led the session, told them the books could also be a tool in their evaluations of the child's social and physical development. "When you hand him a book, is he interested? Does he grab it? How is his grasp?"

The pediatric residents received a chart outlining reading-related skills children should have developed by certain ages. Between 12 and 18 months, for example, a child should be learning to hold a book with help, turn pages — though it may be several at a time.

None of the doctors seemed taken aback by the addition of this new task to their things-to-do list.

"I agree early literacy is important, because it sets the pace for your entire life," said pediatric resident Dr. Crystal Morrison.

Dr. Maha Dabbagh said it seems like a natural part of what doctors should be doing. "We're supposed to be involved in everything relating to the kid's development. This is a new thing, but it's a good thing."

Real results

Other hospitals' literacy programs vary slightly.

The one at St. John Hospital and Medical Center in Detroit, for example, is called RX: Reading. Donations help pay a part-time staff person to read to children in the medical center's waiting area, but the program also incorporates giving away new books and counseling parents on the importance of reading.

Separate assessments of these programs show that children who've participated are more likely to be regularly engaged in reading-related activities at home.

St. John, for example, did a telephone survey of parents whose children had participated in its program. It found that the number of times parents read to their children each week went up about 20 percent after being counseled about reading by a doctor.

"The results of the study support the contention that a simple, inexpensive intervention by primary-care physicians or their staff can lead to positive changes that may result in increased success in acquiring reading skills during infancy, preschool and the early elementary school years," said Dr. Thad Jos, a pediatric allergist and co-founder of the program at St. John, now entering its third year.

Back in the waiting area at Children's Hospital, where volunteer Joseph Reed was reading to Roseann McCaskill's kids, his young audience had grown from three to seven.

Reed, who does his volunteer work during summer vacations and breaks from his job as a teacher at De La Salle High School in Warren, showed the children the selection of books and allowed them to pick one for him to read.

"I like to hear him read to me," said McCaskill's 8-year-old daughter, Michelle.

After a couple of hours, Reed was about to take a break when 3-year-old Leann Pacquette of Melvindale made a plea he couldn't resist.

"Read another one," she said.

And that's just what he did.

The Boston Globe contributed to this report.

VOLUNTEER TO READ

Children's Hospital of Michigan needs volunteers to read to children and financial contributions to buy new books. The hospital provides training and asks that volunteers agree to read for a minimum of a half-day a week, from about 9 a.m. to noon or 1 to 4, for at least three months. To volunteer, call the hospital's Volunteer Services Office and specify that you want to volunteer for Reach Out and Read. Call 1-313-745-5326 from 8:30 to 4:30 weekdays.

To contribute money for books or to donate new books, call the hospital's Child and Family Life Department at 1-313-745-0064 from 8-4:30 weekdays.

To make a contribution, volunteer to read or to obtain more information on the program at St. John Hospital and Medical Center, call its Volunteer Services Department at 1-313-343-3680 from 8 to 7 weekdays. Drop boxes for donated books are located throughout the hospital.

BOSTON MEDICAL CENTER

One Boston Medical Center Place
Boston, MA 02118-2393
Tel: 617 638 8000
Tel: 617 534 5000

REACH OUT AND READ NATIONAL SITES

85 sites in 34 states as of January 1997

ALABAMA

Lower Alabama Pediatrics-Brewton-Marsha Raulerson, MD **new**

ALASKA

Alaska Native Medical Center-Anchorage-Jerry Nasenbeny, MD **new**

ARIZONA

Kino Community Hospital-Tucson-Barbara Smith, MD **new**
Phoenix Children's Hopsital-Phoenix-Marcia Stanton, MSW, Jeffrey Weiss, MD **new**
Sage Memorial Hospital-Ganado-Rebecca Kazal, Louis Kazal, MD

CALIFORNIA

Child Crisis Center/UCLA Medical Center-Torrance-James Williams, MD **new**
North Orange County Youth & Family Resource Center-Anaheim-Sharon Latona, Deborah Stewart, MD **new**
San Francisco General Hospital/UC San Francisco-Elena Fuentes-Afflick, MD, Annalisa Abjelina, MD, Lois Epstein, MD **new**
Vacaville Community Clinic-Vacaville-Linda Hess, Stephen Boos, MD **new**

COLORADO

Family Health Center Pediatrics-Denver-Larry Wolk, MD, MSPH **new**
Sandos Westside Health Center-Denver-Steve Vogler, MD **new**

CONNECTICUT

Bridgeport Hospital Primary Care-Bridgeport-Allyson Driggers, MD **new**
Fair Haven Communtiy Health Center-New Haven-Laurel Shader, MD
Park City Primary Care Center-Bridgeport-Laura Buffone, Veronique James, MD **new**

FLORIDA

Pearl Plaza Pediatrics-Jacksonville-Karen Toker, MD **new**
Tampa General Hospital/University of S. Florida-Tampa-Sharon Dabrow, MD, Patricia Blanco, MD **new**

GEORGIA

Hughes Spalding Children's Hospital-Atlanta-Linda Grant-**Ready, Set Read! (new ROR)**
Northwest Grady Clinic-Atlanta-B.J. Steele, MD **new**
Ware County Family Practice Center-Waycross-Brenda Landwehr, PA-C **new**

HAWAII

Kapulani Medical Center-Honolulu-Chris Derauf, MD **new**

ILLINOIS

Chicago Healthy Steps-Gail Wilson, Anita Berry, Delayne Rittmueller **new**
Evanston Hospital Perinatal Family Support Center-Liz Roehlk, M.Ed, Ronna Jacobson
University of Illinois-Chicago-Peter Neronha, MD, Marylou Schmit, MD **new**

INDIANA

Three Rivers Literacy Alliance-Fort Wayne-Ginny Clark, Sarah Reinke **Read To Me**

KANSAS

Kansas University Children's Center-Kansas City-Kathryn Veal, MD & Jean Harty, MD **new**
Mexican American Ministries Clinic-Garden City-Penny Schwab, Rebecca Clark-Hermocillo, Esther Oppliger, RN, MSN, ARNP **new**
Overland Park Pediatrics-Charlaine Milliken, Kathy Sanchez, Kim Danaher **new**

KENTUCKY

Northern Kentucky Family Health-Newport-Joyce Huffer, ARNP & Carol Roark, MD **new**
University of Kentucky Family Care Center-Lexington-Thomas Young, MD **new**

LOUISIANA

Medical Center of Louisiana/University Hospital-New Orleans-Ellen Beyer, RN, Susan Berry, MD

MARYLAND

Druid Family Health Center-Baltimore-Delores Smith, Karen Nelson, MD **new**
Matilda Koval Health Center-Baltimore-Heather Neblett, MD **new**
St. Agnes Hospital-Baltimore-Barbara Burns, Michael Burke, MD
Shore Clinical Foundation-Easton-Cathleen McGrath, MD **new**
University of Maryland Pediatric Ambulatory Center-Baltimore-Alexa Cieslak, Virginia Keane, MD**new**

MASSACHUSETTS

Brockton Hospital-Brockton-Jacqueline Hochstin, RN, CLS & Lisa Downs, MD **new**
Cambridge, Mt. Auburn, Somerville Hospitals-David Osler, MD **new**
Greater Lawrence Family Health Center-Lawrence-Elise Henricks, MD
Holyoke Health Center-Holyoke-Jane Cross, MD **new**
Holyoke Pediatric Associates-Holyoke-Anne Nugent, MD **new**
MGH Chelsea Health Center-Chelsea-Janice Lowe, MD **new**
MGH Revere Health Center-Revere-Harwood Egan, MD, Jennifer Liske, Susan Curley
Medical Center of Central MA/Memorial Hospital-Worcester-Keith Dubois
North Shore Children's Medical Center-Salem-Phyllis Groskin, Owen Mathieu

MICHIGAN

Children's Hospital of Michigan-Detroit-Teresa Holtrop, MD
Detroit Northwest Clinic-Erna Wilkerson, Teresa Ann Boles **new**
Kalamazoo Center for Medical Studies/MSU-Kalamazoo-Donald Greydanus, MD, Allan LaReau, MD **new**

MINNESOTA

Children's Health Care Children's Clinic-Minneapolis-Nancy Almquist, CLS & Stephanie Bisson, CPNP **new**

MISSISSIPPI

Jackson-Hinds Comprehensive Health Center-Jackson-Dana Carbo, MD & Eva Henderson, MD

MISSOURI

Humana Health Care Healthy Steps-Kansas City-Carol Dietzschold, Cherrie Fleming, RNC, Suzanne Leeman, RNPNP **new**
Open Door Clinic-St. Louis-Dotti Kastigar, Helen Haney, MD **new**

NEW HAMPSHIRE

Lamprey Health Care-Newmarket-Sarah Oxnard, MD & Priscilla Shaw **new**
Nashua Child Health Clinic-Nashua-Christine Caron, Richard Slosberg, MD **new**

NEW JERSEY

Newark Beth Israel Medical Center-Newark-Judy Shoobe, MD, Charlene Kidd, RN, MS **new**
Osborn Family Health Center/Our Lady of Lourdes Medical Center-Camden-Georgiana Reynick, Judith Shoobe, DO **new**

NEW MEXICO

Children's Hospital of New Mexico-Albuquerque-Julia Grimes, MLS, Barbara Small, MD
Farmington Community Health Center-Farmington-John Garretson, MD **new**
Las Vegas Clinic for Children and Youth-Las Vegas-George P. Bunch, MD **new**
Rehoboth McKinley Christian Hospital-Gallup-Herb Mosher, Mary Poel, MD **new**

NEW YORK

Child Health Clinics-NYC-Carmen Ramos-Bonoan, MD **new**
Court Street Diagnostic and Treatment Center-Utica-Charles McMahon, Thomas Clark, MD **new**
Foster Care Pediatrics-Rochester-Elizabeth McMahon, MD **new**
Metropolitan Hospital-NYC-Ruth Frank, Vidya Bhushan Gupta, MD **new**
Montefiore Marble Hill Family Practice-Bronx-David Savarese, MD **new**
NYU Bellvue Hospital-NYC-Linda van Schaick, MS, Jane Burton
Rochester General Hospital-Rochester-Randy Evans, Robert Byrd, MD, Michael Weissman, MD

NORTH CAROLINA

Mulberry Pediatrics/Caldwell Memorial Hospital-Lenoir-Vicki Coffey & Duane Herold **new**
Olson Huff Center for Child Development-Asheville-Adrian Sandler, MD **new**
Wake Medical Center Special Infant Care Clinic-Raleigh-Cindy Callahan, MA, Melissa Johnson, PhD **new**

OHIO

Children's Health Clinic-Dayton-Terrie Kess, RN **new**
Crossroads Health Center-Cincinnati-Katie Connelly
Rainbow Babies and Children's Hospital-Cleveland-Robert Needlman, MD

OKLAHOMA

Children's Medical Center-Tulsa-Laura Taylor, DO **new**

PENNSYLVANIA

Children's Hospital of Philadelphia(CHOP)-Trude Haecker, MD
C. Eve Kimball, MD-Reading **new**
Lehigh Valley Hospital-Allentown-Suzanne Irvine, Terry Thomas, Cathy Rutman, RN **new**

SOUTH CAROLINA

Greenwood Community Children's Center-Greenwood-William Allen, MD **new**

SOUTH DAKOTA

Rosebud Sioux Tribe Healthy Start-Rosebud-Lucy Reifel, MD **new**

TENNESSEE

Memphis Family Care Center-Memphis-Gerri Cannon-Smith, MD **new**

TEXAS

Fort Bend Family Health Center-Richmond-Susie Benes, Susan Collins, Laura Wolf
Univeristy of Texas Medical School WIC Children's Clinic-Houston-Paige Atkinson, PNP **new**

VIRGINIA

Healthy Families/CHIP-Arlington-Anne VorderBruegge **new**
University of Virginia Children's Medical Center-Charlottesville-Linda Drake, Deborah Smith, MD **new**

WASHINGTON, DC

Children's National Medical Center GPAC-Sandra Cuzzi, MD **new**
Children's National Medical Center Child Protection-Lavdena Orr, MD **new**

2/25/97

REACH OUT AND READ (ROR)

THE PROBLEM

- **Children who live in print-rich environments and are read to in their preschool years** are much more likely to learn to read on schedule
- **Parents of children living in poverty may lack the money to buy books**, may not have easy access to good children's books, and may not themselves have been read to as children
- **Reading problems may mean school failure**, which increases the risk of absenteeism, dropping out, juvenile delinquency, substance abuse, and teenage pregnancy--all of which perpetuate the cycles of poverty and dependency

PROGRAM DESCRIPTION

- Reach Out and Read is a program that **makes early literacy part of pediatric primary care**
- **Pediatricians encourage parents to read aloud** to their young children and **give their patients books to take home** at all pediatric check-ups from six months to five years of age
- Through Reach Out and Read, **every child starts school with a home library** of at least ten beautiful children's books, and parents understand that reading aloud is the most important thing they can do to help their children learn to love books

HOW ROR WORKS--PROGRAM COMPONENTS

- Volunteer readers in the clinic waiting room **read aloud to children as they wait for their appointments**, showing parents and children the pleasures and techniques of looking at books with children
- **Pediatricians are trained to counsel parents** about the importance of reading with young children, offering age-appropriate tips and encouragement
- **The doctor gives the child a new developmentally and culturally appropriate children's book to take home and keep at every check-up from six months to five years of age**

PROGRAM BACKGROUND

- Reach Out and Read was developed at Boston City Hospital in 1989 by a collaboration of pediatricians and early childhood educators
- In collaboration with the **Association of American Publishers**, ROR has developed a Program Manual, handouts for doctors and parents, prescription pads to help doctors "prescribe" reading aloud, and many other unique materials to encourage literacy in pediatric practice
- With generous support from the **Annie E. Casey Foundation**, the program has been replicated in sites around the country; with further support from the William T. Grant Foundation, Robert Wood Johnson Foundation, Boston Company, there are now over 80 Reach Out and Read sites in clinics and pediatric practices in 34 states

FOR MORE INFORMATION:

Please contact the Reach Out and Read office by phone (617)534-5701 or fax (617)534-7557 or write to Reach Out and Read National Training Center, Boston Medical Center, One BMC Place, Dowling 5 South, Boston, MA 02118.

says he needs $6.5 million. Democrats say $1.8 million is plenty and threaten to filibuster any GOP attempt to grab more money. On Tuesday, the Senate is expected to vote on a constitutional amendment to require Congress to balance the federal budget. The amendment appears likely to fail by one vote, just as it did two years ago.

■ **Education.** Education Secretary Richard Riley testifies on Wednesday before the House Committee on Education and the Workforce about the president's education initiatives. Among the proposals are national exams to raise standards and tax incentives to increase college enrollment. On Thursday, Lamar Alexander, former education secretary and GOP presidential aspirant, appears before the same committee. On Tuesday, Federal Reserve Chairman Alan Greenspan offers his economic forecast to the House Budget Committee. *-David Fischer*

LETTERS

The prescription for smart kids

Once upon a time, bedtime stories were reserved for children who were old enough to understand words. But that will change if some grown-ups get their way. In his State of the Union message, President Clinton challenged parents to "read with your children every night," noting that "learning begins in the first days of life." Next month, the White House will convene a conference on early childhood learning and brain development. Film director Rob Reiner will organize a media blitz that will include a TV special, a CD-ROM, and a video on the pint-size incrowd. The message: Experience stimulates a child's brain to grow, and early experience counts the most. The brain reaches 80 percent of its full development by a child's first birthday.

Now that the baby's brain is no longer a mystery, the question is how to put the latest understanding about childhood development to best use. "There's a mismatch between when the brain is most easily influenced and when they're spending money to do the influencing," says Bruce Perry, associate professor of psychiatry at Baylor College of Medicine. In other words, the federal Head Start program starts too late. One new initiative, Early Head Start, is aimed at pregnant women, infants, and toddlers. In another program called Reach Out and Read, pediatricians in 83 hospitals and clinics around the country write out prescriptions for parents to spend time reading with their very young children every day. Perri Klass, medical director of Reach Out and Read, says, "We give shots to prevent deadly diseases, and we talk about reading in that context." That practically makes *Goodnight Moon* required reading. *-Linda Kulman*

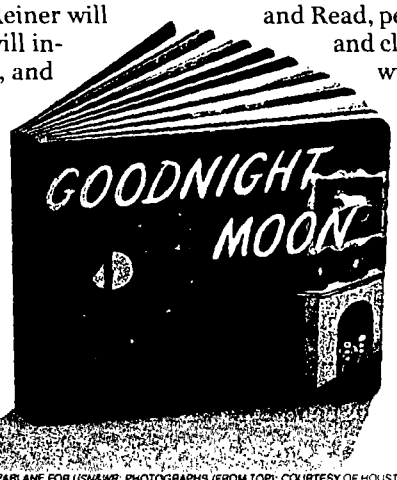

ILLUSTRATION BY MICHAEL MCPARLANE FOR *USN&WR*; PHOTOGRAPHS (FROM TOP): COURTESY OF HOUSTON GRAND OPERA; CHARLIE ARCHAMBAULT FOR *USN&WR*

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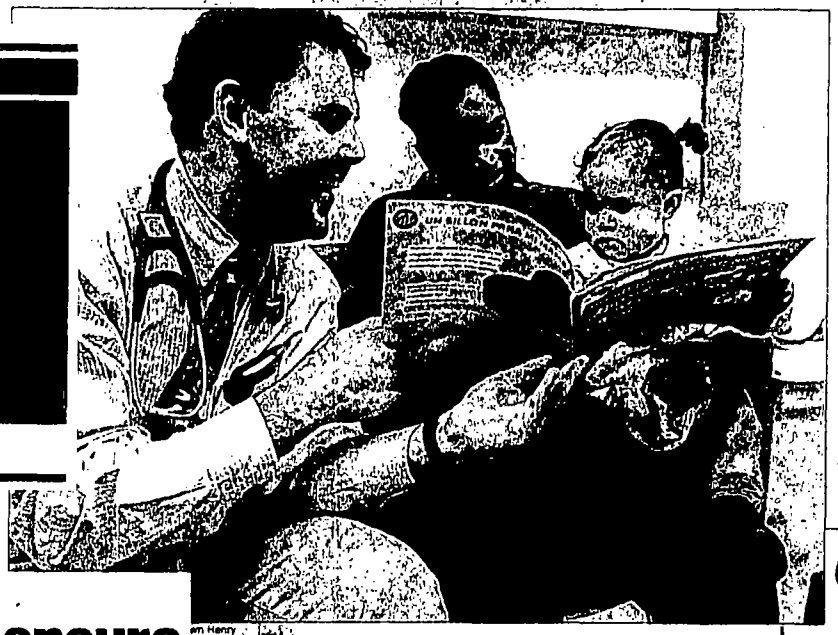
USA TODAY

Life

WEDNESDAY, JANUARY 29, 1997

Writing new rules on reading

Educators use federal mandate to try innovative approaches



A clinic on reading: Ilan Schwartz, left, of the Boston Medical Center, gives encouragement as Martiza Yamilles reads to her 1-year-old daughter, Urena.

COVER STORY

The push is on to ensure teracy by third grade

By Ti a Henry
and Bein Ashley
USA TODAY

Two years ago, Vicky Velasquez was a fourth-grader who couldn't read.

Frustrated with constant schoolwork failures, Vicky had become a withdrawn 10-year-old. That was before Diane Crawford, principal at Elementary School in Uvalde, Texas, tested Vicky and found she was an "extremely kinetic learner" — that is, she learned best through motion.

The solution: The youngster was taught pep-squad cheers that gave each letter of the alphabet a body movement.

"Somehow or another it clicked in her mind," Crawford says. "So when taking spelling tests, she pictures herself outside, making the moves."

Vicky is now a "solid" sixth-grader. The strategy, though unconventional, was successful. And that's what matters to Crawford. When it comes to reading, she says, "we really work with the child until we find something that works."

Across the nation, more and more educators and community activists are trying to find "something that works," conventional or otherwise, to teach children to read.

The ability to read is a fundamental skill. Yet nearly half of the 44 million kindergarten-12th grade public school children can't read well.

The nation's Reading Report Card showed that in 1994, 41% of fourth-graders were reading below grade level, as were 31% of eighth-graders and 25% of high school seniors.

Experts say it's a crisis that can't be ignored. Richard Long of the International Reading Association considers below-grade-level reading as being functionally illiterate in today's high-tech, global economy. He says such reading skills were adequate in the 1970s but are not in the 21st century if the nation is to maintain its economic edge or high standard of living.

Alarmed by the statistics, President Clinton last August announced America Reads, a $2.75 billion, five-year initiative designed to ensure that all children are literate by the third grade. Clinton proposed to offer federal funds to state,

Please see COVER STORY next page ▶

COVER STORY

Houston will launch its own reading program Friday

Continued from 1D

local and national programs that would teach parents to help children read.

The initiative also would finance individual tutoring for children in kindergarten-third grade. Volunteer tutors are being recruited from all areas, including college students involved in the federal work-study program to finance their education.

The goal, says Carol Rasco, whom Clinton appointed to oversee America Reads, is for children to read "well and independently" at grade level.

On Friday, Houston will be the first city to launch its own America Reads program. Education Secretary Richard Riley will join Mayor Bob Lanier in for a celebration that includes visits to elementary schools and literacy programs.

Other cities will follow, Rasco predicts, as will "some states that will decide to do it as a statewide emphasis."

Other groups across the nation have major efforts to attack illiteracy. Among them:

▶ New York City's YMCA on Tuesday kicked off an extended school day program with literacy as the theme. YMCA of Greater New York president Paula Gavin says the $5.5 million "Virtual Y" program will be opened in 200 schools over a two-year period, targeting 10,000 students in grades two-four. The program is considered the largest privately funded initiative in the Y's history and is an offshoot to both Clinton's program and an initiative of school chancellor Rudolph Crew.

"The estimates here in New York City are that only 40% of young people at the third grade are reading at grade level," Gavin says. "We're trying to take the best of what the Y has always done ... and add a real focus on literacy."

▶ An 8-year-old program at the Boston Medical Center, now being replicated at clinics nationwide, has pediatricians "prescribing" parental reading sessions for children and sending a book home each time a child visits. The Reach Out and Read program began when pediatricians noticed that poor kids wanted to take books from clinic waiting rooms because they had none in their homes.

"On every single patient, we spend 10 minutes of the visit explaining how important it is to read," says Ilan Schwartz.

Kids at the clinic not only get gift books with each visit, but they also hear stories read by volunteers in the waiting room.

Schwartz says the children's progress is evaluated every six months during periodic check-ups. Children ages 4 and 5 "tell us how good the book was, and you can see how the moms spent some time with them."

Schwartz, a native of Mexico who is a resident at the center, says Latino patients "are very, very grateful" for the program. He explains that many are recent immigrants who have not yet had the time to find day care centers or early childhood programs for their youngsters. Also, he says, many have lived in countries that do not offer library services.

▶ The Reading Styles Institute in Syosset, N.Y., proposes a number of reading strategies at the 10 model schools it operates and the five new schools targeted to implement its program. Institute trainers work with 200 school districts a year and estimate it has trained 100,000 teachers in its 12-year history. Teachers are taught to identify a child's strength and teach reading using those strengths, whether it's using phonics, whole language, a combination of the two, recorded books or choral reading.

Marie Carbo, executive director of the institute, says third-graders are the targeted group for school literacy programs because this is the age when a shift begins in schools. She says teachers start to place more demands on students with homework, book reports and other activities that require reading comprehension and analysis. A child who cannot read at the expected level in the third grade suddenly is at a great disadvantage in all other subjects and will quickly fall behind his or her peers.

Robb Elementary School, where Vicky Velasquez attended the fourth grade, formed a partnership with the institute in 1993, and many of the institute's strategies have been adopted as part of the curriculum throughout the entire Uvalde school district. Vicky was among the first group of students to benefit from the institute's program.

Crawford, Robb's principal, also tells of Richard Trevino, who had difficulty reading in the fourth grade, too, but now is a reader. Tests showed he had "scoptic sensitivity," in which black letters on white paper produced a glare. Crawford says that help for Richard was "as simple as running his work off on color paper. It wasn't glaring any more, he could really read it."

Farm families make up most of Uvalde; 20% are migrant farmers.

Seventy-eight percent of the students are Hispanic, many have limited proficiency in English, and 75% come from families considered economically disadvantaged.

When the school district first used the strategies in 1993, only 21% of the students at some grade levels had correctly answered 70% or more of questions on a reading test — the level that indicates mastery of the material. By last May, says assistant superintendent Barbara Skipper, nearly 70% of the students were passing the test with a score above 70.

Skipper says the success of the Reading Styles Institute program has now made Uvalde teachers believe that all children can learn to read by the third grade.

But to accomplish that goal, she says, "you have to be very focused on reading and very committed. ... That means that we sometimes teach reading more than once during the day. We sometimes keep the kids after school and work on reading. We work with them in the summer on reading."

It's a goal worth the effort, she says.

"If they can't read, they can't do science or social studies or math. If we want kids to be productive in the future, they are going to have to be able to read."

Hillary Rodham Clinton

Comfort and Joy

The First Mom suggests reading as an easy way to help a baby's brain grow

THE NIGHT AFTER THE INAUGURAL, BILL AND I GATHERED with our family in the solarium on the third floor of the White House. After dinner our toddler nephews Tyler and Zachary climbed up on the couch with their Uncle Bill to hear him read a story. They accompanied him with words, sounds, pointed fingers and a few tussles over who would hold the book. As I watched them, I thought of all the times Bill and I used to take turns reading stories to Chelsea. Every night one of us (and occasionally both) would stretch out on her bed, hold her in our arms, and either read or make up new tales about imaginary characters who embarked on improbable but breathtaking adventures.

Bill and I did not know about brain cells or synapses or the newest discoveries in neuroscience. Reading to Chelsea became a daily ritual because it's what our own parents and grandparents had done with us, and because we wanted to spend quiet time with her every day. Bill's grandmother thought that reading to him would help him develop a strong vocabulary and the language skills he would need later on in school. My mother and father placed a similar premium on reading, and to this day I remember the feelings of security and comfort that I felt sitting in my grandfather's lap when he read stories to my brothers and me.

Mrs. Clinton with her daughter in the crucial first three years

Today, thanks to advances in brain research, we know that reading with a child has intellectual, emotional and physical benefits that can enhance the child's development. The intimacy of sharing books and stories strengthens the emotional bonds between a parent and child, helps a child learn words and concepts, and actually stimulates the growth of a baby's brain.

As I discussed in my book, *It Takes a Village*, scientists have discovered that children whose parents read and talk to them during the first three years of life create a stronger foundation for future reading success. In other words, what our parents and grandparents knew instinctively is now backed up by hard scientific evidence.

That's why doctors and nurses are starting to *prescribe* reading to babies along with regular checkups and vaccinations. Recently I went to Georgetown University's Medical Center with Maurice Sendak, the renowned children's author and illustrator. His book *Where the Wild Things Are* was one of Chelsea's—and Bill's—favorites. Mr. Sendak read the story to children, and I announced, along with representatives of the American Academy of Pediatrics, the American Booksellers Association and the American Library Association, a national campaign to put books in the hands of parents who bring their young children to the doctor, and to get doctors to prescribe daily reading. My husband and I will be discussing this and other activities to follow up on the latest findings about the brain at a White House conference in the spring.

It's important that we take to heart what the neuroscientists are telling us—without losing the heart of the reading experience. In today's high-tech world of E-mail and microchips, it is easy to forget the importance of human connections in our daily activities. Technology has brought many welcome conveniences to our lives. But it has the potential to create feelings of distance, detachment and isolation among us.

Reading to a child while touching, hugging and holding him or her can be a wonderful antidote to the impersonal tendencies of the information age—for both the adult and the child. While critical to building brains, reading is equally important to building trusting and close relationships. That's why many of us remember the warm embrace or the comfortable lap that cradled us when we read books as children. And that's why reading should not be viewed solely as an intellectual proposition, particularly in the era in which we now live.

If Americans take away only one lesson from these exciting scientific discoveries, I hope it's that reading to children is easy, affordable and feasible for parents no matter what their level of education or economic station in life. Children's books are available for free at public libraries in every community and can be found at reasonable prices in many bookstores. Doctors, librarians, teachers, book publishers, business leaders and the news media can help make books available to families and educate parents about the vital role that reading plays in our children's lives.

It isn't very often that we have before us such a simple, inexpensive and pleasurable way to improve our children's health and development and raise their prospects for a brighter future. Whether you lie down together on the rug, sit together in an old rocking chair or cuddle on your child's bed the way Bill and I used to with Chelsea, there is no better way to spend time than reading to your child.

And now we also know that there are few better ways to help your baby's brain grow. ■

OAR

THE KANSAS CITY STAR.

. February 20, 1997 JOHNSON COUNTY EDITION 50¢

Hillary Clinton visits KC

TAMMY LJUNGBLAD/The Star

Americans must "work together to make sure every child gets what any child needs," Hillary Rodham Clinton said Wednesday at a Stand for Children rally at the University of Missouri-Kansas City.

Children have ally in first lady

By DONALD BRADLEY and DONNA McGUIRE
Staff Writers

First lady Hillary Rodham Clinton championed two of her favorite topics — children and helping women become self-sufficient — while dashing through four Kansas City events Wednesday.

She came to help start a Children's Mercy Hospital program, modeled after one in Boston's low-income neighborhoods, that calls on parents to read a few minutes each day to their children.

> **"We know what children need** and what works. There's not a problem in America that has not been solved somewhere in America."
>
> — *Hillary Clinton*

The program also asks all area pediatricians to "prescribe" books to children every time they visit the doctor's office.

Clinton also posed for pictures with children, challenged adults to support children and capped the day alongside another child advocate, Bill Cosby, at a Boys & Girls Clubs of Greater Kansas City benefit.

At one point, she received a bumper sticker that read: "Is it good for the children? That's the number one question."

"What we have to do now is work together to make sure every child gets what any child needs," Clinton told about 500 people at a Stand for Children rally at the University of Missouri-Kansas City.

On Wednesday evening,

See HILLARY, A-14, Col. 1

Is she role model or woman scorned?

By STEVE KRASKE
Political Correspondent

Ask Mollie Carroll about first lady Hillary Rodham Clinton and the words gush out.

"I'd stop a bullet for her," Carroll said Wednesday, minutes before Clinton spoke at the Hyatt Regency Crown Center hotel. "I think she is what women in the '90s are all about."

Now ask Kansas Rep. Kay O'Connor, an Olathe Republican. She doesn't hold back, either.

"I really view her as pretty much a noncredible person," O'Connor said. "I think many of her notions are very socialistic."

So what is Hillary Clinton? Role model or bad example? Courageous national leader or presidential partner who doesn't know her place?

Five years after becoming first lady, Clinton remains a national debate in progress. And there's no end in sight.

Even though Clinton took on a lower profile at the start of her husband's second term, she stands as a pivotal figure, if only because of the political havoc she could wreak if indicted in the Whitewater scandal.

She remains a lightning rod who rarely attracts anything but heartfelt passion.

Her fans are devoted. Her enemies are more than a little annoyed by her. When it

See CAN'T, A-14, Col. 5

Fans of fish get their wish

A crowd gathered Wednesday at Shawnee [illegible] Park — not to pull trout out

China's senior leader is dead

Deng Xiaoping, 92, pushed economic reforms, resisted greater freedoms.

From Star News Services

BEIJING — Deng Xiaoping, the last of China's Communist revolutionaries, who abandoned Mao Tse-tung's radical policies and pushed the world's most populous nation into the global community with capitalist-style reforms, died Wednesday.

Deng

Xinhua, China's official news agency, said he was 93, although the birth date in most records would have made him 92 when he died.

Though Deng retired from his last official post in 1990 and had not been seen in public for three years, he spent much of the last decade orchestrating Chinese politics from behind the scenes with a loosely defined title: "paramount leader."

Deng's death probably won't have an immediate effect on U.S.-China relations, experts said.

"In practical terms, in the short run, there are no consequences," because the ailing Deng had not played a major role in Chinese decision-making for the last

See DENG, A-16, Col. 1

Singer's garb stirs firestorm

Pat Boone's TV show is off air amid complaints over heavy-metal attire.

Los Angeles Times

Pat Boone has been taken off the air by a national religious television network after showing up at the American Music Awards dressed like a heavy-metal rock singer.

Trinity Broadcasting Network dropped Boone's weekly half-hour show on Tuesday after receiving thousands of telephone calls and letters from contributors who were shocked by Boone's bare-chested leather costume at the awards show. It was broadcast Jan. 27 by ABC.

"A lot of our (prayer) 'partners' had a real problem with that — than a lot," said an employee of Trinity, whose programming is carried by nearly 400

Hillary Clinton in KC

inued from A-1

Kansas City.

Wednesday evening, about hildren applauded Clinton she entered a room at Bartle for the Boys & Girls Club it.

applauded them back.

a so happy to see all of you oday," she said. "I've been in as City all day and when I you were going to be here for r tonight, I wanted to come d see some of the best boys irls in the United States."

then addressed about 2,000 gathered in a separate room fund-raising dinner.

ere is nothing more impor- than providing opportunity ur children to feel safe and iated," she said. "...I thank oys and Girls Clubs for lead- e way, for showing that if we t children's needs first, the community can prosper."

nton expects to spend the next years working on behalf of en and families in areas such ucation, health care and foster

ee events she attended esday fc on children. fourth was a fund-raising for the Women's Employ- Network, where the audience noved by a former welfare er's story about resurrecting a ined by a drug-addicted hus- . Tears st ied down the an's face as she returned to ble, where Clinton shook her and thanked her for telling ory.

ch Out and Read

Children's Mercy, 6-year-old Grayson didn't jump on on's bandwagon.

couple of minutes before the ady entered a hospital room nd to a group of children, a an handed each child a copy *You Give a Moose a Muffin.* ook," Jakob said with a scowl, lung it aside.

body said that "Reach Out Read" would be an easy sell.

nton would like to see the lren's Mercy reading program nd nationwide. She visited just after her husband told Amer- nat 40 percent of its fourth- ers don't know how to read. racy is expected to be a focus esident Clinton's second term. lary Clinton put out a call for treds of Kansas City volun- to fill in for parents who t crack a book.

ading to her daughter, sea, was a daily ritual, Clinton She told a Children's Mercy ence that reading to children ngthens bonds, enriches vo- lary and helps a baby's brain ow."

chele Kilo, chief of develop- tal medicine and behavioral ice at Children's Mercy, said ological research backs up ion.

e brain at birth has all the ceils it will ever have, but the iections can change dramati- if properly stimulated — such reading to a child, Kilo said. In a daily basis we witness the

WENDY YANG/The Star

In one of four Kansas City stops Wednesday, first lady Hillary Rodham Clinton spoke to about 500 people at a Stand for Children rally at the University of Missouri-Kansas City.

astounding effects that early stimulation through physical touch and talking have on infants and young children," Kilo said.

At Children's Mercy, volunteers will be on hand to read to children in waiting rooms, and doctors will counsel parents on how to use books to help their child's development. Every child will leave with an age-appropriate book.

Kilo predicted that more than 30,000 children will benefit from Children's Mercy's efforts. She asked for Kansas City's help in providing donations and "an endless supply of books."

Jenny and Jeff Hunter of Blue Springs applauded "Reach Out and Read."

Their daughter, Lily, 5, was one of the children Clinton read to Wednesday, and she could be the program's poster child.

"She's read 500 books so far this school year," Jenny Hunter said.

Lily, a kindergartner, began looking at books during regular trips to Children's Mercy for cerebral palsy.

"And we read to her all the time," her mother said. "One day she started to complete the sentences. Every child has that potential. They just need a little push."

Parents have to assume the role, Clinton said.

"I've not met many parents who didn't want to do best for their children, but I've known a lot — myself included — who didn't know what that meant," Clinton said.

Stand for Children

Later in the day, Clinton was one of six speakers who addressed "Giving Our Hearts to the Children," an invitation-only rally at UMKC organized by Kansas City's Stand for Children committee.

In the audience were community leaders, children's advocates and people who rode a bus to Washington last June to attend a Stand for Children rally.

Federal and state officials rattled off long lists of programs already established or soon to be implemented that will help children, including an improved training program for foster parents.

Then Jim Caccamo, executive director of Partnership for Children, proclaimed that Kansas City is becoming the child opportunity capital of the world. He predicted that in five years, when Partnership for Children's 10-year campaign ends, the city will receive an A for the way it treats children. Large gains are needed, however, because the city received a C-plus on its last report card.

Before Mayor Emanuel Cleaver introduced the featured speaker, he motioned 15 children — 12 of whom attend day care at St. Vincent's Operation Breakthrough — toward the stage.

One by one, the children lifted a giant, heart-shaped poster, took a deep breath and belted out the message he or she carried.

"Join my PTA!"

"Ask me what I think!"

"Get to know kids in the neighborhood!"

In her 24-minute speech, Clinton explained the Children's Mercy reading program and mentioned several of the president's goals involving children, such as health care for those who lack it.

"I think we are at a turning point in this country," she said. "We know what children need and what works. There's not a problem in America that has not been solved somewhere in America....Our challenge now is to take what we know in our hearts we should do and muster the will individually and together to stand for children."

Organizers handed out a blue sheet that listed 100 ways people could stand for children, such as visiting a library, checking homework and sharing hobbies.

Then they asked each guest to list ways they could help by filling out a personal commitment form on the back of the blue sheet.

Not everyone was thrilled with Clinton's visit.

A handful of abortion protesters waved signs at her motorcade as it neared her stop at UMKC.

"She says she's such a big supporter of children, but she's not standing up for the unborn," said Hilary Trossen, a demonstrator.

Shortly after noon, about 1,200 people — most of them women — gave Clinton a standing ovation at the Women's Employment Network annual fund-raising luncheon at the Hyatt Regency Crown Center hotel.

The ballroom's walls were decorated with 2,000 red hearts, each representing someone who had graduated from the network's program.

Clinton challenged the audience to take advantage of welfare reform. America must provide jobs, day care and transportation to help welfare mothers succeed, or the reforms will fail, she said.

"I don't delude myself about the difficulty that we face," she said. "Many factors conspire to keep women on welfare and out of work. And many of the ingredients to assist women off public assistance are ones that have to be looked at carefully and packaged on a much bigger scale than even (the Women's Employment Network) has been able to do."

Staff writers Brian McTavish and Laura R. Hackaday contributed to this article.

Can't live with her, can't live without her

Continued from A-1

comes to neutral opinions, not many exist.

"I wanted to run up there and take a picture, but I know her security people wouldn't let me," Leona Johnson said shortly after Clinton's speech at the Women's Employment Network fund-raising luncheon. "I hate to sound like a kid in a candy store, but I'm really proud of her. She has an eloquence about her."

As President Clinton's second term unfolds, Hillary Clinton is in an unusual position for a first lady. Polls show that her approval rating is lower than her husband's.

A December survey taken by CBS News put Hillary Clinton at 55 percent approval, compared with 36 percent disapproval. Her husband stood at 60 percent approval and 31 percent disapproval.

The good news for the first lady was that her numbers were way up from January 1996, when she stood at 42 percent approval and 47 percent disapproval.

More troubling for Hillary Clinton, 41 percent in December still thought she had too much influence on her husband, compared with 44 percent who thought it was "about right."

In large measure, Hillary Clinton's increased approval rating, like her husband's, was due to an image makeover. Gone was the hard-driving champion of national health-care reform. In came a more traditional first lady who pushed causes such as children and family issues.

"She's become more of a supporter of her husband's agenda and priorities, and that is in contrast to the impression Americans had in the first term," said Larry Sabato, a University of Virginia political scientist. "You can't lose if you're talking about children's health care and education."

The role she will assume over the next four years remains to be seen. In September, the president said he wanted his wife to focus on reforming the welfare system.

"That's the first I've heard of it," Hillary Clinton then said on ABC's "20/20."

In December, the president said her mission would be "human rights around the world."

Later that month, the first lady said her focus would be children and family — "issues that I have worked on for more than 25 years." Those issues made up much of her emphasis Wednesday in Kansas City, where she also read to patients at Children's Mercy Hospital.

Sabato suggested another mission: "Stay out of controversy."

But the first lady was controversial from the start. Her bold style made some wince. She spoke out. She called for dramatic changes. She took pride in carrying out a set of duties completely separate from her husband.

America had not seen anything like it since Eleanor Roosevelt.

Whitewater and Clinton's high profile in health-care reform brought endless problems and gave opponents new reasons to scorn her.

"People have a hard time categorizing her," said Mary Ellen Brown, a communications professor at the University of Missouri-Columbia who has studied the first lady. "One of the things that women are supposed to do...is to be one thing or another — a sex kitten or a villain. But they can be a complex person."

But Clinton is exactly that, Brown said. She is a mother, lawyer, first lady, children's advocate, health-care crusader. To some people, that's too much.

Clinton is now experiencing what Brown called a conservative backlash. Americans appeared to embrace the first lady early in the first term when people were open to new ways. But that changed after she became engulfed in Whitewater.

"This country is still very ambivalent about women in power and women themselves are very ambivalent about their work," said editor Anne Mollegen Smith of the Media Studies Center forum last fall.

At the same meeting, Republican pollster Kellyanne Fitzpatrick said Clinton was born at the wrong time. If she had come along 30 years earlier, she would not have tried to be such an assertive first lady. If she had been born 10 years later, she would have run for office herself.

"The cruel trick of timing has put her where she is," Fitzpatrick said.

So the debate rages.

"I don't think she's a very good role model," said Tim Goins, an abortion opponent in Johnson County. "She and Bill both...sound very conservative but their actions prove otherwise. To me, it's double-talk. It's hypocritical."

Then there's this: "She exhibits for us...the idea that women can pretty much do whatever they want to do," said Imogene Reed, a Health Midwest nurse who listened to Clinton's speech.

The first lady is caught in a quandary, suggested Missouri Rep. Bonnie Sue Cooper, a Kansas City Republican. All women want someone they can nurture.

"But we also would like them to still be women."

That, Cooper acknowledged, is a tough act to pull off.

TODAY

THE SUN

October 22, 1996

Section E

Doctor's orders include reading

Oct 22 1996

■ **Health:** *Pediatricians at St. Agnes Hospital prescribe books as part of babies' well-being.*

By SANDRA CROCKETT
SUN STAFF

Martin McCoy stands before a bookcase just able to peek over the first shelf.

The 17-month-old toddler is usually energy in motion, but a colorful case of books has his full attention now.

"You get to choose one," his mom tells him. "Go ahead, let's get one you want."

The sweetly round-faced youngster considers his options and then plucks a book from the lowest shelf. "Lets see what you got," says his mother, Danyel McFarlane. Martin holds the book upside down for his mother to see.

"Oh, 'I Am A Puppy,'" she says, reading the title. "So, you are a puppy, huh?"

It's all too much for Martin, who breaks out in giggles, opens the book, holds it over his head with two chubby hands and toddles off down the hallway as fast as his legs will allow.

Martin doesn't realize he's at his doctor's office and this isn't *supposed* to be fun, especially since he is due for a shot. But the book is part of the doctor-prescribed treatment in the pediatrics department at St. Agnes Hospital.

The Baltimore hospital is the first in Maryland to use the "Reach Out and Read" program. The program, which is in more than 30 hospitals around the country, receives funding from the Annie E. Casey Foundation, a national organization dedicated to improving childrens' lives.

St. Agnes decided to adopt the program in September after seeing it in action at Boston Medical Center. In fact, Michael G. Burke, chairman of the St. Agnes pediatrics department, was so impressed that he wasn't willing to wait for funding from the Casey foundation.

"We were 21st on the waiting list," Burke says. "We decided not to wait. We wanted to do something with literacy this year."

The hospital started its program by [*See Books*, 4E]

CHIAKI KAWAJIRI : SUN STAFF

Checkup: *Volunteer Nora Lanier, a secretary at St. Agnes, a reads to Jeffrey Joynes, 3, in the hospital's pediatrics department.*

CHIAKI KAWAJIRI · SUN STAFF

Happy reader: *Danyel McFarlane, left, and Dr. Susma Vaidya entertain McFarlane's 17-month-old son, Michael McCray, with a book*

Doctors prescribe reading to children

[*Books, from Page 1E*]

gathering about 1,000 children's books through a "gently used" book drive and training a cadre of volunteer readers.

The idea is to get kids and parents into reading as early as possible — long before they start school. Research shows conclusively that reading to a child, beginning at an early age, provides educational and emotional benefits. A national 1985 Commission on Reading determined that reading aloud is the best way to help children develop literacy skills.

"What we are realizing is that we get to see kids, more than any other professional, before they start going to school," Burke says. "Part of what we do on these visits is to tell parents what to expect. We have always traditionally advised them to do things like place covers on plugs, and on the use of smoke detectors."

How it works

Now* St. Agnes pediatricians "prescribe" reading to children when they come in for their well baby check-ups. Here's how the program works:

After the parent and child sign in at the desk, they go to a cheerful, dark green carpeted waiting room. A volunteer reader sits on a slightly elevated stage area and invites the child (if she's old enough) to choose a book from her large wicker basket. The volunteer entertains the child with a story until it is time to go in the back and see the nurse.

Then, on the way to the nurse, the child is allowed to select a book from the bookcase. The books are grouped on each of the four shelves by age group. The child takes the book, now affixed with a paper bookplate with his or her name on it, into the examining room while she is seen by the doctor.

The final stop is back at the desk where the child's parent makes a future appointment date and is given any necessary prescriptions, including a prescription to read a book every day.

There are different prescriptions for different age groups. For instance, the "Reach Out and Read" prescription for children 12 months to 18 months (complete with the hospital's logo on it) says: "Name the objects on the page and talk about them. Let your child hold the book and help you turn the page. Read to your child every day approximately 5 to 10 minutes."

The prescription for children ages 5 through 7 says: "Encourage your child to 'read' to you and tell you the story. Take your child to get a library card and choose the books you will read together. When your child is ready, encourage letter and word recognition."

Burke doesn't know yet whether parents will follow the prescription, but he thinks the prognosis for the program is good.

In Boston, parents who have had contact with the "Reach Out and Read" program are four times more likely to list reading as an activity that they share with their child than parents who haven't, Burke says.

"One of the roles of a pediatrician is to give parents guidance on how to promote the health and well-being of their child. We are just expanding the definition of the child's well-being to include literacy promotion," he says.

McFarlane, mother of little Martin, was already reading to her son but likes the idea of getting the reading prescription.

She believes children, particularly when they are a little bit older than Martin, will be impressed with the prescriptions. "I think this will definitely help the kids want to read," she says.

But books, especially those for the very youngest children, are running low. "Right now, we are looking for grants for books from foundations," Burke says. Also, they are approaching publishers and organizations such as the Association of American Publishers to inquire about discount prices. The hospital could also use more reading volunteers who are willing to give up one or two hours a week of their time.

The volunteers

Nora Lanier, a secretary at St. Agnes, is one of the 20 or so volunteers in the "Reach Out and Read" program. Volunteer readers are trained to be an example to parents on how to read to their children, and Lanier demonstrates stellar qualifications for the task. She was able to earn the attention — no small feat — of 3-year-old Jeffrey Joynes.

Lanier gets down on the floor and makes eye contact with Jeffrey, who is waiting to see his doctor.

"I've been sitting here and I am soooo lonely. I need someone to read a story to. Which book do you want me to read?" Lanier shows Jeffrey her wicker basket of books.

The child, who is in the waiting room with his mother Jackie, looks over at mom and apparently is torn between sitting next to Lanier or making a run for it.

"Pick out a book," Mom coaxes him.

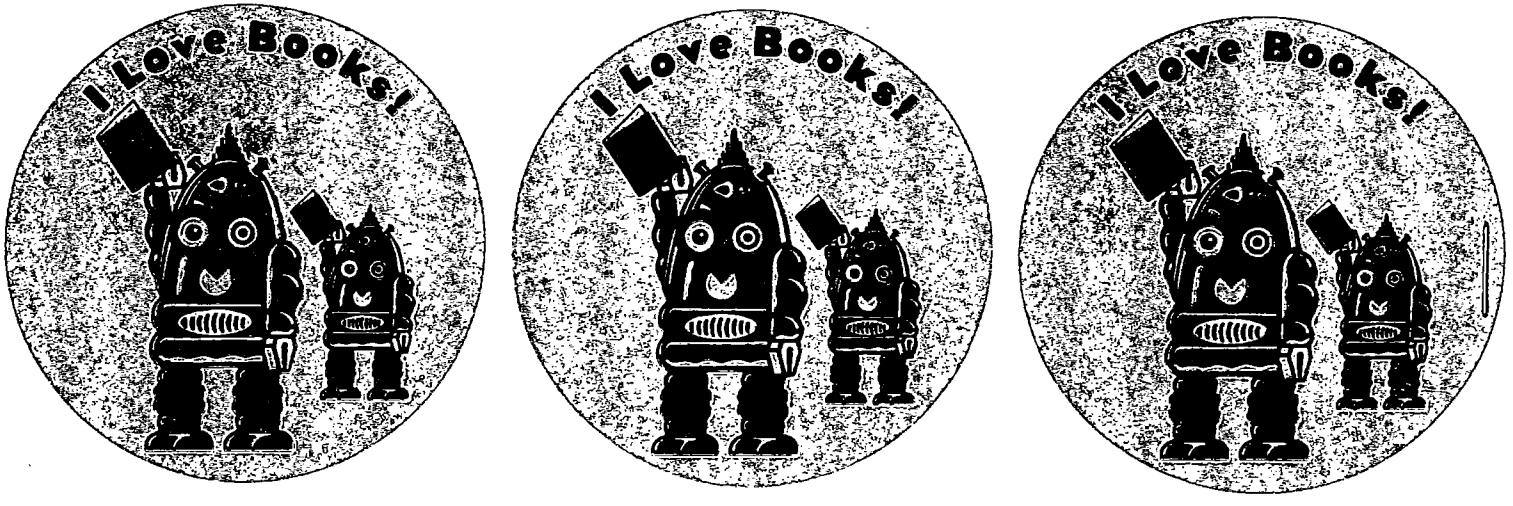
He chooses a book, but it is tough going initially. Lanier delves into the story about a confused bird looking for his mother. She points to pictures, pauses from her reading to ask the child questions, raises and lowers the pitch of her voice, and, finally, Jeffrey is hooked into the story.

"Where's my mother?" Lanier reads a line from the book.

"Right there!" Jeffrey responds, pointing to a picture on the page.

Another satisfied customer.

New or gently used children's books may be sent or taken to St. Agnes Hospital's pediatric department at 900 Caton Ave., Baltimore, Md. 21229


I Love Books!
I Love Books!
I Love Books!

PRESCRIPTION FOR READING

Date____________________

Child's Name______________________________

What to do:

Share a book with Your Child

☐ **Every night at bedtime**

☐ **For____ minutes every day**

Other ideas:______________________________

____

Signature______________________________

Reach Out and Read

Reach Out and Read

Reach Out and Read

Printed courtesy of Mosby, Banta Co., Lindenmeyer Co. and Penntech.

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Reach Out and Read

Reach Out and Read

Reach Out and Read

Printed courtesy of Mosby, Banta Co., Lindenmeyer Co. and Penntech.

Children's
National Medical Center

Serving Children and Their Families Since 1870

111 Michigan Avenue, N.W.
Washington, D.C. 20010-2970
(202) 884-5000

Reach Out and Read
A Pediatric Program to Support Early Literacy Development

Overview: The *Reach Out and Read* program began at Boston City Hospital in 1989 as a way to encourage literacy development in young children living in economically disadvantaged communities. Children's National Medical Center will be implementing the program in January of 1998. Many of the families who receive their primary health care at our site are struggling to raise their children in the face of severe medical and social risk. Research has shown that children from socially disadvantaged homes are at risk for reading failure, which contributes to school failure and may ultimately keep those children in the grip of poverty. As part of providing complete medical care to inner city children, the health care providers at Children's Hospital are committed to offering families medical and developmental resources to help them break the deadening cycle of poverty and educational underachievement. The *Reach Out and Read* program improves literacy among these at-risk children by providing their parents with the tools and support they need to help the children to literacy and school success.

The problem: A 1993 Department of Education study estimated that over 40 million Americans are functionally illiterate. In adults, illiteracy correlates with welfare dependency and poor earning potential; in children, it is associated with school failure, juvenile delinquency, and teenage pregnancy. According to the National Commission on Reading's 1985 report, reading aloud by parents is the single most crucial factor in children's later reading success. Many parents do not realize how important they can be in helping their children; others know that reading aloud is important, but are not sure how to proceed, especially with young children.

A solution: The *Reach Out and Read* Program gives parents of at-risk children the information, encouragement, and material they need to make books part of their children's lives. The program integrates parent education about literacy development into regular pediatric care for children from birth to five years of age. At Children's Hospital, our primary health care site serves more than 500 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. We are well positioned to address literacy development, and to do it successfully because of our unique relationship with the children and families we serve. In most cases, the relationship begins during the time in a child's life when the foundations of literacy are laid, long before the child is ready for school or Head Start programs.

The program: The *Reach Out and Read* program has three components: reading aloud to children in the hospital waiting room, incorporating an age-appropriate book into the pediatric health care visit, and finally, inviting the child to take that book home. Through these activities, we show children and parents that books and book activities "feel good". Modeling reading behavior for parents stresses the core activities in reading aloud: being together, talking with the child, and becoming comfortable with books.

Volunteer readers are trained by the hospital and taught about the developmental milestones of early literacy. These volunteers come to the outpatient waiting room, set out 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.

The doctors and nurses make sure that each patient from birth to five years of age receives a developmentally appropriate book at every well child visit, and that the parent receives information about the importance of reading activities. Because the medical staff know their patients well, they are able to select books tailored to each child's need. The health care provider presents the book to the young patient and caretaker, looks through it with them, and comments 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 staff will inscribe the book with the child's name and a short message.

Program budget: The total cost of the Children's Hospital *Reach Out & Read* program is $20,000 per year, primarily for book purchases and staff support. The books we give to children are carefully selected, with guidance from physicians, educators, and reading specialists, to meet our patients' developmental needs. For this reason, we are seeking donations in philanthropic support to allow us to purchase selections from the program's approved booklist.

Please contact us with any questions regarding the *Reach Out and Read* program.

Sandra Cuzzi, M.D. (301) 754-7242

Brenda Shepherd-Vernon, M.S.W. (202) 884-5214

Key players in the Reach Out and Read program:

Co-directors: **Sandra Cuzzi, M.D.**

Brenda Shepherd-Vernon, M.S.W.

As you probably already know, each Reach Out and Read program has its own unique style to reach the group of children in its community. We have kept the program's focus on the preschool period but have extended the start to the first newborn visit. More and more, we are finding that children have the capacity to learn at younger ages. We no longer recommend starting to read to children at the age when the child may learn to read himself. Rather, early exposure provides stimulation for brain development and growth. By making parents feel comfortable with books at the very start of their child's life, we hope to encourage the reading process early.

DC Public Library: **Maria Salvadore**

Pam Stovall

They have volunteered their time and have been instrumental as educators in both childrens' book selections and volunteer training for the Children's Hospital Reach Out and Read program. Pam already has a Reach Out and Read program in place which focuses on licensed home child care providers in the Washington DC area. They are also both involved in a family literacy project with incarcerated individuals and teach about child development and behavior through books and literacy building activities.

Volunteers:

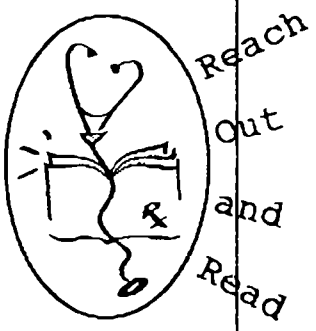
The most important group in the effort to bring books into the lives of children are the volunteers. They model reading behavior and allow parents to feel comfortable sharing a book with their children. Hopefully by providing a role model and encouraging the parents' literacy efforts we can show children and parents that books and book activities "feel good".

First Book Distributors:

First Book has provided books through publishers at a significantly discounted rate, allowing us to purchase more books for the many children in our community. By centralizing this process, they have both facilitated the logistics and reduced the costs.

Reach Out and Read
Children's National Medical Center
Book Selection

Age	Title	Author	Publisher
Two weeks	Tickle, Tickle	Helen Oxenbury	Simon and Schuster
	All Fall Down		
Two months	Max's First Word	Rosemary Wells	Dial
Four months	What color? Que color?	Alan Benjamin	Simon and Schuster
Six months	Mommy and Me	Neil Ricklen	Simon and Schuster
Nine months	Baby's Zoo	Neil Ricklen	Simon and Schuster
Twelve months	Tomie's Little Mother Goose	Tomie de Paola	Putnam
	Go Dog Go	PD Eastman	Random House
Fifteen months	Good Morning Baby	Cheryl Willis Hudson	Scholastic
	The Very Hungry Caterpillar	Eric Carle	Scholastic
Eighteen months	Chicka Chicka abc	Bill Martin Jr.	Simon and Schuster
	Let's Go Home Little Bear	Martin Waddell	Candlewick Press
Two years	The Little Red Hen	Paul Galdone	Houghton Mifflin
	Freight Train	Donald Crews	Scholastic
Three years	The Snowy Day	Ezra Keats	Scholastic
	Jamaica Tag Along	Juanita Hewill	Scholastic
	Noisy Nora	Rosemary Wells	Scholastic
Four years	So Much	Trish Cooke	Candlewick Press
	Corduroy	Don Freeman	Scholastic
	Loving	Ann Morris	Scholastic
	Everybody Cooks Rice	Nora Dooley	Scholastic
Five years	Bread, Bread, Bread	Ann Morris	Scholastic
	Abiyoyo	Pete Seeger's Storysong	Scholastic
	Leo the Late Bloomer	Robert Kraus	Scholastic
	Amazing Grace	Mary Hoffman	Scholastic



REACH OUT AND READ (ROR) PROGRESS
(Since Prescription for Reading 4/97)

Barry Zuckerman, M.D.
Professor and Chairman of Pediatrics
Boston Medical Center
Founding Director
Reach Out and Read

ROR National Staff

Perri Klass, M.D.
Medical Director

Christine Angell
Nancy Berman
Pat Cowan, R.N.
Elaine Grossman, M.Ed.
Abby Jewkes, Ed.M
Matthew Veno
Kate Williams

- 170 Reach Out and Read sites in 39 states serving over 500,000 children
- 2 million books have been distributed to 1 million children at hospitals, health centers, and pediatric offices throughout the United States
- 4,000 pediatricians and nurse practitioners have been trained in early literacy development
- ROR National Center has provided over $400,000 in grants to beginning ROR programs since 4/97
- Scholastic has donated 125,000 books
- First Book has donated 100,000 books and devised a discounted book ordering system for all ROR sites, involving 13 publishers
- American Booksellers Association distributed 200,000 free copies of Read To Your Bunny to families via independent bookstores and donated remaining books from their convention in May
- Dreyfus awarded funding to a local hospital, which served as a matching grant
- Ronald McDonald House Charities awarded funding for books to ROR and First Book
- Mellon Trust awarded funding for expansion at Boston health centers
- Hasbro Foundation awarded funding for expansion in Alabama
- Rhode Island Foundation awarded funding for expansion in Rhode Island
- Harris Foundation awarded funding for Chicago city-wide expansion
- Casey Foundation awarded funding for Baltimore city-wide expansion
- ROR programs in NYC have formed the first ROR City-Wide Coalition
- Training session by ROR and plenary session by Barry Zuckerman, MD at the American Academy of Pediatrics Annual Meeting in November
- Partnership with National Association of Community Health Centers to bring ROR to its 900 health centers
- National Association of Children's Hospitals and Related Institutions sent information on ROR to all its members
- ROR is working with Reading Is Fundamental on a number of collaborative projects in order to reach more children

First Lady Announces National Partnership to Prescribe Reading to Infants and Toddlers

April 16, 1997

> *"There are few things that I believe could make a more dramatic difference over the next 10 years in this country than to persuade parents of all educational and economic levels to take this mission of reading to and talking with their young babies seriously."*
>
> -- First Lady Hillary Rodham Clinton, January 10, 1997

New Partnership to Prescribe Reading and Ensure That Children Who Come to the Doctor Have Access to Books. The First Lady is pleased to announce that a new national partnership has been created to prescribe reading to infants and toddlers. Pediatricians, hospitals, health centers, book publishers, libraries and others are coming together to make sure that infants and toddlers who come to the doctor have access to books and are read to regularly. The American Academy of Pediatrics is recommending that pediatricians prescribe reading to infants and toddlers as part of standard pediatric care.

The New Partnership Has Already Secured:

- More than 250,000 books to be distributed through health clinics and centers around the country;
- Commitments to train 10,000 pediatricians and 950 community health centers to prescribe reading and provide books to hundreds of thousands of children by the year 2000.

The Partnership, Led by Scholastic Inc., First Book, and Reach Out and Read, includes the American Academy of Pediatrics, National Association of Community Health Centers, National Association of Children's Hospitals and Related Institutions, American Library Association, Random House, Irving Harris and the Harris Foundation, Annie E. Casey Foundation, American Booksellers Association, Association of American Publishers, Mellon Trust, Dreyfus Corporation, ABC Television, Reading Is Fundamental, National Association of Chain Drug Stores, and the National Community Pharmacists Association, and seeks additional partners.

Under the Reach Out and Read program, volunteers read to children in waiting rooms, health care providers prescribe reading, use books in well-visits, and give books to children at the end of a visit. This model program is already being used in more than 80 health centers and hospitals around the country.

Call to Ensure That by the Year 2000 Every Child Under Age Five Is Read to Regularly. The First Lady is calling for every community to come together using its local library in partnership with local health providers to help encourage reading to young children and ensure that every child under age five is read to regularly by the year 2000. Today, only 39% of parents with children under three read to their children daily [Commonwealth Fund, 1996]. Research shows that when doctors prescribe reading and give books to low-income parents and their children, these parents are *four times* more likely to read to their children [AMA, AJDC, 8/91].

Response to the President's America Reads Challenge and the First Lady's Call for a National Effort to Prescribe Reading to Infants and Toddlers. Today's announcement is in direct response to the First Lady's call in January for a national effort to build on the existing efforts to prescribe reading -- by programs such as Reach Out and Read and the American Library Association's Born to Read -- and to the President's America Reads Challenge to help parents be their children's first teachers and ensure that every child can read well by the end of third grade.

The White House Conference on Early Childhood Development and Learning Will Underscore the Importance of Reading to Infants and Toddlers. *The White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children* will explore new research that shows that reading to children in their first few years actually helps their brain to grow in addition to enhancing their emotional and social development and laying the groundwork for vocabulary and later educational success.

Hillary Rodham Clinton

Comfort and Joy

The First Mom suggests reading as an easy way to help a baby's brain grow

THE NIGHT AFTER THE INAUGURAL, BILL AND I GATHERED with our family in the solarium on the third floor of the White House. After dinner our toddler nephews Tyler and Zachary climbed up on the couch with their Uncle Bill to hear him read a story. They accompanied him with words, sounds, pointed fingers and a few tussles over who would hold the book. As I watched them, I thought of all the times Bill and I used to take turns reading stories to Chelsea. Every night one of us (and occasionally both) would stretch out on her bed, hold her in our arms, and either read or make up new tales about imaginary characters who embarked on improbable but breathtaking adventures.

Bill and I did not know about brain cells or synapses or the newest discoveries in neuroscience. Reading to Chelsea became a daily ritual because it's what our own parents and grandparents had done with us, and because we wanted to spend quiet time with her every day. Bill's grandmother thought that reading to him would help him develop a strong vocabulary and the language skills he would need later on in school. My mother and father placed a similar premium on reading, and to this day I remember the feelings of security and comfort that I felt sitting in my grandfather's lap when he read stories to my brothers and me.

Mrs. Clinton with her daughter in the crucial first three years

Today, thanks to advances in brain research, we know that reading with a child has intellectual, emotional and physical benefits that can enhance the child's development. The intimacy of sharing books and stories strengthens the emotional bonds between a parent and child, helps a child learn words and concepts, and actually stimulates the growth of a baby's brain.

As I discussed in my book, *It Takes a Village*, scientists have discovered that children whose parents read and talk to them during the first three years of life create a stronger foundation for future reading success. In other words, what our parents and grandparents knew instinctively is now backed up by hard scientific evidence.

That's why doctors and nurses are starting to *prescribe* reading to babies along with regular checkups and vaccinations. Recently I went to Georgetown University's Medical Center with Maurice Sendak, the renowned children's author and illustrator. His book *Where the Wild Things Are* was one of Chelsea's—and Bill's—favorites. Mr. Sendak read the story to children, and I announced, along with representatives of the American Academy of Pediatrics, the American Booksellers Association and the American Library Association, a national campaign to put books in the hands of parents who bring their young children to the doctor, and to get doctors to prescribe daily reading. My husband and I will be discussing this and other activities to follow up on the latest findings about the brain at a White House conference in the spring.

It's important that we take to heart what the neuroscientists are telling us—without losing the heart of the reading experience. In today's high-tech world of E-mail and microchips, it is easy to forget the importance of human connections in our daily activities. Technology has brought many welcome conveniences to our lives. But it has the potential to create feelings of distance, detachment and isolation among us.

Reading to a child while touching, hugging and holding him or her can be a wonderful antidote to the impersonal tendencies of the information age—for both the adult and the child. While critical to building brains, reading is equally important to building trusting and close relationships. That's why many of us remember the warm embrace or the comfortable lap that cradled us when we read books as children. And that's why reading should not be viewed solely as an intellectual proposition, particularly in the era in which we now live.

If Americans take away only one lesson from these exciting scientific discoveries, I hope it's that reading to children is easy, affordable and feasible for parents no matter what their level of education or economic station in life. Children's books are available for free at public libraries in every community and can be found at reasonable prices in many bookstores. Doctors, librarians, teachers, book publishers, business leaders and the news media can help make books available to families and educate parents about the vital role that reading plays in our children's lives.

It isn't very often that we have before us such a simple, inexpensive and pleasurable way to improve our children's health and development and raise their prospects for a brighter future. Whether you lie down together on the rug, sit together in an old rocking chair or cuddle on your child's bed the way Bill and I used to with Chelsea, there is no better way to spend time than reading to your child.

And now we also know that there are few better ways to help your baby's brain grow. ■

HILLARY RODHAM CLINTON
REMARKS AT CHILDREN'S NATIONAL MEDICAL CENTER
WASHINGTON, DC
DECEMBER 15, 1997

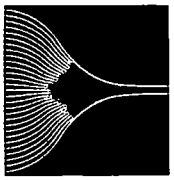
- Thank you so much for honoring me with this award. I'm delighted to once again have the chance to visit Children's National Medical Center.

- Children's hospitals have always played a special role in our country -- and they have always held a special place in my heart. When Bill and I were still in Arkansas, I served on the board of Arkansas Children's Hospital. I learned then what all of you know: For children's hospitals to thrive, it takes individuals who, day in and day out, dedicate their hearts and minds to getting the job done. Individuals who, despite the obstacles, refuse to ever give up. That's what the Children's National Medical Center has done for 127 years. And for that, all of us -- inside and outside of government, inside and outside of Washington -- owe you our thanks and our admiration.

- I want to especially thank those of you who are playing a leadership role in making this hospital a part of our Prescription For Reading Partnership, which I announced earlier this year. It is bringing together pediatricians, hospitals, libraries, and others around the country -- just as you will be doing with your Reach Out and Read Program -- to encourage and enable more parents to read to their children.

- I'd like to acknowledge the two co-chairs of this extraordinary effort at Children's, Dr. Sandra Cuzzi [koo -- zee] and Brenda Shepard Vernon, each of whom has been instrumental in bringing the Reach Out and Read program to life. Thanks to the dedication of these two women, along with the D.C. Public Library and so many other people here at Children's, new parents will be sent home with one of the most powerful medicines of all: A Prescription to Read to their newborn children. I'm pleased to hear that nurses and volunteers will be reading to children while they are in waiting rooms, making a book a part of every pediatric visit, and then giving the child the chance to take that book home.

- When it comes to improving the fate of children in America, we all have a lot to be thankful for this holiday season. Childhood immunization rates are at an all time high. Infant mortality rates are at historic lows. And the balanced budget agreement the President signed this past August includes an unprecedented $24 billion to help provide health insurance to millions of children who don't know have it. That's the largest investment in children's health care in more than 30 years. With this new initiative, we now have the opportunity -- and the ability -- to take a major step forward in ensuring that all children can live up to their God-given promise. I know all of you will work hard to meet this challenge -- just as you have always done whenever the health of our children has hung in the balance.



Benton Foundation

December 12, 1997

Ms. Nicole Ravner
The White House
Washington, DC 20502

Dear Ms. Ravner:

As you suggested, I am sending you some information on the Benton Foundation's KidsCampaigns web site (www.kidscampaigns.org). We understand that the First Lady is focusing considerable attention on the issues of foster care and adoption, and KidsCampaigns is now devoting an entire section to this important issue.

As you may know, KidsCampaigns is designed to spur Americans to take action for kids in their communities. This action can take many forms, from volunteering and mentoring, to joining a children's group. KidsCampaigns already has an established relationship with the White House web site; the White House site linked to KidsCampaigns as part of the President and First Lady's appearance in the Ad Council/Coalition for America's Children public service ads earlier this year.

KidsCampaigns features in-depth information on a variety of important children's issues. Most recently, we have teamed up with the Casey Family Program and the Casey Family Foundation to develop content on the many complex issues surrounding foster care and adoption. The content, which explores such issues as how to adopt foster children, was developed in collaboration with The Foster Care Project's national awareness campaign and to coincide with a new public television documentary, *Take This Heart*. The film, produced by KCTS/Seattle, is the true story of a dedicated foster mother and the boys currently in her care. The film is scheduled to air on PBS stations in early January, 1998 with production funding provided by The Casey Family Program and The Annie E. Casey Foundation.

We would be happy to provide a briefing to you and any other staff you feel would be appropriate on The Foster Care Project, and in particular the foster care content featured on KidsCampaigns. In addition, we would be honored if Mrs. Clinton would consider referring to the web site content and the video as she talks about this critical issue.

To find the foster care section of KidsCampaigns, simply log onto the home page, then click on "Take This Heart: The Foster Care Project."

Please do not hesitate to contact me should you need any further information.

Sincerely,

Laura Weiss

Laura Weiss
Senior Associate

1634 Eye Street NW Washington DC 20006
Telephone 202 638 5770 Fax 202 638 5771
Email benton@benton.org WorldWideWeb www.benton.org

Boston Globe
10/27/96

For children's good health, a book at every check-up

BOB DAHM ILLUSTRATION

PERRI KLASS

This week Boston will play host to the annual meeting of the American Academy of Pediatrics, the professional organization that speaks for pediatricians, tests us and certifies us, sets our standards of medical practice to keep up with changing times.

But the pediatric innovation that my colleagues and I will be demonstrating at the meeting, the Boston-bred innovation we hope will diffuse out through pediatric clinics around the country, has nothing to do with wonder drugs or fiber-optic miracles. We want doctors to give books to their young patients.

A decade ago, it wasn't part of a pediatrician's job to give out books. But then, formal assessments of development and language weren't part of a pediatrician's role at the time, either. Now we teach developmental assessment as part of the standard pediatric exam. If, along with giving shots and handing out safety advice, we haven't checked to see if a child is acquiring spoken language, then we haven't done our job.

It's called 'a light in the darkness.'

The next step is written language. Early literacy. Just as spoken language starts long before a child learns to talk, literacy starts developing long before a child actually begins formal reading instruction. What happens in the years between birth and kindergarten is absolutely essential: Children either start school liking books and understanding that they are or they start school way behind, set up for failure.

Mayor Thomas Menino's Read Boston literacy initiative, now one year old, aims to have all children reading by the end of third grade. Pediatricians and early-childhood educators have been part of this initiative from the beginning because this is not only a school problem, it's a preschool problem.

Consider my 2-year-old patient, Ahmaal, a primary-care success story: He came for a physical recently and we checked his lead level, since as a toddler in the inner city he's at high risk, and checked for anemia. But he didn't seem to have needles on his mind.

"Want book!" he yelled to me with 2-year-old intensity. "Want book!" I gave him a board book at his 18-month visit (along with his fourth DTP shot), another when he was 15 months (Haemophilus influenzae shot) and another when he was one year (measles-mumps-rubella). And so on, way back to the 6-month-old checkup. That's six books already; there'll be at least four more before he starts school.

Reading success starts well before school and formal reading instruction, as infants and toddlers learn to love books and to understand that books contain stories and information. A 1995 analysis that statistically examined 29 empirical studies of the effects of parents reading aloud to toddlers and preschoolers concluded that essentially all studies showed a pronounced positive effect on outcome measures of language growth, emergent literacy and reading achievement. The positive effects of reading to preschool children were independent of socioeconomic status or parents' educational level.

Last week I saw a child I worry about. He's one year old, born with drugs in his system, the youngest of six children in a family that is struggling hard. Mother in treatment. Maybe not always enough food. Hasn't grown very well. Hasn't really developed on schedule. But he looked good, finally putting on weight, making some developmental progress, though delayed for his age.

I gave him a board book full of bright photographs of children playing, and his mother and I watched him grab it. "I know you're busy," I started, and she beamed. "The older ones will read it to him," she said. "They always read him that book you gave him last time."

The Reach Out and Read program was founded at Boston City Hospital about eight years ago by pediatricians and educators. "The first time I gave a 1-year-old a book as part of a pediatric visit and saw the child's eyes light up, and saw the mother smile in response to her son's excitement, I knew I had found a special way to touch a child's life," says Dr. Barry Zuckerman, chairman of the department of pediatrics at Boston Medical Center and one of the founders of Reach Out and Read. "I believe it has as much or more impact on the child's future as anything I do as part of preventive care."

The goal of the program is to make literacy part of regular pediatrics. Zuckerman's mentor was Dr. T. Berry Brazelton, now a member of the advisory board of Reach Out and Read, which he calls "a light in the darkness."

A book at every checkup from six months to five years. At Boston Medical Center, we will give away our 100,000th book this fall. If it costs $3 to $4 for a book, and if every child sees the doctor 10 times between the ages of 6 months and 5 years, then these books cost $30 to $40 a child. Less than any immunization or blood test.

In a study by Zuckerman and another founder of the program, Dr. Robert Needleman, carried out in the pediatric clinic at Boston City Hospital, parents whose child had received a book at a previous visit to the clinic were four times more likely to report reading aloud to their children. For families on AFDC, the association was particularly marked: if they had received a book, parents were eight times as likely to report reading to their children.

Pediatricians are trained to think in terms of prevention. Give the MMR and we don't have to treat the measles. Free flu shots for children with asthma.

Growing up without books is growing up deprived and with a deprivation that puts one at risk for failure. Just like many of the other risks and deprivations that children face in poverty, growing up without books is a sad loss in itself, but also a risk factor for larger, sadder losses. Double jeopardy. If we want our children to grow up reading, we have to do everything possible, and we have to do it as early as possible.

Perri Klass is a pediatrician at Boston Medical Center and Dorchester House.

REACH OUT AND READ

Volume 2 Issue 5 BOSTON MEDICAL CENTER NOVEMBER, 1996

INTRODUCTION
by Pat Cowan

"Hi, I'm Cynthia Weir," said the voice on the phone. Five minutes into our conversation I had learned that two hip replacements and "a little difficulty walking" would be no hindrance to Cynthia's participation in Reach Out and Read as a volunteer reader in the Primary Care Clinic. "A chair with arms is all I'll need,"and with that taken care of, Reach Out and Read and its young patients and their families set off on a reading adventure with Cynthia every Thursday morning. With vitality and enthusiasm, she engaged each child, marveling always at their brightness and beauty. A woman of grace, she was able to communicate with mothers and fathers as a fellow parent. For us she was a delightful lunch companion, regaling us with stories of horseback riding in her home state of Colorado and college hi-jinks at Vassar in the mid 1930s. Most often she spoke of her family--her four children, grandchildren, and great-grandchildren.

Cynthia died unexpectedly on October 19, 1996. She will be greatly missed by all of us at Reach Out and Read.

She wrote the following after an interview with our founder, Dr. Robert Needlman, at Rainbow Babies and Children's Hospital while visiting Cleveland in July:

"As a volunteer for Reach Out and Read who looks forward all week to Thursdays on the fifth floor, I was eager to meet the founder. I gathered Dr. Robert Needlman, a pediatrician, recently moved to Cleveland, Ohio, had done it all.

Since I'd planned to revisit my hometown, I brazenly called his office in Lakeside Babies and Children's Hospital and was rewarded with an appointment for 15 minutes on July 22nd.

Dr. Needlman is astonishly young. I wondered if he was still an intern; athletic, handsome with curly brown hair and attentive eyes, he seemed pleased to hear about Boston Medical Center. He immediately straightened me out, saying the credit for starting Reach Out and Read belongs to Kathleen Fitzgerald Rice and Perri Klass.

He gave me two short papers he'd helped write: *Reach Out and Read: A Pediatric Program to Support Emergent Literacy* with Kathleen Fitzgerald Rice and *Fight Illiteracy, Prescribe a Book* with Barry Zuckerman, M.D. He was called away by "a child who is crying" but I really appreciated meeting him and feel his two papers, which can be read in half an hour, will delight all who volunteer for Reach Out and Read."

Cynthia Weir, ROR Volunteer

A VOLUNTEER'S STORY

JoAnn Fitzpatrick

Hardly a time goes by when I visit Boston Medical Center as a Reach Out and Read volunteer in Pediatrics that I don't think of Roberto.* It was almost a year ago, during a few beautiful fall weeks, that I met the tiny boy lying so ill in his hospital bed. I was new at this and more than a little scared of a small child who looked so sick.

A nurse pointed me toward Roberto's room and I sat by the bed to read to him. He looked so distracted, so removed by what I assume was pain, that I first thought my being there must be a waste. And he did not interact with me, indicate in any way, even by expression, that he was listening to my story or cared about my being there.

I continued to read and after awhile I could hardly believe my eyes as I saw his tiny hand stretch toward me with considerable effort. He was reaching out to touch me; my reading was not an intrusion or an annoyance to him. Receiving this wonderful gift, I was overcome. But the important thing was to keep on reading and somehow I did. Then I wept inconsolably in the car and at home.

I thought about Roberto a lot during that brief time and made other trips to the hospital specifically to see him. Each time he was sicker. His breathing was terribly labored. I couldn't imagine how or why a little child could endure so much agony.

It was clear Roberto wouldn't live much longer. His death, I was told, affected many people at the hospital deeply. I think that must be a great comfort to his family, to know that a little one who bore suffering so bravely--and who could still reach out when he could experience no joy--made such a powerful impact.

Sometimes readers think their time is wasted. The children are into games, cartoons or videos. They don't always indicate they are glad to hear a story. Many times, of course, they do and enthusiastically. But on those days I wonder if reading a story has any value at all, I remember Roberto.

*Name & identifying details have been changed.

NEWS FROM NEW ORLEANS

Ellen Beyer writes:

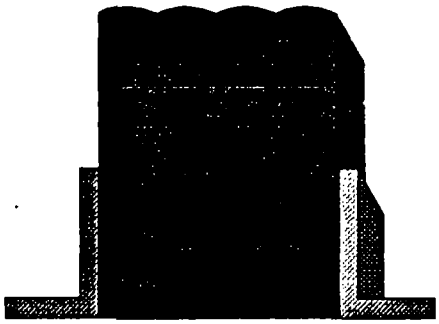
June 11, 1996 at the Association for the Care of Children's Health, a Reach Out and Read team presented the program. The title was, "I'm a Reader, I Can Be Anything: Supporting Children's Literacy Development in Pediatric Practice." The participants were Julia D. Grimes, Co-Director, ROR New Mexico, Child Life Program; Meloney Baty, Co-Director, ROR New Mexico; Ellen Beyer, Co-Director, ROR New Orleans; Mareth Williams, Medical Director, ROR New Mexico; Rebecca Kazal, ROR Ganado. We had approximately 25 attendees.

Daisy Troop 98 in New Orleans made a quilt of the months of the year and donated it to the ROR program. It is now framed and hung in the Pediatric Clinic at Charity Hospital for all to enjoy.

July, 1996, we hit our 500 mark per one month. To date we have given out 5868 new books.

August: Ivanhoe Productions interviewed the ROR staff and visited a family in their home. We were then featured in the TV medical news nationally. The viewing audience is a projected 60 million. So far (as far as we know) we have aired in Chicago. We received 18 phone calls regarding our program. This was great for our national image.

Books For Kids generously donated over 1800 new books to our program.



HEALTHY KIDS FAIR

Pat Cowan
ROR Program Coordinator

Boston Medical Center hosted the second annual Healthy Kids Fair on September 10, 1996 attended by 1500 area children and sponsored by United Way, Bank of Boston and the local ABC TV affiliate. These preschoolers from Head Start, ABCD Day Care and Associated Day Care, plus kindergartners and first graders from Boston Public Schools were bussed by Blue Cross/Blue Shield to the event. Participants included the local PBS affiliate, HealthNet Neighborhood Health Centers, and the Boston Police Department. Activities involving nutrition, fitness and scrub suit dress-up were popular.

Reach Out and Read invited eight celebrity readers, including the wife of our mayor, a TV news anchor, and the superintendent of Boston Public Schools. A solid wall of balloons provided a colorful back-drop for our reader rocker which was placed on a bright dinosaur rug. Scholastic Big Books such as *Three Billy Goats Gruff, The Little Red Hen,* and *The Very Hungry Caterpillar* riveted the attention of our young readers.

Twenty-five hundred books presented to the children were received with joy. Donations from Harper Collins to the Books for Kids Fund, plus books purchased at discounted rates from Troll, Golden Books and Early Learning made up the total figure.

Publicity and exposure for Reach Out and Read at events such as this one are invaluable in spreading our message of emergent literacy.

PRESCRIPTION AT TRI-RIVER IS AN OPEN BOOK

Thomas Mattson

The following is an edited version of a recent article in the Blackstone Valley Tribune.

Doctors are going to have to start writing out prescriptions with a scrawl that is a little more readable.

Because it will be parents and small children reading them, not pharmacists practiced in the intricacies of physician-scrawl.

The new scenario will soon come about at Tri-River Family Health Center on Hartford Avenue. That is because volunteers like Julie Woods and a nucleus of doctors and medical students see reading as a primary skill that also helps a mother and child strengthen their emotional needs.

Woods became a disciple of the project when she reflected on what she could do to express her gratitude for the early diagnosis a Tri-River pediatrician made of her young son's cancer.

"We had just moved here from Leominster," Woods explained. "My son was four months old when Dr. Jeffrey Lukas diagnosed our son as having cancer. My son is two and a half now and is doing well."

As she explained it, pediatricians, because of their special relationship with families, are in a good position to help foster reading. They can do it by setting up volunteer programs in the waiting rooms.

The hope, according to Dr. Julie Meyers, the pediatrician who is coordinating the program at Tri-River, is that reading will become a part of family life where it has not been in the past.

The program acronym is START (Sharing Together and Reading

Healthy Habits

Two Boston-area organizations promote literacy through community-based reading programs

A child's love of words and letters can find its roots through a variety of community efforts. In the Boston area, two literacy programs—one involving doctors, the other relying on senior citizens—are giving children a lead-in to literacy.

At Boston City Hospital's Well-Child Clinic, the Reach Out and Read (ROAR) program features community volunteers who read with children waiting to see their doctor. Storybook reading is also an integral part of every pediatric exam with children from 6 months to 5 years old. Like other physicians in the program, Dr. Sean Palfrey reads books like Richard Scarry's *Best Little Word Book Ever* to his young patients, simultaneously demonstrating to parents the techniques that make words come alive for children. Infants are given books to hold that make squeaky sounds and are soft enough to chew. And every child leaves the doctor's office with a book to take home.

By reading and distributing books to their patients, doctors convey a clear message about the importance of literacy to children and their parents, says Dr. Perri Klass, pediatrician and co-director of ROAR. Since the hospital-based literacy program began in 1989, more than 60,000 books have gone home with families. Children collect their library by coming to see, says Dr. Barry Zuckerman, chief of pediatrics. He believes so strongly in the program that he makes it a point to give lectures about how to promote family literacy to the doctors-in-training. Funded by the Annie E. Casey Foundation since 1992, 14 hospitals in addition to Boston have implemented the ROAR program. These include pediatric clinics and teaching hospitals in Chicago, New Haven, Connecticut, Worcester, Massachusetts, and New Orleans, as well as a Navajo reservation in Ganado, Arizona.

In Cambridge, Massachusetts, 34 older persons volunteer as literacy tutors in the school-based Intergenerational Literacy Tutoring Project. For the past two years, these retired citizens, rigorously trained in helping poorly prepared first-graders improve their reading skills, tutor youngsters in 45-minute individual sessions three times each week. Volunteers undergo training not only when they sign up, but every two weeks throughout the school year. Students who have scored in the lowest 15th percentile on tests of standard reading norms are the only ones eligible for the program. Early results through indicate that the tutoring is particularly effective in improving boys' reading skills. If these findings hold up as the program continues, the intergenerational program will offer a significant benefit, since studies show boys experience more early failure in reading than girls.

In the fall, the project expands into the Boston public schools, where a new group of 100 senior-citizen volunteers will tutor first-graders with reading difficulties. Harvard psychologist Jerome Kagan, the project's principal evaluator, is upbeat about the program. He says that when children are developmentally prepared for reading, and teachers devote time to teaching them literacy skills, motivated, trained volunteers can have a very important, catalytic effect on improving their reading abilities. —*Melissa Ludtke*

At Boston City Hospital's Well-Child Clinic, Dr. Perri Klass reads with children as part of pediatric visits and every child leaves with a book. Community volunteers read to children in the waiting room.

American Academy of Pediatrics

CATCH QUARTERLY

Volume 4
Issue 2

Community Access to Child Health — Fall 1996

Pediatricians Promote Literacy — A Storybook Program

by Christine Tatum

When she first handed out books to young patients, Perri Klass, MD, FAAP, a pediatrician at Boston City Hospital, said she was incredibly enthusiastic but completely overwhelmed. "I always had this feeling of 'Don't let me forget,'" she said. "I was thinking about seeing all the people waiting, giving physical exams and shots, and assessing family dynamics, as well as watching the two other children usually chasing each other around the room."

Dr Klass now maneuvers a storybook as easily as a stethoscope. She is co-director of the hospital's well-established *Reach Out and Read* program, funded largely by the Annie E. Casey Foundation, the M. R. Robinson Fund, and the Association of American Publishers. The program was instituted approximately 6 years ago by chief of pediatrics Barry Zuckerman, MD, FAAP, at Boston City Hospital. It encourages the widely accepted practice of using books and reading to assess a child's communication skills.

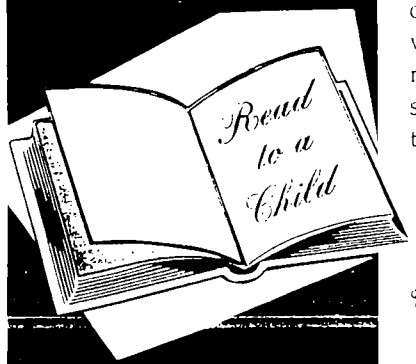
Reach Out and Read. A volunteer at Boston City hospital reads to children in a pediatric waiting room.

About 30 other hospitals nationwide participate in the program. Also, other hospitals and child health care providers have their own versions. Their common goals are to teach parents and children the value of reading and to spread the word to other pediatricians that promoting literacy contributes to better health care.

Lessons regarding the value of reading normally begin in the

(continued on page 6)

To learn more about this program and how you can "reach out" in your community, attend the special presentation by Perri Klass, MD, and Barry Zuckerman, MD, on *Reach Out and Read* at the AAP Annual Meeting in Boston. Look for logistical information listed in the Upcoming Events section of this issue.



Pediatricians Promote Literacy — A Storybook Program

(continued from page 1)

waiting room, where volunteers or staff sit in a cozy corner with a storybook. They read, point to pictures, and ask questions many a wide-eyed youngster is eager to answer.

"That contact does at least two things," Dr Klass said. "It shows children that reading can be fun and interactive and it models for parents how to read aloud. I think it also makes for a nice atmosphere."

Once inside the examining room, pediatricians give their patients a book to take home. "When the book comes from the doctor, it makes it a thing of importance," Dr Klass said. "It makes the kids proud and it says to the parent, 'I believe in your child's potential as a reader and a student.' Parents need to hear that, especially those parents who didn't have a particularly easy time in school or who weren't trained to help their kids do better than they have."

Dr Klass incorporates the gift into the physical exam, for example testing gross motor skills by having a child walk with the new book in hand, or testing fine motor skills by having the youngster turn a particular page. She might discuss with parents who are concerned about their children's sleeping habits the value of reading to children before they go to bed.

Given that children have on the average 12 health care visits between the ages of 6 months and 5 years, Dr Klass said it is comforting to know that they will have a small personal library by the time they start school. She estimated that the cost of 5 years' worth of books is $30 per child.

Reach Out and Read estimates that it has given away 75,000 books so far. The program has suggested a list of age-appropriate materials and gives only new books to its patients. "We look for new books, beautiful books and classics," Dr Klass said. "We also select books that reflect a variety of cultural and ethnic backgrounds."

Another book giveaway program offered by the Environmental and Health Services clinic in Dallas, TX, has found help from a variety of community sources. The program, largely funded by a 5-year Healthy Tomorrows grant and directed by Alice Pita, MD, FAAP, accepts books from libraries, churches, and anyone else who wants to give them. "We had a 10-year-old boy come in here with 24 brand new books, worth about $250," Dr Pita said. "He had just celebrated his birthday. He told the friends who came to his party not to bring a present for him, but a book for us instead."

Like Dr Klass, Dr Pita insists that health care and literacy are inextricably linked. "Without education and empowerment, people aren't going to make good health care choices," she said.

Dr Pita said her clinic's book giveaway program does not just help young patients. Illiterate parents and siblings who are having trouble in school are also being identified and helped. Teams of volunteers from the local library meet with older children to work on homework and reading while a little brother or sister is being seen by the doctor.

"A pilot program that's still in the works will focus on teaching mothers to read," Dr Pita said. "Everyone has dignity and worth," she added. "People feel more valuable to others and much better about themselves when they know how to read."

Wherever she goes, Dr Pita makes it a habit to look for books she can take back to the clinic. Dr Pita said she usually has good luck at garage sales and stores that carry discount books and teachers' supplies.

"Doctors who want to have this program for their patients can do it very easily," she said. "Finding volunteers to read is a piece of cake, and staff can be trained to do it during slow times."

Aside from investing in a child's education, Drs Pita and Klass agree that the storytelling and book giveaways are a boost for business.

"It's a remarkable (public relations) tool," Dr Klass said with a chuckle. "We have people who call and want to know if they can have an appointment when the 'story lady' will be around. "That's when we know we've gotten their attention." Interested in learning more about *Reach Out and Read* or in starting your own book giveaway program? Contact Perri Klass, MD, at Boston City Hospital, Dept of Pediatrics, Maternity 5, 818 Harrison Ave, Boston, MA 02118, or Alice Pita, MD, Chief of Pediatrics, City of Dallas Environment and Health Services, 214/670-8267.

Christine Tatum is a reporter and freelance writer.

Books open up a world of choices and possibilities

by PERRI KLASS, M.D., FAAP

We pediatricians like to think patients and parents remember our advice and try our suggestions at home. We spend so much of our days giving advice, trying to smooth the future with anticipatory guidance, reacting to patients' problems with the distilled wisdom of our experiences, with the carefully thought-out policies of our profession.

Of course, some things we know they take home – immunizations, for example. But advice, even good advice, is much more nebulous. It's hard for people to change behavior patterns, to follow through on good resolutions.

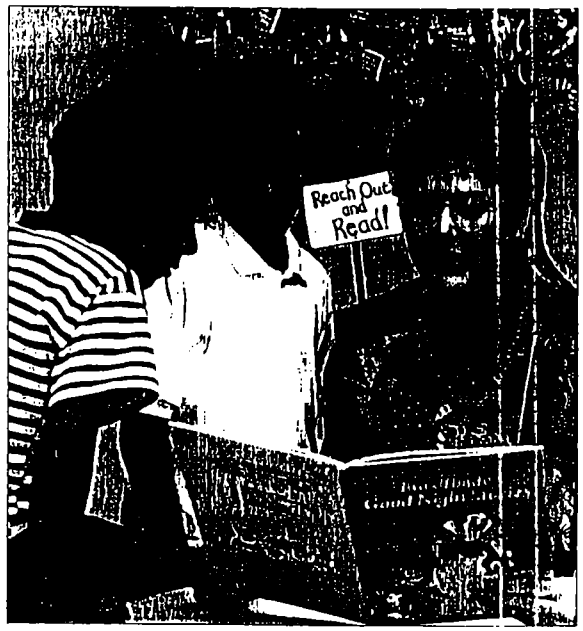
And that's exactly why I love giving children books. Like other pediatricians who have incorporated books and literacy counseling into their well-child care, I know I am not only giving advice but also the means to the end, the tool, the essential you-must-have-this-in-the-house talisman.

I have to admit that when I started giving out books, I wasn't sure I would be able to work them into my primary care visits. Check-ups for young children are such busy times, full of questions and parental concerns, nutritional advice, behavior problems, safety tips, immunizations and lab tests.

I found that a book can be used as a developmental assessment tool: You hand a board book to a 6-month-old, then see if he can sit unsupported, get the book to his mouth and hold his head steady. Or, you hand a book to a toddler and see whether she can turn pages, point and identify pictures.

With the book, I can also talk about language development, about bedtime routines. I express my confidence that my patient will grow up to be a reader, to succeed in school. By handing out a book, I also show that I believe in the parent's ability to help the child along that road to learning and school success.

The books I give out embody everything I want for my patients and their families: a wider world and the skills to navigate it, choices and chances and possibilities.



Mike Palumbo / Medical Center of Louisiana

Reach Out and Read volunteers read stories to children while they wait to see their pediatricians. The program exists in eight states: Connecticut, Ohio, New Mexico, Massachusetts, Louisiana, Arizona, New York and Michigan.

Life without books

The Reach Out and Read program was founded at Boston City Hospital some seven years ago. The program began as a collaboration between pediatricians and early childhood educators – including Barry Zuckerman, M.D., FAAP, now Boston City Hospital's chairman of the Department of Pediatrics; Robert Needlman, M.D., FAAP, now assistant professor of pediatrics at Rainbow Babies and Childrens Hospital in Cleveland; and Kathleen Fitzgerald Rice, M.S. Ed., now program co-director.

The idea of distributing books to encourage reading developed out of the realization that many of our patients were growing up without children's books, without being read to, and in fact, without easy access to books. Bookstores don't exist in Boston's inner city. Many of our patients grow up in families with limited discretionary income. Some parents have limited reading skills.

Reach Out and Read has three components:

- Volunteers in pediatric waiting rooms read stories to the patients (and their siblings or friends) waiting to see the doctors. This makes the waiting room a much nicer place, of course, but it also provides a model for parents: *Books are fun, not discipline. Reading with children is a happy interactive game.*
- During health supervision visits, physicians and pediatric nurse practitioners discuss the importance of books and reading aloud. We encourage brief, age-appropriate guidance – for example, babies like to look at pictures of babies. Toddlers like to hear the same stories over and over.
- At every health supervision visit from 6 months to 5 years, the pediatrician gives the child a book. Board books, colorful and chewable, for the babies. For the toddlers: rhyming books suitable for bedtime repetition. Counting books and story books and alphabet books and books about animals. Some old favorites (*Good Night Moon*) and new favorites, too (*More, More, More, Said the Boy*).

By pediatric standards, this is not an expensive intervention: Buying books in bulk, at publishers' discounts, means an average cost of $3 a book. If a child has 10 health supervision visits during the target years, the price of a "full course" comes out to about $30 per child.

For only $30, a child can know what it's like to grow up with books in the house, to start school with a small home library of picture books, to reach kindergarten knowing what books are for and, hopefully, associating them with parental love and attention. It costs less than any blood test we do, than any routine urine culture.

Gesture of faith

Since 1994, Reach Out and Read has been funded by the Annie E. Casey Foundation, helping new Reach Out and Read programs get started in neighborhood health centers around Boston, and in pediatric clinics and teaching hospitals nationwide.

In May, a special interest group in pediatric literacy met at the Ambulatory Pediatric Association/Society for Pediatric Research annual meeting in Washington, D.C. Roughly 50 representatives from Reach Out and Read programs nationwide as well as other pediatric literacy programs discussed the logistics and complexities of training providers to include literacy in their exams, drumming up community support, raising money to buy books, and doing research on pediatric literacy program impact.

The meeting was full of the sense that pediatric literacy programs really work, providing opportunities for pediatricians to make a difference.

Louis Kazal, M.D., FAAP, is the medical director of Sage Memorial Hospital situated on a Navajo reservation in Ganado, Ariz. His wife, Rebecca, directs the Reach Out and Read program.

"Tell pediatricians that other people want to work with them," said Dr. Kazal describing the outpouring of support for the reading program.

Besides the many community members who have volunteered to read, artist Beverly Blacksheep painted a picture of a woman reading to three children and a lamb. The painting hangs in the Navajo Nation Reach Out and Read Center.

At the Medical Center of Louisiana, in New Orleans, a large and ambitious Reach Out and Read program has been operating for more than a year. Directed by Ellen Beyer, R.N., and Susan Berry, M.D., FAAP, the program represents a wealth of creative public awareness and fund-raising ideas, from printing phone numbers on grocery bags for people to call to volunteer time or donate books or money, to massive book drives by Boy Scouts. New Orleans Reach Out and Read thrives within a busy complex pediatric residency, because the residents so enjoy giving books to their patients, according to surveys.

In fact, at all 12 programs, children love getting the books – and physicians love giving them.

"I wouldn't do it if it wasn't fun," said Laurel Shader, M.D., FAAP, who directs the Reach Out and Read program at Fair Haven Community Health Center, in New Haven, Conn.

It is fun. It feels good; it feels right. Reach Out and Read is a concrete contribution to children's well-being. As pediatricians know, growing up healthy means much more than the absence of disease. It means growing up with love and attention, and acquiring spoken and written language.

Frank Cerravolo/Boston City Hospital

Dr. Klass: "It's exciting to offer a child a beautiful book and watch it do its work, cast its spell."

It's exciting to offer a child a beautiful book and watch it do its work, cast its spell. It's a gesture of faith in the skills of the parent, in the potential of the child.

Dr. Klass has written five books and is co-director, Reach Out and Read Program, Boston City Hospital, assistant professor of pediatrics, Boston University School of Medicine; and pediatrician at Dorchester House, Boston. For information about the Reach Out and Read Program, which has sites in several major U.S. cities, contact either Dr. Klass or co-director Kathleen Fitzgerald-Rice, Reach Out and Read Program, 818 Harrison Ave., MAT-5, Boston, MA 02118; (617) 534-5701.

A volunteer reads to children at the Medical Center of Louisiana's Pediatric Clinic, in New Orleans.

Mike Palumbo / Medical Center of Louisiana

Curriculum

A trip to the doctor for many children means coming home with an inoculation, a prescription, and perhaps a lollipop. Now, though, pediatricians in some cities are presenting their young patients with books, as the profession takes steps to include literacy in its definition of a healthy child.

"It fits well with other changes that have gone on in pediatrics," said Dr. Perri Klass, a pediatrician at Boston City Hospital and a co-director of the hospital's pediatric primary-care clinic and its Reach Out and Read program. "Pediatrics has been moving further and further away from just treating diseases of children."

Under this expanded definition, she said, a well child is developmentally, cognitively, and socially healthy, not just physically healthy.

Founded at Boston City Hospital about six years ago, the program will be reproduced in health-care centers and neighborhood clinics in nine areas across the country. Detroit, New Orleans, New York City, and a Navajo reservation in Arizona are among the sites that are up and running, and others are in the works, Dr. Klass said. The Baltimore-based Annie E. Casey Foundation has given $450,000 to run the program in Boston and its expansion.

■

The program, which is aimed chiefly at children in poor communities, has three parts. First, volunteers read aloud to children in the waiting room. Not only do the youngsters enjoy it, Dr. Klass said, but it also serves as a model for parents who can see that children don't have to sit still or be quiet. "It also makes waiting a lot easier," she said.

Second, in the examination room, doctors advise parents about reading aloud to their children and explain what kinds of books and behavior are appropriate for their ages. Babies, for instance, like to put cardboard books in their mouths, while toddlers like to be read the same story—with lots of rhymes—over and over again.

Finally, at every visit—from the time the child is 6 months to 5 years old—the doctor gives the youngster a book to take home.

Because Boston City is also a teaching hospital, Dr. Klass and her associates have made promoting literacy a part of their interns' education.

And they are trying to spread the word among those physicians whose practices are already established. At the annual meeting of the Pediatric Academic Societies in Washington this month, they held a Reach Out and Read session for doctors.

"My goal is that this should be part of pediatrics, part of pediatric training, and part of pediatric practice," Dr. Klass said.

—KAREN DIEGMUELLER kdieg@epe.org

1/96

Paging young patients

GLOBE STAFF PHOTO / JOHN TLUMAC

Dr. Perri Klass reads to Darian Walker, 5, of Dorchester at Boston City Hospital's pediatric clinic, where books are part of the prescription.

At BCH, writers reach out with books

By Michael Kenney
GLOBE STAFF

Dr. Perri Klass, who is an author as well as a pediatrician, said she had little trouble getting other writers involved in the well-established Reach Out and Read program in the pediatric clinic at Boston City Hospital.

In fact, they had a vested interest in it. Learning to read is important for children, but "it's a survival issue for writers," Klass added, laughing.

The program was instituted six years ago by chief of pediatrics Dr. Barry Zuckerman as a way to institutionalize the well-accepted practice of using books and reading to evaluate a child's communication skills.

One aspect of the program is that every child evaluated at the Well-Child Clinic gets a book to take home. Klass used that to hook fellow members of PEN New England – PEN stands for poets, essayists, novelists – on supporting the project.

"I told them that if you had a bunch of 5-year-olds clamoring for books for their birthdays or Christmas, you had a new generation of readers," she said. "If you start talking in an organization of writers about kids reading books, they get excited."

That excitement has resulted in a number of area writers augmenting the corps of volunteers reading to children in the clinic waiting room, and in a book fair at the pediat-

READ, Page 38

Just what the doctor ordered: books

■ READ

Continued from Page 32

ric clinic.

Novelist Marcie Hershman of Brookline, author most recently of "Tales of the Master Race," was among the writers who worked the book fair. She recalled watching children scrambling around the display tables looking for a particular book as "having a wonderful sense of immediacy."

Several youngsters asked if they could get a book for a brother or sister, and she searched through the books with the child to find one that the brother or sister would enjoy.

"What made it poignant, even empowering, was that you knew you were putting a book in the hands of a child to carry home," she said. "And for the hours that I was there, time completely evaporated."

Another local writer, Jill McCorkle of Wayland, author of "Crash Diet," a collection of short stories, said her involvement at the book fair has inspired her to sign on as a volunteer reader at the clinic this spring, joining other local authors, including novelist Sue Miller.

Many readers, authors as well as longtime hospital volunteers, bring their own favorite books for the children. But if they don't, there are copies of such traditional favorites as Maurice Sendak's "Where the Wild Things Are" and Ezra Jack Keats' "Goggles," as well as a number of books in Spanish, Portuguese and Creole.

Dr. Sean Palfrey, a BCH pediatrician, said that when a youngster comes into his examining room, he reaches for a couple of things: a stethoscope and a storybook.

And when the youngster's examination is over, he or she leaves the hospital with that book; some 10,000 were given out during Well-Child Clinic visits last year. Indeed, the wall cabinet in all of the pediatric clinic's examining rooms contains a selection of children's books – number and coloring books for the very young, storybooks for the older children.

"It's a lovely thing to be able to give a kid a present at the end of the visit," Palfrey said.

The fact that "the book comes from the doctor," said Klass, "makes it a thing of importance, something that carries a message of importance to both the child and the parent."

'I told them that if you had a bunch of 5-year-olds clamoring for books for their birthdays or Christmas, you had a new generation of readers. It's a survival issue for writers.'

DR. PERRI KLASS
Author and pediatrician

"Often I'll sit and talk with the child about a book," said Palfrey, reaching into the wall cabinet and picking out the one he said was his personal favorite, Richard Scarry's "Best Little Word Book Ever." For younger children, there's a Sesame Street "board book" – the kind a child can safely chew on – or another personal favorite, "Goodnight, Moon."

Klass said that when she arrived at BCH six years ago she noticed that "if someone brought in crayons or books to amuse the children while they were in the waiting room, many of the children wanted to take them home."

And thinking as a writer, rather than as a doctor – Klass is the author of "Baby Doctor," the novel "Other Women's Children" and a number of short stories – she realized that "if we could catch these kids when they came in for checkups, we had a window."

She added that the best thing about the program – "what's really fun" – is to be able to give out books "and not just the ugly things like shots with nine needles all at once."

PEN IN THE COMMUNITY

Helping Kids Learn to Chew on Books

BY JAMES VANOOSTING

FIVE YEARS AGO at Boston City Hospital, an educator and two pediatricians had a great idea: to put books into the hands of their young patients. Very young patients, in fact—from six-month-olds to five-year-olds. The first thing the founders noticed after setting up the program in BCH's pediatric clinic was that books started walking out with the children. But the founders hardly viewed this as a problem because their aim, from the beginning, had been to place books at the center of the children's everyday lives.

Perri Klass, a writer and pediatrician, and a member of the Board of PEN New England, inherited the program from cofounder Robert Needleman. She explains the philosophy of Reach Out and Read very simply: "A baby should have a book to chew on. A toddler should have a book to hold at bedtime. Books should be associated from the beginning with a parent's caress and adult love."

Now, five years after its inception, Reach Out and Read has developed into a three-part program. First, there's a large volunteer staff of people who read to kids in the waiting room of the pediatric clinic. While waiting to see their doctor, children can sit near an adult reader, whose enthusiasm for books is infectious with both young patients and their parents. Second, when doctors or nurses see the children, there are more books, as well as talk about books. Third, whenever children leave the clinic, they are given a new book to take home.

An important tenet of Reach Out and Read is that books should be part and parcel of any child's experience, and on the child's terms. For a six-month-old, that may mean that the board book goes straight into her mouth; for a toddler, it may mean the fabric book becomes his toy. And that's okay.

Todd Rucci of the New England Patriots reads to a patient at Boston City Hospital.

PLACES WITHOUT BOOKSTORES

For many kids, a book is a unique possession, a rarity in their household. As Perri Klass says, "A lot of our patients live in neighborhoods without bookstores." With each visit to the clinic, a child will see more and more books. Klass recalls offering a book to a three-year-old child when he came in for a physical. "You gave that one to my sister," he told her. "We already have it. I've read it a hundred times." Recognizing the child's devotion to the book and his eagerness for another, Klass was happy to give him a different one. She maintains that it is good for a child to understand that there are many choices of books. She was, she says, "thrilled that the first book had become a good friend and that the boy wanted a new one."

Klass has inspired other members of PEN New England to participate in Reach Out and Read, helping create and nurture young readers even before they begin school. PEN members serve as readers in the clinic in addition to raising funds and securing book donations.

Jill McCorkle, Chair of the Reach Out and Read Committee, reports that PEN New England will host a Valentine's Day Book Fair at Boston City Hospital and, in the spring, a fund-raiser in further support of the program. She hopes PEN members outside her area hear about the Committee's work and contemplate such a program in their cities, too.

James VanOosting, whose most recent novel for young readers is Electing J. J., *is Visiting Professor of Communication at the University of California, San Diego.* ■

Worcester Telegram and Gazette

A healthy approach to reading

By Geraldine A. Collier
Telegram & Gazette Staff

The pint-sized patients of pediatricians affiliated with The Medical Center of Central Massachusetts in Worcester enjoy Dr. Seuss' words more than they do the shots they receive as part of their well-child visits.

Dr. Seuss and other children's authors are all part of "Reach Out and Read," a literacy program undertaken in doctors' offices that encourages parents to read to their children during the preschool years.

Getting children ready to read before they know what letters mean is much like getting children ready to talk before they can actually verbalize, said Dr. Perri Klass, Boston pediatrician, author and national co-director of the program.

AT A DISADVANTAGE

Children who aren't read to don't understand how books work, not even the simple concept that a book is read from front to back, she said.

"By the time they get to school they are at a disadvantage," said Klass, who was in Worcester recently to discuss "Reach Out and

Turn to PEDIATRICIANS/Next Page

PAULA FERAZZI
Dr. Perri Klass, left, reads to Kacey Rayder, while her mother Debbie Rayder, of Hopkinton, looks on.

Pediatricians encouraging reading to youngsters

Continued From Previous Page

Read" in workshops for health professionals and educators sponsored by the medical center.

Led locally by Dr. J. Barry Hanshaw, chairman of pediatrics at the medical center, "Reach Out and Read" encourages the involvement of primary care physicians.

In waiting rooms, volunteers read to youngsters. Physicians or nurse practitioners also talk to parents about what kinds of books babies and toddlers might enjoy.

Children from 6 months to 5 years old, said Klass, are then each given a brand new book to take home with them each time they come to a physician for a well child visit, usually about 10 times by age 5. "If there are no other books in the home, they will at least have 10 beautiful children's books," before they even set foot in a classroom, Klass said.

Just the act of being read to by a parent can be beneficial to a young child, explained Klass, herself the mother of three. "If you have been held and read to, you associate reading with being warm and safe and loved.

"An 18-month-old would rather be held in your lap and given your full attention," she said, than be plopped in front of a video. "And, as a result, that child will also associate books with having fun."

The Worcester program, which has involved the medical center pediatricians since January, joins efforts in Boston, Chicago, New York, New Haven, New Orleans and a Navaho Indian reservation in Arizona.

Money to buy the books comes from the Annie E. Casey Foundation, the Worcester Telegram & Gazette and the medical staff at the medical center. An advisory committee, including Frances Jacobson, a school-community outreach coordinator, and Barbara Masley, curriculum coordinator at the Worcester Arts Magnet School, recommends book selections.

According to Hanshaw, the children who have been exposed to the program so far "have taken to it like ducks to water."

Hanshaw said the program is now looking for volunteers to read in waiting rooms. Those interested can contact Keith DuBois at the medical center.

Central Massachusetts pediatricians or family practice physicians who are interested in joining the "Reach Out and Read" program may contact Hanshaw.

Boston Globe 7/7/95

GLOBE STAFF PHOTO, KENT

Weglyne Theodore of Dorchester finds a quiet reading corner at Boston City Hospital's Outpatient Pediatric Clinic.

A remedy in reading

BCH program aspires to introduce young patients to books

By Pamela M. Walsh
SPECIAL TO THE GLOBE

Children clustered around the volunteer eagerly, hanging on each word as she read and pointed to the pictures from the battered books on the table of Boston City Hospital's Outpatient Pediatric Clinic.

A few young patients just glanced at the books, before going on to other toys. For the directors of BCH's "Reach Out and Read" program, even the glances are satisfying. But their goal is more ambitious: to impart to every pediatric patient a love of reading, along with good health.

To accomplish it, volunteers read to patients at almost every routine visit. Doctors talk to parents about the importance of reading to their children and ask about the child's reading habits at each check-up. And before the patient leaves the doctor's office, each is given a new book.

"The combination of the emphasis placed on reading by people with a friendly authority and with the actual handing over a children's book," brings home to parents the importance of reading to their children, said Dr. Perri Klass, co-director of the Reach Out and Read program and a prolific author about life as a pediatrician.

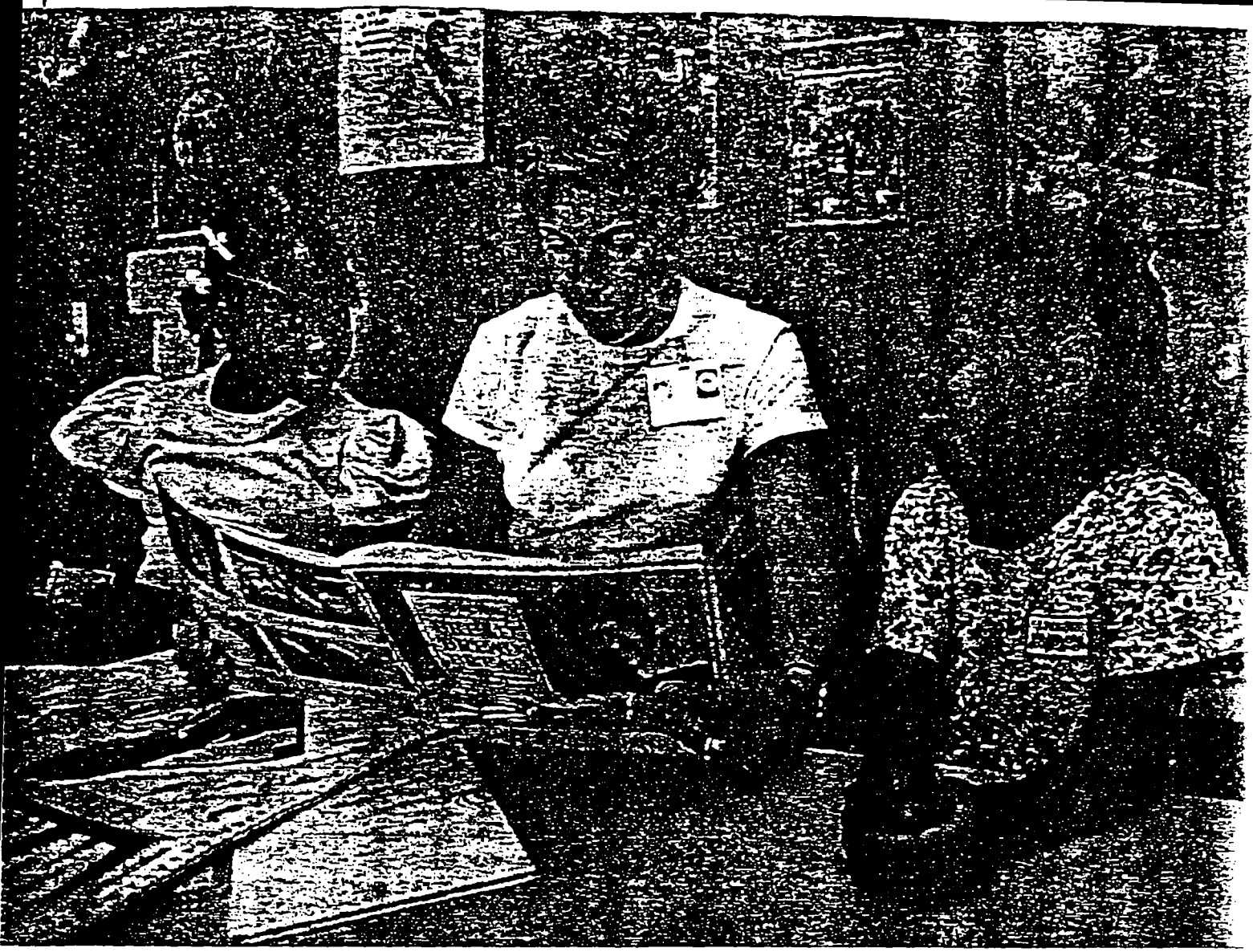
All parents want to do the best possible job of raising their children, Klass said, but some don't realize how early in life a child should be read to. Child development experts say the ideal age is 6 months.

That is where Reach Out and Read can help; the doctor gives out the first book when the baby turns 6 months old.

"Most of the babies, the thing they want to do with the book is chew it," Pat Cowan, the program coordinator, said. "But familiarity with books is what we are going for, so if they want to chew it, that's fine with us."

The program has shown some measurable results in children's reading habits. A survey of BCH parents published in the American Journal of Diseases of Children in 1991 found that "parents who had been given a children's book during a previous visit were approximately four times more likely" to report that their children read regularly than parents who

READING, Page 20



GLOBE STAFF PHOTO / WENDY MA

at Callahan, a volunteer at Boston City Hospital's Outpatient Pediatric Clinic, reads to Martine Kenol (left), 9, and Joy Linn, 4.

Hospital encourages reading

READING
ntinued from Page 17

d not been in the program.

Kathleen Fitzgerald Rice, the rogram's other co-director and a ild development specialist, said at just having books around helps ildren later in life. Children who ve limited contact with books be- re beginning school, she said, tend associate reading with "rote learn- g, and possibly failure."

Through the program, "Kids be- n to associate books with positive elings. Kids who love books learn read."

Since the program started in 989, BCH has handed out 50,000 ildren's books, Rice said, all either onated or bought with donated nds. The program's directors also to hand out "culturally appropri-

> **'Kids begin to associate books with positive feelings. Kids who love books learn to read.'**
>
> KATHLEEN FITZGERALD RICE
> *Program co-director*

to the books when they can see themselves," Rice said.

One reason that BCH's young patients desperately need the program, Rice said, is because so many of their parents, including the working poor, cannot afford books.

Marie Mercado of Boston said, "Truthfully, I couldn't afford most of these books," but her 8-year-old daughter Elianis now has "a little library of her own" from BCH.

Mercado said she has seen from her own experience the difference early exposure to books makes. Elianis started receiving books from the BCH program when she was 3 years old, and today is an excellent reader. Mercado said she goes to the library to get her 10 books every week. Her 13-year-old daughter, Cassandra, who was not part of the program, reads sometimes, but "doesn't really like it," she said.

"Reading is the fundamental thing for everything," Mercado said. "You need to learn at a young age."

Reach Out and Read

Information for volunteering or donating to Reach Out and Read.

VOLUNTEERING

Duties: To read to children waiting for appointments or at hospital bedside.

Requirements: At least 18 years old, comfortable with sick children.

Time commitment: Into 2-4 hours/week, days, evenings or weekends, 3 month minimum.

Boston City Hospital Office of Volunteer Services: (617) 534-5121

DONATIONS

Book donations are welcome, but money is preferred so that cultural diverse and age appropriate books can be purchased.

To Donate: (617) 534-5701

GLOBE STAFF

home remedies

A Book a Day

Reading is as vital to the health and well-being of children as good food and regular checkups.

BY PERRI KLASS

I come into the exam room and the two-year-old starts to cry. Does he remember the 12 or so shots he has received in a room that looks just like this one, given by me or some other ostensibly friendly pediatrician? Is he recalling other experiences, like the times I've had his head pinioned down while I probed his ears in search of infection? Or maybe he just doesn't like strangers?

All I know is that when I come into the room he starts to cry. So I offer him the book in my hand, flipping it open to show a photograph of a mother and child playing together. "This is for you," I tell him, trying to sound like someone who wouldn't know a hypodermic syringe if she tripped over one. "This is a book for you to keep."

And then as the child, somewhat hesitantly, somewhat mistrustfully, accepts the book and turns a page or two, I take the opportunity to ask his mother about his language development—Is he able to put words together to form sentences?—and I take the further opportunity to put in a plug for reading aloud, looking at books together, playing naming games. I explain why this can be extremely important for her baby's future, for his developmental progress, and, ultimately, for his success in school. A baby or small child can learn early on to link books with parental love and attention, with the safety of the lap, with the comfort of bedtime. A child who has strong, positive associations with books and stories, a child who has been read to and likes being read to, will do better when it's time to learn to read.

By the time I hook my stethoscope into my ears and lift the little boy's T-shirt, he's so absorbed in the book that he hardly notices my investigation of his heartbeat, his breathing, his grumbly little stomach.

Sometimes you go searching for your cause, sometimes it comes and finds you. A couple of years ago I inherited a job co-directing a program that integrates children's books into pediatric practice. Through the Reach Out and Read (ROR) organization, based at Boston City Hospital, every child receives a book at each checkup, starting at six months and continuing to the age of five. The program, which is expanding nationwide, is aimed at children whose families don't have the money to spend on books.

Reach Out and Read stresses that you don't have to read a book word by word to a child, which is especially important for parents who are intimidated by reading, or for immigrants who are not comfortable with

English. Those of us who work with ROR encourage rough and familiar use of the books.

"You know," I will say to a mother watching her nine-month-old chew appreciatively on her brand-new board book, "babies like to look at pictures of other babies. It's fine for her to put the book in her mouth—that's what a board book is for. When you look at it with her, you might try naming some of the things in the pictures." Then I demonstrate, turning to my patient, in a voice of exaggerated wonder, "Look at this picture! Where's the baby's nose? Oh, *there's* the baby's nose!"

If a child grows up with this program, given all the routine checkups between six months and five years, there will be at least ten children's books at home before that child starts kindergarten. This gives me a great sense of satisfaction. When I think about children growing up in homes without books, I have the same visceral reaction as I have when I think of children in homes without milk or food or heat: It cannot be, it must not be. It stunts them and deprives them before they've had a fair chance.

Homes need books. In our house, books crowd the shelves, books stack precariously against walls, books dominate the tables, and books threaten to take over the staircases. One of my proudest moments as a mother came when I yelled at my son, "Put the book *down* for a minute and use both hands to get your shoes on!" My five-year-old daughter, Josephine, it seems, looks on books as keys to a secret society from which she and only she is excluded. Her parents and older brother sit and stare for hours at books with no pictures at all, while she is still dependent on someone else to read her a story. When she can read, she knows, she will be admitted as an equal to this secret society. She's right.

Books represent possibility and promise. They offer ways out of your life and into alternate worlds, news of other lives and other mysteries. They offer escapism and excitement—and

for children whose lives are bound by deprivation, they offer not only escapism but also the possibility of escape. For children growing up in poverty, books have always offered a double prize: They tell stories of a wider world while providing the tools necessary for a child to succeed in school and later on in life. This is not romantic nonsense; it is the simple reality of the children of immigrants, the children of sharecroppers, the children of the urban poor, who see what they can become, and find in education and books the power to write their own road maps. Read *I Know Why the Caged Bird Sings*, read *A Tree Grows in Brooklyn*, read *The Endless Steppe*.

Think of the enormous satisfaction of watching a small child struggle to understand the words on a page. As adults, long-ago conquerors of written language, few of us will make leaps of anything approaching this magnitude. My daughter will read soon, and her world will make a new kind of sense. She will have decoded the secret of secrets.

I can only hope that my patients will make the same journey. When I write notes on a child's chart after a checkup, I dutifully list each and every shot I've given. Then, last on my list of "interventions," I write "BOOK!" I don't love giving shots but I believe in immunization, and when I have left a child in tears, I can truly take comfort in saying to myself, "Well, no measles for you, no temperatures of 105, no misery and discomfort, and none of the dangerous complications of measles—no encephalitis or pneumonia." It's worth a pinch, worth a jab, worth a few sobs. It's assurance and security, even if the crying baby with a newly sore thigh can't appreciate it.

But when you hand over a book, it's something else. It's not a definite assurance, not a particular promise of security. It's the promise of opportunity, the possibility of everything and anything, not offered from without but opening wide from within a child's mind. □

AUGUST 1995

CONTEMPORARY PEDIATRICS

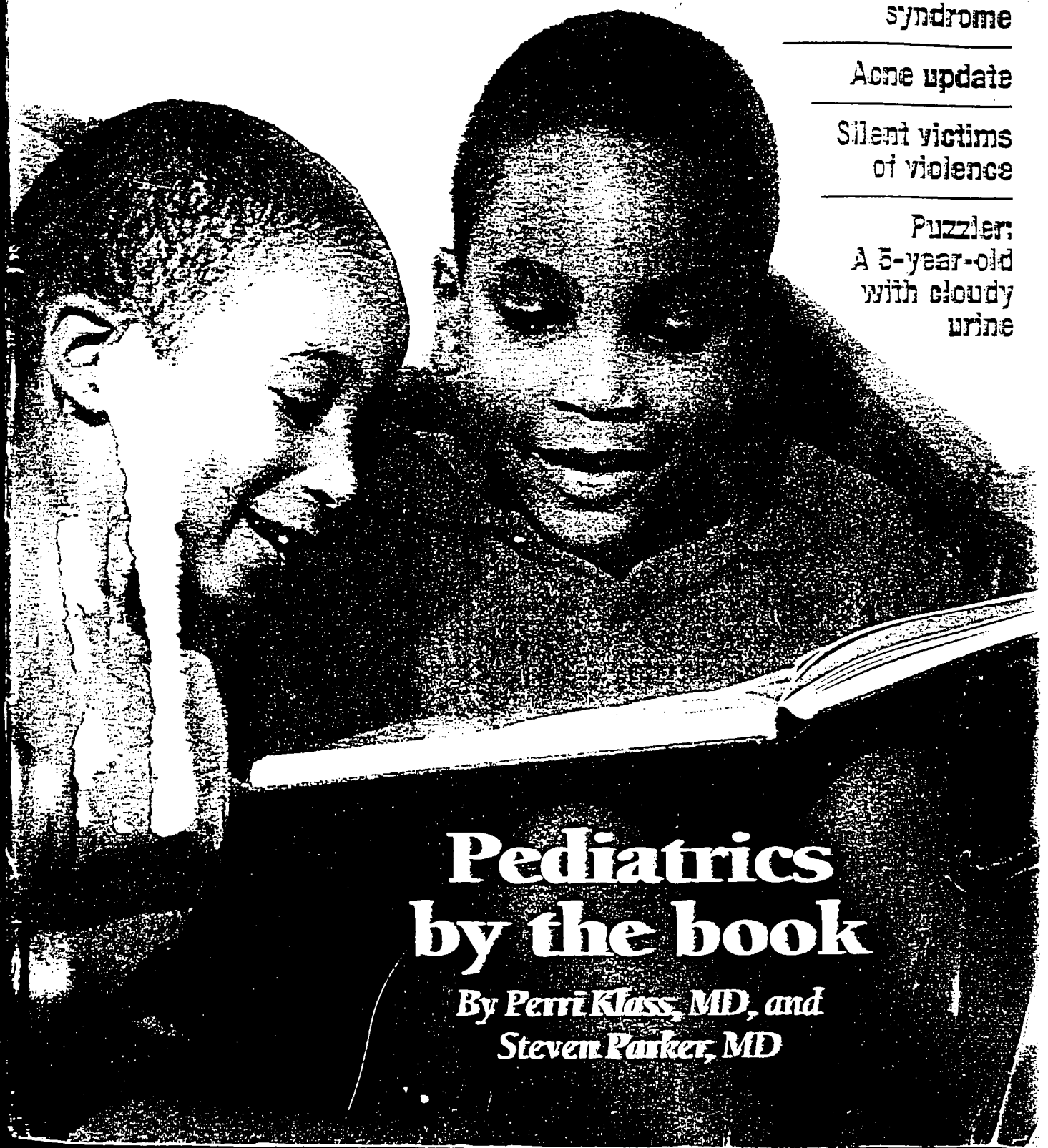
VOL. 12, NO. 8

Hemolytic uremic syndrome

Acne update

Silent victims of violence

Puzzler: A 5-year-old with cloudy urine



Pediatrics by the book

By Perri Klass, MD, and Steven Parker, MD

Pediatrics by the book: Helping children to love reading and books in the land of TV

By Perri Klass, MD, and Steven Parker, MD

Every child deserves to become a good reader—one who can extract pleasure, information, and entertainment from the written word. Pediatricians can help parents guide their school-age children toward the delights and achievements that a passion for books and reading brings.

Although most children learn to read during the first years of elementary school, they will not necessarily go on to read fluently or with pleasure. Even the achievement of functional literacy—the level of proficiency needed to function in the world—falls short of *skilled reading*, which the 1985 Report of the Commission on Reading proposes as a goal for children.[1] Skilled reading is proficient reading and, as a pleasurable lifetime pursuit, is an end in itself.

It is also a means by which other goals can be reached. A positive and enduring relationship with the written word can be of incalculable value for a child's life. The child who transcends the stumbling insecurities of early reading to find confidence and true skill as a reader is well equipped to succeed in school. Indeed, studies show that the amount of time children spend reading books outside school is a good predictor of later achievement during elementary school.[2] School success, in turn, widens a child's range of choices for further training and job opportunities. Most important, the skilled reader enjoys limitless opportunities for entertainment and edification, both as a child and as an adult.

DR. KLASS is Co-Director, Reach Out and Read Program, Boston City Hospital; Assistant Professor of Pediatrics, Boston University School of Medicine; Pediatrician at Dorchester House, Boston; and the author of five books.

DR. PARKER is Director, Division of Developmental and Behavioral Pediatrics, Boston City Hospital, and Associate Professor of Pediatrics, Boston University School of Medicine, Boston.

Reading as a pediatric issue

Pediatricians, individually and as an organized advocacy group, have expanded the definition of wellness and health to include many aspects of child development, family function, and injury prevention. Just as car seats and childproof caps have become the province of pediatricians, so too have language development and school function. These changes reflect success in conquering the old, largely infectious scourges of childhood and an awareness that a truly well child has more than a healthy body. In such a child, mental, emotional, and social development has kept pace with age-appropriate expectations and with the ever-expanding demands of the world, especially school.

In this spirit, researchers have

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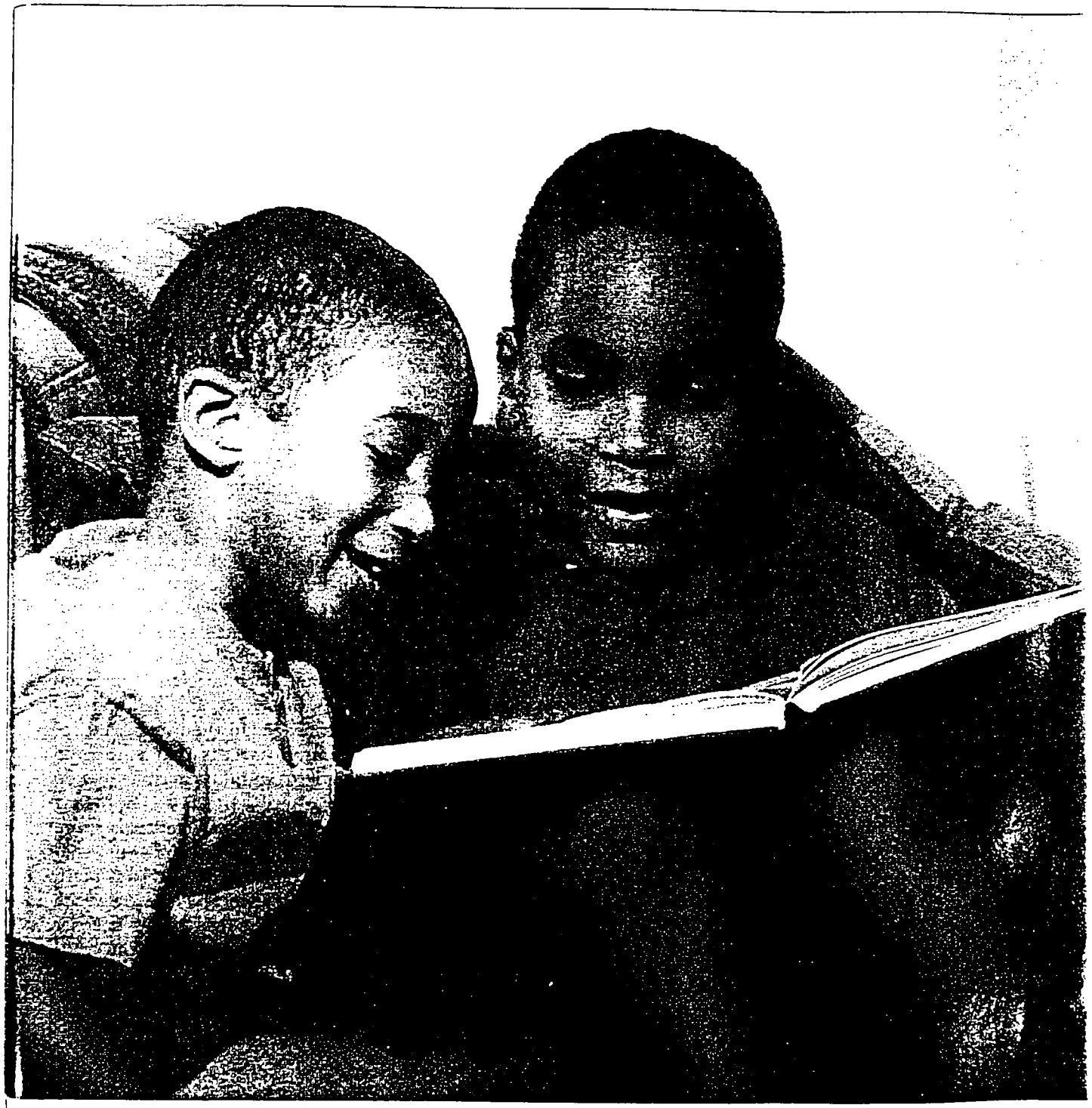


Talking with children about reading

What do you do in your free time?

Be alert for excessive TV viewing.

If child doesn't specifically mention reading, ask: "Do you ever read books or magazines or comics?"

What's your favorite book?

If you've never heard of it, ask what it's about.

Do you ever read things that aren't assigned in school? What?

If a child reads only on assignment, suggest that parents investigate some of the sure-fire books for that age group.

What's the last thing you do before you fall asleep at night?

Suggest reading a book or magazine.

Do you have a bookcase in your room?

Do you have a light by your bed so you can read in bed?

Do you ever use a computer, at home or at school?

What do you like to do on the computer?

Suggest E-mail as a writing activity.

Suggest keeping a journal on the computer.

suggested that pediatricians play a key role in the promotion of literacy in children during the preschool years by providing families with information and support around issues of early literacy, and by encouraging parents to read to their young children.[3,4] In the pediatric early literacy program developed at Boston City Hospital, for example, pediatricians give away picture books at each health supervision visit from 6 months to 5 years of age.

Pediatricians have many practical options for promoting literacy and skilled reading in older school-age children as well. Because of a long-standing relationship with the child's family, the pediatrician is respected for his or her medical expertise. Consequently, when the pediatrician promotes reading in the school-age child, the family receives a strong message, which is linked to other important messages about the child's health and well-being.

What the pediatrician can do

The assessment of a school-age child's relationship to the written word provides a rough indication of cognitive development, language skills, and probable school function. While most pediatricians incorporate questions about school and school performance into health supervision visits ("How's school?" "What's your favorite subject?" "What kind of grades do you get?"), we suggest asking the child specifically about reading. You might inquire, for example: "What's your favorite book?" "Do you read at night before you go to sleep?" "What do you like to read?" "How much time do you spend reading for fun?" The box on the left offers some additional suggestions on how to get started.

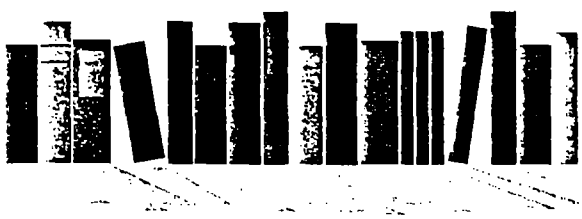
You may then choose to pursue the subject, either because of concerns about the child's school performance and cognitive development or because the child or parent seems particularly interested in the issue of reading and books. The next level of inquiry should concern the child's home environment and access to books. Ask straightforward questions such as: "Do you have a library card?" "When was the last time you went to the library?" "Do you have a bookcase in your room?" "Do you have a lamp for reading in bed?" This approach affords insight into the family's and child's attitudes towards books and leads naturally into specific interventions by which parents can encourage reading

In listening to the child's responses, try to get a sense of the child's competence and pleasure in reading. The 10-year-old who haunts the comic book store or collects each new volume in the Junior Baby-Sitters Club series is a child who has learned to enjoy reading. Encourage and appreciate such behaviors, and help parents acknowledge their importance. Remind parents that voracious readers typically consume a wide variety of materials: important complex books, lighter reads, genre fiction of various kinds, newspapers, magazines, and just plain junk. Children who love to read are children who read a lot; it is easier to encourage the child who reads comic books to try science fiction

GUIDE FOR PARENTS

Helping your child to love reading

"It is a great thing to start life with a small number of really good books which are your very own."
—Sir Arthur Conan Doyle, 1908



Read aloud to your children. Start when they're young, but don't stop reading aloud when they can read themselves. make it a family ritual, a special time of day.

Fill your home with books. Buy them new or used, display them prominently, and let children read them all over the house—at the breakfast table (or any meals where family conversation doesn't take priority), in the living room, in the bathroom.

Make your house comfortable for reading. Make sure there are good reading lights and, especially, make sure your child has a good bedside light.

Let your children see you reading. Show them, by example, that reading is a valuable way to spend leisure time.

Consider a family silent-reading period. This is when all members of the family read, separately but at the same time.

Establish a bedtime reading period. Give children the choice of going to sleep or staying up to read to themselves.

Join the public library and use it. Take family trips to the library. Look for library programs, author readings, and special events that might interest children.

Take children to bookstores. Even if you can't buy many new books, give children a chance to browse. Bookstore browsing can be addictive and gives children ideas about the kind of books they can borrow from the library.

Encourage your children to write. Leave funny messages for your children and urge them to respond in kind. Let an older child use the computer to write to a friend. Join a pen-pal exchange. Give a beautiful journal notebook as a birthday present.

Let children choose their own books. At the library or bookstore, let children pick what they want. Everyone reads more eagerly when the choice has been his or her own.

Limit television. The Commission on Reading suggests 10 hours a week for school-age children. Watch along with your children, and discuss what you see.

Subscribe to newspapers and magazines. Look for publications that match your child's interests. Help children learn their way around the newspaper. Consider subscribing to a children's magazine—children like getting mail. Here are some good ones:

Calliope (world history); *Cobblestone* (US history); *Faces* (world cultures); *Odyssey* (space, astronomy, physical sciences). Ages 8 to 14. Each issue built

around a single theme. Cobblestone Publishing, 7 School St., Peterborough, NH 03458, 800-821-0115.

Cricket. Ages 9 to 14. Stories, games, poems.

Ladybug. Ages 2 to 6. Stories, songs, art—includes a special section for parents.

Spider. Ages 6 to 9. Stories, games, poems.

Cricket, *Ladybug*, or *Spider* can be ordered from PO Box 593, Mt. Morris, IL 61054-7667, 800-827-0227.

Dolphin Log. Ages 7 to 13. Published by the Cousteau Society, focuses on wildlife in the water. 870 Greenbrier Circle, Suite #402, Chesapeake, VA 23320, 804-523-9335.

National Geographic World. Ages 8 to 14. Science, exploration of the world's natural history. PO Box 2118, Washington, DC 20013. 800-638-4077.

Owl. Ages 8 and older. Science, and great puzzles and games. 26 Boxwood Lane, Buffalo, NY 14227-9951, 800-387-4379.

Sesame Street. Ages 2 to 6. Familiar characters, basic skills with letters and numbers. PO Box 52000, Boulder, CO 80321-2000, 800-BIG-BIRD.

Sports Illustrated for Kids. Ages 8 to 14. Stories about professional and amateur athletes—for the child who may not read anything else. PO Box 830607, Birmingham, AL 35283-0607, 800- 334-2229.

Zillions: Consumer Reports for Kids. Ages 8 to 14. Product evaluations, advice about money and how to handle it. PO Box 5481, Boulder, CO 80322-4861, 800-288-7898.

Give your kids some guidance. Excellent guides for parents include:

Betsy Hearne: *Choosing Books for Children: A Commonsense Guide*. New York: Delacorte, 1990.

Mary Leonhardt: *Parents Who Love Reading, Kids Who Don't*. New York, Crown, 1993. A teacher's passionate argument for encouraging children to read whatever interests them. Excellent suggestions for books to tempt various kinds of nonreading kids

Eden R. Lipson: *The New York Times Parent's Guide to the Best Books for Children*. New York, Times Books, 1991. Thoroughly annotated guide to books for different ages—a pleasure to browse through

Parents' Choice: A Sourcebook of the Very Best Products to Educate, Inform and Entertain Children of All Ages. A consumer guide to children's books (and videos, tapes, and computer software). Kansas City, MO, Andrews & McNeel, 1993.

D. Taylor, D. S. Strickland: *Family Storybook Reading*. Portsmouth, NH, Heinemann, 1986

Jim Trelease: *The New Read-Aloud Handbook*. New York: Penguin, 1989. An infectiously enthusiastic book about reading aloud and its place in the home, the school, and the world. Contains excellent suggestions for read-aloud books for children of all ages.

"I cannot live without books."
—Thomas Jefferson, 1815

novels than it is to persuade the child who thinks all entertainment requires electrical equipment to read anything at all.

In addition to including questions about reading in the health supervision visit, you might consider a wide range of other activities to promote reading among your patients. The pediatric waiting room, for example, could include a shelf of paperback books for older children or a "book exchange" shelf, where patients are invited to leave behind books or magazines they no longer want and take home "new" ones in exchange. Giving out a book at each visit may be problematic with older children whose tastes and interests vary widely, but book lists, public library information, and even newsletters and children's book catalogs can be made available.

The pediatrician should act as a resource for parents, offering oral advice and handouts on helping children to love reading. (The Guide for Parents on pages 81–82, which includes a list of guides parents may wish to consult, can be duplicated and distributed to families in your practice if you wish.) Families are especially open to these suggestions when they are offered as part of a dialogue and parental participation is actively sought. To open the exchange, ask parents such questions as, "What do you think would work best with your child?"

In addition to offering general advice about books and reading in the home, be ready to help choose books that tempt, delight, reward, and encourage reading in children of different ages and of different reading abilities. To this end, you should stay up-to-date with the books, series, and even comics that are currently popular with children. Routinely asking children what they like to read will help in this endeavor, as will familiarity with some of the excellent guidebooks and bibliographies on choosing children's books. Such books can be made available in the office and either lent to parents or adapted into handouts and booklists. Recommendations from other patients may also spark children's interest. Ask children (while in the waiting room or the office) to fill in a one-sentence form: "The best book I ever read is _____." and post the answers on an "I Love To Read" bulletin board in the waiting room.

What parents can do

Children who love to read tend to come from homes with lots of books in them. Jim Trelease, author of *The New Read-Aloud Handbook*, empha-

sizes that a love of reading is fostered by the presence of reading material in felicitous places: in the bathroom, at the breakfast table (where even nonreaders will read and reread cereal boxes with apparent fascination), on the bed, in the car.[5]

In addition to being surrounded by books, children who read generally come from families where their parents and siblings read. Pediatricians should make sure that

their patients' parents know that the strongest way to send the message that reading is important, pleasurable, and desirable is to model what educational experts term "sustained silent reading." This idea is particularly reassuring to parents who love to read and who frequently, albeit guiltily, ask their children to leave them alone—"can't you see Mom's reading a book, for heaven's sake?"—as it rightly (and conveniently) suggests that they are not ignoring their children but are, in fact, engaging in an important child-rearing technique.

Encourage parents to institute a family reading period, during which all members of the family read silently, or a read-aloud time in the evening, which takes older children through an exciting book chapter by chapter and underscores the importance of stories and of books. Parents may also consider establishing a read-in-bed period just before lights-out, a set time during which children can choose between silent reading and going to sleep.

Finally, remind parents of the importance of gently guiding their children towards reading. Parents of children who love to read suggest reading as a leisure activity when, for example, a child is looking for something to do or as a time-filler during potentially boring situations. ("Why not bring a book along and you can read it while you're waiting?") Many children are grateful for a book when required to be present and reasonably well-behaved while adults talk or during tiresome waits in line.

Choosing books: Help out and stand back

Although parents can recommend books, one of the distinguishing

joys of leisure-time reading is selecting the book yourself, according to your own interests. Most children will be profoundly intrigued by sincere adult recommendations, based on their own experience ("When I was your age I lay awake all night reading this book with a flashlight under the covers because I absolutely had to know how it ended"), but will recoil from parental advice intended only to improve or educate. Parents should mark their children's choices in reading material, not to supervise or censor them, but to understand and support their tastes and interests. The bond of reading is further cemented when a parent takes the time to read a book the child enthusiastically recommends.

Parents can give children a wide range of reading materials. Children's magazines offer a child the excitement of receiving her own mail and can be geared to her particular interests, such as sports, science, stories, or faraway places. Children as young as 9 or 10 can be taught to find their way around the newspaper, to locate the comics, to find one interesting headline every day, and to follow a front page story through to the inside. In general, the more parents respond to the child's enthusiasms and curiosities, the more they can make available books, magazines, and newspaper articles whose content and style entice the child. Reading that is fueled by interest and spurred by the desire to know how the story ends is more likely to endure than reading that has been dictated by someone else's interests.

Make sure parents know that writing is closely connected to reading and should be encouraged. Developmentally, reading and writing represent the receptive and expressive aspects, respectively, of written language, just as listening and speaking represent expressive and receptive oral language. Parents who want to encourage their children's comfort with the written word should help them find intriguing opportunities for writing, by corresponding with pen-pals

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Rx Take-home messages

You can promote reading by having a "book exchange" shelf in your waiting room, providing parent handouts, and being ready to suggest appropriate books for an individual child.

Parents should know that the strongest way to send the message that reading is important, pleasurable, and desirable is to let their children see them reading.

(even by E-mail) and keeping family journals of trips, for example. They also might give their children beautiful diaries as gifts and provide the opportunity to write on the family computer. (Children with poor handwriting who must struggle to produce readable letters have been known to burst into fluency at the keyboard!)

What about television?

Television viewing should be discussed during the pediatric well-child visit, although preferably not in direct opposition to reading, since children may rebel against the idea that their TV time is being limited to induce them to read. It is useful to find out about how much time a child spends each day in front of the TV. In this country, this figure is on average more than 20 hours a week, double the maximum viewing time suggested by The Commission on Reading. Parents of children who watch TV excessively should be counseled about the dangers of exposure to violence and warned that TV fosters obesity, the habit of passive learning, and an aversion to reading, in addition to cutting short time for other family activities.

Studies have demonstrated that children who watch a great deal of television are likely to be both disinclined and unable to read well.[6,7] The pediatrician should counsel parents to limit TV viewing and encourage other pursuits, including homework, family activities, and reading. This decision may not always be popular with the children, but if TV time is limited to create time for several other activities, reading is not placed in direct opposition to TV watching.

Promoting something wonderful

In emphasizing the importance of reading in children's lives, pediatricians act as advocates for children regarding issues that go beyond health and safety. And in contrast to warning against danger and disaster, advocacy of books and reading offers the opportunity to promote something wonderful in children's lives and to argue for enhancing their potential. When we help parents encourage a child to become a skilled reader, we help them give a gift that will nourish a lifetime's passion for the written word. □

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Fight illiteracy: Prescribe a book!

By Robert Needlman, MD, and Barry Zuckerman, MD

By encouraging parents to read to their children, pediatricians can get families hooked on books at an early age, with lasting benefits to the child. A program in Boston goes one step further by giving books to kids at each well visit, from infancy until the start of school.

In recent years, illiteracy has moved to the forefront of social problems. National attention has focused on the plight of illiterate adults—some 23 million of them in the United States—and on the economic burden their disability imposes.[1] But the fact is that illiteracy starts in elementary school when children fail at reading and writing. It is, at its root, a problem of children. About 5% to 15% of school children have significant reading delays, and in inner-city schools that figure typically exceeds 25%.[2] These children are at increased risk for failing in school altogether, with all of the attendant psychosocial morbidity: low self-esteem, teen parenthood, delinquency, and substance abuse.

Pediatricians have a special opportunity to prevent early reading failure, because the foundations of literacy are laid down long before children enter school, at a time when pediatricians have repeated contacts with the family. All parents face the challenge of preparing their children to read, and they may benefit from advice early on. Pediatric intervention may be especially important for children at highest risk of reading delay: those who live in poverty or who have a reading-disabled parent. Literacy has special significance in these families because the parents experience the personal cost of illiteracy every day. Many see literacy and school success as tickets to better lives for their children.[3]

This article examines how literacy takes shape in the first five years of life, with emphasis on practical ways pediatricians can

DR NEEDLMAN is assistant professor of pediatrics, Boston University School of Medicine

DR ZUCKERMAN is professor of pediatrics, Boston University School of Medicine and director, division of behavioral and developmental pediatrics, Boston City Hospital

Encouraging parents to read aloud to their children is the keystone of the Reach Out and Read program. Kathleen Fitzgerald Rice, MS, codirector of the program, talks with Annie Williams and her 3-year-old son, Dominique.

support its early development. We will also describe our experience with a multifaceted literacy program in an urban pediatric clinic, which is designed to help parents instill a love of books in their very young children.

How literacy develops

The last 25 years have seen a revolution in the thinking about how children acquire literacy.[1] As recently as the 1960s, the idea that literacy *developed* would have been considered ridiculous by most educators. Reading and writing, it was widely believed, could be taught only by experts, and only after the child had reached a mental age of 6½.[2] Any earlier exposure, it was felt, risked later learning disabilities. That view began to change in 1966 with the publication of two studies showing that children who learned to read when in preschool went on to excel throughout grade school.[3] The success of these children was not associated with superior intelligence or high social class but with having been read to by their parents.

We now know that children in literate societies begin to understand about reading and writing at a very early age. For example, most 3-year-olds know how to hold a book (even if they hold it upside down!), and can follow the print from top to bottom and left to right. About half can identify common words in context, such as "Stop" on a sign, or the name of their favorite breakfast cereal. By age 4, many children produce linear scribbles that they call "writing" and report that these marks "say" something.[4] As their knowledge of the social uses of print grows, they play at making notes, lists, tickets, bills, signs, and cards.[5] What they "write" they also "read." The two skills develop simultaneously.

These observations have challenged the traditional notion that children learn to talk at home, then learn to read in first and second grade, then learn to write after that. The earliest stages of literacy overlap in time with the development of spoken language, and the two remain closely tied. One of the best predictors of reading ability is the size of the spoken vocabulary.[6] Reading disability is increasingly being seen as an expression of an underlying language processing disorder.[7,8]

Just as "baby talk" necessarily precedes mature speech, so too there are immature stages of literacy the child passes through on the way to mature reading and writing.[11] One major difference is that almost all children eventually learn to talk, but many never master the written word.

The special role of reading aloud

The factors that influence the acquisition of literacy are numerous and controversial,[9] but there is surprising unanimity about one of

Talking with parents about books

Having books in the examination room allows the pediatric ar to model book sharing directly and to comment on the child s response to the book. Here are some 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 it s better not 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."
- "Let your child finish off the ends of familiar sentences or poems."
- "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 her name?

these—reading aloud by parents. The early stages of literacy unfold without formal instruction, but that is not to imply that children acquire literacy "by osmosis." Parental input is critical. The 1985 National Commission on Reading cited reading aloud by parents as "the single most important activity for building the knowledge required for eventual success in reading."[12] Why are books such powerful promoters of literacy?

Perhaps most important, positive exposure to children's books motivates children to master reading for themselves. Children who are read to from a young age learn to associate books with their parents' love and attention. They have an emotional tie to books, founded in their earliest relationships. Favorite books may join teddy bears and blankets as transitional objects, easing the separation at bedtime. Children also use stories to satisfy desires vicariously and to work through their fears and problems.[13] They see reading as a way to obtain

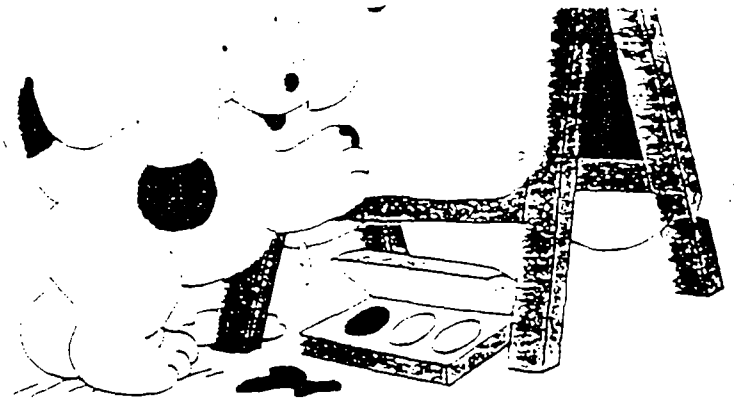
Developmental milestones of early literacy

Motor	Cognitive/social	Interaction
6–12 mo		
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 mo		
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 mo		
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 yr 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 word

pleasure, information, and solace. This positive relationship with books becomes critical when children go to school.

Traditionally, elementary reading instruction has focused on decoding and phonetics—the *how* of reading—with little attention to its meaning and enjoyment—the *why*.[10,11] The assumption seems to be that children arrive at school with the belief that reading is important and fun. But that assumption may not be valid for children who have not been read to regularly. When reading is presented as a set of cognitive tasks that are unconnected to the child's basic interests, children who are not already strongly motivated to read may come to see it as an empty exercise or, worse, a form of slow torture. Newer educational approaches that emphasize the usefulness and pleasure of reading may help children and adolescents who have failed with the traditional method.[11]

In addition to motivation, books also play an important role in the development of verbal language, which in turn is highly correlated with literacy. When parents share



Age	Suggested books	Comments
24 mo	*Here Are My Hands*[1] *Ten, Nine, Eight*[1] *The Runaway Bunny*[1] *Daddy and I*[1]	Books can help with counting, naming body parts. The last two listed emphasize independence, belonging, and family relationships.
36 mo	*Whistle for Willie*[1] *Big Friend, Little Friend*[3] *Spot Looks at Opposites*[1] *Harold and the Purple Crayon*[1]	*Whistle for Willie* by Ezra Jack Keats and the Harold books by Crockett Johnson are classics that parents remember from their own childhood.
48 mo	*The Snowy Day*[1] *Idalia's Project ABC*[3] *Messy Bessie*[1] *Joshua James Like Trucks*[1] *Harold's ABC*[1]	*The Snowy Day* is another Ezra Jack Keats classic perfect for winter. *Idalia's Project* is an urban alphabet in English and Spanish. *Bessie* is a special favorite of little girls who hate to pick up.
60 mo	*Sometimes Things Change*[1] *It Could Still Be a Bird*[1] *Some of the Days of Everett Anderson*[1] *A Chair for My Mother*[1] *Corduroy*[3]	The Children's Press books are all available in Spanish translations. Nonfiction like the *It Still Could Be* series helps children understand their world. *Everett Anderson's* poetry about life in the city.
72 mo	*Listen to Me* *When Clay Sings*[3] *Music, Music for Everyone*[1] *It Could Still Be a Tree*[1] *A Pocket for Corduroy*[3]	*When Clay Sings* is prose-poetry about Native American culture. The original *Corduroy* books are gentle favorites.

Publishers: For prices and ordering, call the publisher, request "special sales," and ask about their "premium discount" (40% to 60%, depending on volume).
[1] Checkerboard Press, Racine, WI, 1-414-639-8182. [2] Firefly Books, Ltd., Ontario, Canada, 1-416-499-8412. [3] Random House, Inc., Westminster, MD, 1-800-638-6460. [4] Harper Collins, New York, NY, 1-212-207-7000. [5] Putnam Publishing Co., East Rutherford, NJ, 1-201-933-8292. [6] Viking Penguin, New York, NY, 1-212-689-7408. [7] William Morrow & Co., New York, NY, 1-212-261-6500. [8] Macmillan Publishing Co., New York, NY, 1-212-702-2000. [9] Writers and Readers Publishing, Inc., New York, NY, 1-212-982-0158. [10] Henry Holt and Co., Inc., Salt Lake City, UT, 1-801-972-6021. [11] Children's Press, Chicago, IL, 1-800-621-1115.

Literacy groups that can help

- **Reading Is Fundamental (RIF)** is a national organization with local chapters across the country (1-202-287-3220). RIF groups raise money to buy books for children and might provide expertise, energy, and books.
- The **International Reading Association (IRA)**, through its state and local councils, donates children's books to such places as hospital wards, prison waiting areas, and adolescent psychiatric facilities. To find the council in your area, call the IRA main office in Newark, DE at 1-302-731-1600.
- Another resource is the **National Literacy Hotline**, a clearinghouse for literacy groups (1-800-228-8813).

books with their young children, they engage in repetitive verbal exchanges or "routines." In a typical routine, the parent draws the child's attention to a picture by pointing and saying something like, "Look! What's that?" The child responds with a word, or perhaps just a sound. The parent then supplies the correct word, with some praise for the child's effort: "Right! It's a dog!" The routine then repeats with another picture. Over time the routine becomes more complex, with the parent requesting not only labels but also descriptions of objects and actions.[15] The elements of shared attention to an unchanging stimulus, immediate feedback, and the parent's ability to adjust the difficulty of the task to the child's growing competence make such book routines ideal for learning language.[16]

Exposure to stories also teaches children how literary narratives are constructed, with a beginning, middle, and end. The understanding that stories unfold in a particular sequence is important for school success, such as during "circle time" when children are asked to describe what they did over the weekend, or later when they are required to produce coherent essays. Children who are read to can internalize this narrative structure at an early age.

By contrast, many children in minority cultures are exposed to oral storytelling, which follows different conventions and rules of organization. The old notion that these children are "linguistically deprived" is not supported. The language of oral stories is often complex, intriguing, meaningful, and poetic. But children who try to use this idiom in elementary school are typically criticized or told to "get to the point."[17] The introduction of written stories at an early age can help to bridge this gap between home and school. The goal is not to replace the language of the home but to help children become adept at switching between school and home cultures, so they can succeed in both.

Clinical implications: What pediatricians can do

The critical role of reading aloud in the development of literacy suggests a simple pediatric intervention: encourage parents to read to their children. The fact that literacy begins to take shape during the first two years of life comes as a surprise to many parents. Some are motivated to begin reading aloud, while others are pleased to receive reinforcement for something they already do. Even parents who read aloud regularly may benefit from guidance about *how* best to do it. In a randomized trial, when middle-class parents were trained to ask open-ended questions, give feedback, and request elaborations, their children showed marked and sustained advances in spoken language, although the frequency of book sharing was unchanged.[18]

In addition to suggesting the use of books, the pediatrician can help parents recognize their children's literate behavior for what it is. The fact that parents interpret their infant's cooing and babbling as "talking" and respond as though the sounds were meaningful may be critical to the develop-

ment of speech. Similarly, if parents come to see their toddler's horizontal scribbles as "writing," however immature, they can respond in a way that nurtures the child's written self-expression.

The pediatrician can also explain that, as with other developmental processes, children acquire literacy by making mistakes, by trying one approach, then changing it, then changing it again. Each child has to "invent" reading and writing for him or herself.[9] This reasoning may dissuade some parents from being overly didactic in an attempt to make their children "smarter." Busy parents need to understand that the child's motivation to read derives largely from positive associations between books and the parent's attention. Mechanical stimulation, be it stories on tape, "talking" toys, or educational television, is no substitute for a warm lap.

The Boston program: Reach Out and Read

Encouraging parents to share books with their children can be a simple but powerful intervention. For the families at highest risk, however, merely talking about the importance of books is unlikely to change parental behavior. When money is scarce and the stresses of daily life are overwhelming, children's books and the time to share them may not be a priority. Parents who find reading frustrating or impossible have difficulty communicating a love of books to their children! The reading program at Boston City Hospital represents one approach to this dilemma. The Pediatric Primary Care Center at Boston City Hospital serves a culturally and ethnically diverse population, with a high proportion of single-parent families and families living in poverty. Many children show early speech and language delays and have difficulty learning to read. For the last three years, pediatricians and early childhood educators at the hospital have been working together to incorporate support for literacy development into pediatric primary care. We call the program Reach Out And Read, or ROAR. It has three components: modeling, guidance, and books.

The program begins in the waiting room, where volunteers look at picture books with children, modeling book sharing techniques for the parents. It continues in the examination rooms where, at every health supervision visit from 6 months on, the pediatrician provides anticipatory guidance about literacy. Talking about literacy at each visit reinforces the message that books are important and allows the pediatricians to match their advice to the child's developmental level. Twice a year, preclinic conferences are devoted to a discussion of effective and efficient ways of talking with parents about literacy. One technique, for example, is to "prescribe" story time for five minutes every day.

During the visit, the pediatrician also gives the parent a children's book, a present from the clinic. Having books in the examination room allows the pediatrician to model book sharing directly and to comment on the child's response to the book (see "Talking with parents about books," page 43). The child is given a book at every visit, so that by age 5 he or she has a library of ten to 12 books from the doctor. In the 3 years, the ROAR program has distributed over 12,000 books. The average cost is $2 per book, or roughly $24 per child for a full "course." The money has come from charitable foundations, individual donors, and hospital funds.

The fact that the doctor presents the parent with an item of obvious monetary value conveys the importance of reading aloud in a way that words cannot. One mother explained, "Every time I went to the doctor, he kept giving me these books. I figured he must want me to do something with them! He must want me to read to my child!"

Children's books are foreign to many immigrant and minority cultures, so we distribute books that portray those cultures and present book sharing as *one* way of nurturing literacy, but not the only one. Because many parents have low literacy skills themselves, we stock books that have few or no words and talk about "sharing" books, not "reading" them. We stress the importance of eliciting the child's response and making book sharing a warm and loving experience.

In the course of discussing

child's relationship to books, it is often possible to ask parents how they felt about books as a child, whether they were read to by their parents, and how they feel about reading now. In this context, parents may admit that they dislike reading or "never learned to read." This may represent the disclosure of a closely guarded secret. A nonjudgmental response, recognizing the parent's desire for something better for her child, is helpful. We follow up with a referral to an adult literacy program.

Families whose primary language is not English pose a special challenge. Except for Spanish, books for young children in other languages are hard to find, expensive, or simply nonexistent. Parents may be eager to teach their children English but may not be fluent themselves. By talking about the pictures in books, using their native language, parents provide a model of grammatically correct language. With this as a foundation, children can readily pick up English later from their English-speaking peers.

How effective is it?

We have learned several lessons from our clinical experience with books. First, the parents who come to our primary-care center are intensely concerned about their children's ability to "make it" in school. We learn of these feelings after we hand their 6-month-old a board book and admire the way in which the baby focuses on the pictures, reaches, and vocalizes. Then we watch the parent's pride and relief: "He really *likes* it, and he's so young!" In this way, we make common cause with parents on a level that has meaning for them, and give them the message that their actions now can have a beneficial effect on their child's future.

Second, books can provide a framework for positive interactions with young children. Inexperienced parents may not know how to play with young children. Opportunities for play may be limited for families in poverty, because of lack of resources or fear of street violence. Book sharing requires physical closeness, provides a mutual focus of attention, and encourages a pattern of give-and-take interaction. As one mother said, "Looking at books is something we can do *together*."

Third, observing the child's behavior with a book can provide important information about attentiveness, fine motor abilities, and language (See page 44). Watching how the child and parent negotiate control of the book can offer clues to their relationship: Can the parent allow the child free exploration of the new object, or is the parent rigidly didactic and punitive? How does the child respond to the parent's attempts to direct exploration?

Giving a book takes almost no time. The effects on the doctor-parent relationship, though hard to measure, can be palpable. One sign of this effect might be the level of acceptance of books by pediatricians in the clinic. Books are now used not only in primary care, but also in the lead screening, infectious disease (HIV), and failure-to-thrive clinics.

To evaluate the impact of the literacy program systematically, we conducted a case-control study in which we interviewed parents about "things they did with their children." When asked to name the child's three favorite activities, parents who had been given a book by their pediatrician were four times more likely to mention books than were those who had not received books. Parents receiving Aid to Families with Dependent Children were nearly eight times more likely to do so. Parents who received guidance on literacy alone, without books themselves, showed no increase in reported book use. We concluded that, in a high-risk population, physician involvement *plus* books may be needed to increase children's exposure to literacy.[7]

High-risk populations

Talking with parents about literacy development is a simple and powerful intervention. To be effective with families most at risk, however, we need to include further interventions, such as modeling by volunteers and distribution of books. This is where collaboration with educators and community groups can pay off.

Every community has organizations that are committed to promoting literacy. Recognition of the need to provide literacy services to parents and children at the same time has led to the development of family or intergen-

erational literacy programs.[21] Such organizations might welcome an invitation to set up shop in a pediatric waiting room. That, after all, is where the children are! ROAR receives volunteer recruitment and coordination, plus a part-time "paid volunteer," from two community agencies. A third organization has initiated a series of waiting room workshops for parents. Individuals with expertise in early childhood education can be valuable collaborators; three have been instrumental in creating ROAR and training volunteers and pediatricians.

Collaboration can also make it easier to raise funds. Potential funding sources include charitable foundations, private donors, and churches. As more business leaders realize the economic importance of a literate work force, more are supporting literacy initiatives. What image-conscious business could resist the chance to support both literacy *and* children's health? Newspapers and bookstores are also natural allies. Two bookstores regularly contribute books to ROAR.

Once the funds are in hand, buying the books is simple. Just go to a bookstore with your educational collaborator or other expert on children's literature. Find some books you like, then buy them in bulk from the publisher. Most publishers give substantial discounts (40% to 60%) to charitable organizations that purchase 100 copies or more. Some of our favorite titles are listed in the "prescribing guide" on page 46.

To locate an educational collaborator, start with a nearby graduate school of education, if available, or with local schools and libraries. Ask about volunteer organizations that provide tutoring

for school children. For additional information, contact national organizations that promote reading in children (See page 50).

Summary

Pediatricians have a special opportunity to help parents nurture the development of literacy in young children. We can talk with parents about the importance of preschool literacy and emphasize the power of picture books to stimulate both written and spoken language. We can keep our waiting rooms stocked with high-quality children's books for infants, in addition to magazines for older children and parents. For children at risk because of poverty or parental reading disability, we can go further, providing models of effective book sharing and actually giving out books. These services can be secured by identifying and collaborating with community literacy groups.

In reaching out to parents, we align ourselves with their aspirations for their children's future. As one parent told us, "I *know* that by keeping her nose in books, she's going to be a *reader*. If she's a reader she could be a writer. She could be a doctor. She could be *anything*!" ☐

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Books at each visit: A "prescribing" guide

To "prescribe" books effectively, know your books as well as your families. Here is a selection of recommended titles, listed by health supervision visit. If a child loves a book, try another from the same publisher at the next visit. Feel free to move up or down the list, according to the child's interest and parent's reading level.

Most of the early listings are books with few words, accessible regardless of language or literacy. All of these books are attractive, durable, appropriate for a multiethnic population, and affordable ($1.50 to $2.50 after discount). Publishers are listed below. There are many other wonderful books, especially in the older age range, but most are costly. Remind parents that libraries are a great bargain. Every child should have a card!

Age	Suggested books	Comments
6 mo	*Little Babies*[1] *My Mom*[1] *Quiet Little Book*[1]	Infants like to look at photographs of faces. These are holdable, chewable board books.
9 mo	*My Dad*[1] *Goodnight Moon*[1] *Bert's Little Bedtime Story*[1] *Toys*[1]	Gentle rhymes encourage rhythmic talk and holding. Books help structure bedtime routines.
12 mo	*Sesame Street Mother Goose* *Shoes* *Spot at Play* *In and Out, Up and Down*[2]	Sesame Street characters are familiar favorites. There is a large series of *Spot* books with bright, active line drawings.
15 mo	*Where's Spot?*[2] *Corduroy Goes to the Doctor*[1] *Trucks*[3] *The Very Busy Spider*[1] *Knock! and Other Sounds*[1]	Corduroy is a good way to demystify the doctor's office. New walkers relate to moving vehicles that make noise! *Busy Spider* is hardbound with beautiful illustrations and a repeating formula that invites mastery.
18 mo	*Corduroy's Busy Day*[4] *Boats*[1] *Goodnight, Owl*[4] *I Make Music*[1] *Hello School*[1]	Infants love to hear adults make animal sounds! *I Make Music* celebrates music in strong, simple poetry. Books with few words encourage labeling.

TODAY

THE SUN

October 22, 1996

Section E

Doctor's orders include reading

Oct 22 1996

■ **Health:** *Pediatricians at St. Agnes Hospital prescribe books as part of babies' well-being.*

By SANDRA CROCKETT
SUN STAFF

Martin McCoy stands before a bookcase just able to peek over the first shelf.

The 17-month-old toddler is usually energy in motion, but a colorful case of books has his full attention now.

"You get to choose one," his mom tells him. "Go ahead, let's get one you want."

The sweetly round-faced youngster considers his options and then plucks a book from the lowest shelf. "Lets see what you got," says his mother, Danyel McFarlane. Martin holds the book upside down for his mother to see.

"Oh, 'I Am A Puppy,'" she says, reading the title. "So, you are a puppy, huh?"

It's all too much for Martin, who breaks out in giggles, opens the book, holds it over his head with two chubby hands and toddles off down the hallway as fast as his legs will allow.

Martin doesn't realize he's at his doctor's office and this isn't *supposed* to be fun, especially since he is due for a shot. But the book is part of the doctor-prescribed treatment in the pediatrics department at St. Agnes Hospital.

The Baltimore hospital is the first in Maryland to use the "Reach Out and Read" program. The program, which is in more than 30 hospitals around the country, receives funding from the Annie E. Casey Foundation, a national organization dedicated to improving childrens' lives.

St. Agnes decided to adopt the program in September after seeing it in action at Boston Medical Center. In fact, Michael G. Burke, chairman of the St. Agnes pediatrics department, was so impressed that he wasn't willing to wait for funding from the Casey foundation.

"We were 21st on the waiting list," Burke says. "We decided not to wait. We wanted to do something with literacy this year."

The hospital started its program by [*See Books*, 4E]

CHIAKI KAWAJIRI : SUN STAFF

Checkup: *Volunteer Nora Lanier, a secretary at St. Agnes, a reads to Jeffrey Joynes, 3, in the hospital's pediatrics department.*

CHIARI RAWAJIRI / SUN STAFF

Happy reader: *Danyel McFarlane, left, and Dr. Susma Vaidya entertain McFarlane's 17-month-old son, Michael McCoy, with a book.*

Doctors prescribe reading to children

[*Books, from Page 1E*]

gathering about 1,000 children's books through a "gently used" book drive and training a cadre of volunteer readers.

The idea is to get kids and parents into reading as early as possible — long before they start school. Research shows conclusively that reading to a child, beginning at an early age, provides educational and emotional benefits. A national 1985 Commission on Reading determined that reading aloud is the best way to help children develop literacy skills.

"What we are realizing is that we get to see kids, more than any other professional, before they start going to school," Burke says. "Part of what we do on these visits is to tell parents what to expect. We have always traditionally advised them to do things like place covers on plugs, and on the use of smoke detectors."

How it works

Now, St. Agnes pediatricians "prescribe" reading to children when they come in for their well baby check-ups. Here's how the program works:

After the parent and child sign in at the desk, they go to a cheerful, dark green carpeted waiting room. A volunteer reader sits on a slightly elevated stage area and invites the child (if she's old enough) to choose a book from her large wicker basket. The volunteer entertains the child with a story until it is time to go in the back and see the nurse.

Then, on the way to the nurse, the child is allowed to select a book from the bookcase. The books are grouped on each of the four shelves by age group. The child takes the book, now affixed with a paper bookplate with his or her name on it, into the examining room while she is seen by the doctor.

The final stop is back at the desk where the child's parent makes a future appointment date and is given any necessary prescriptions, including a prescription to read a book every day.

There are different prescriptions for different age groups. For instance, the "Reach Out and Read" prescription for children 12 months to 18 months (complete with the hospital's logo on it) says: "Name the objects on the page and talk about them. Let your child hold the book and help you turn the page. Read to your child every day approximately 5 to 10 minutes."

The prescription for children ages 5 through 7 says: "Encourage your child to 'read' to you and tell you the story. Take your child to get a library card and choose the books you will read together. When your child is ready, encourage letter and word recognition."

Burke doesn't know yet whether parents will follow the prescription, but he thinks the prognosis for the program is good.

In Boston, parents who have had contact with the "Reach Out and Read" program are four times more likely to list reading as an activity that they share with their child than parents who haven't, Burke says.

"One of the roles of a pediatrician is to give parents guidance on how to promote the health and well-being of their child. We are just expanding the definition of the child's well-being to include literacy promotion," he says.

McFarlane, mother of little Martin, was already reading to her son but likes the idea of getting the reading prescription.

She believes children, particularly when they are a little bit older than Martin, will be impressed with the prescriptions. "I think this will definitely help the kids want to read," she says.

But books, especially those for the very youngest children, are running low. "Right now, we are looking for grants for books from foundations," Burke says. Also, they are approaching publishers and organizations such as the Association of American Publishers to inquire about discount prices. The hospital could also use more reading volunteers who are willing to give up one or two hours a week of their time.

The volunteers

Nora Lanier, a secretary at St. Agnes, is one of the 20 or so volunteers in the "Reach Out and Read" program. Volunteer readers are trained to be an example to parents on how to read to their children, and Lanier demonstrates stellar qualifications for the task. She was able to earn the attention — no small feat — of 3-year-old Jeffrey Joynes.

Lanier gets down on the floor and makes eye contact with Jeffrey, who is waiting to see his doctor.

"I've been sitting here and I am soooo lonely. I need someone to read a story to. Which book do you want me to read?" Lanier shows Jeffrey her wicker basket of books.

The child, who is in the waiting room with his mother Jackie, looks over at mom and apparently is torn between sitting next to Lanier or making a run for it.

"Pick out a book," Mom coaxes him.

He chooses a book, but it is tough going initially. Lanier delves into the story about a confused bird looking for his mother. She points to pictures, pauses from her reading to ask the child questions, raises and lowers the pitch of her voice, and, finally, Jeffrey is hooked into the story.

"Where's my mother?" Lanier reads a line from the book.

"Right there!" Jeffrey responds, pointing to a picture on the page.

Another satisfied customer.

New or gently used children's books may be sent or taken to St Agnes Hospital's pediatric department at 900 Caton Ave., Baltimore, Md. 21229

PARENTS CHILDREN

Living

The Times-Picayune

SECTION C

Monday, July 17, 1995

Literacy program sets up shop in the doctor's office

Rx for reading

By MARIGNY DUPUY
Children's book columnist

Many doctors have now replaced the traditional lollipop reward for kids with no-fuss, no-muss stickers, but at the pediatric clinic of the Medical Center of Louisiana (Charity and University hospital combined), doctors are trying something new. Thanks to a new program called Reach Out and Read, children leave the doctor's office with brand-new books.

The Reach Out and Read program is a new approach to promoting literacy and reading among children of lower-income families. Co-directed by Susan Berry, a doctor, and Ellen Beyer, a nurse, the project uses staff and pediatric residents from both the Tulane and LSU medical schools.

Aimed at parents of children ages 6 months to 5 years old, the strongest component of the program is the power of the relationship between the pediatrician and the family. Books are not simply given to the children as rewards. They are carefully selected for each child by the primary care doctor and then actually "prescribed."

When the children and their parents walk into the pediatric clinic at the Medical Center of Louisiana, they find a bright, friendly atmosphere, with helpful staff, lots of chairs for the adults and a huge colorful quilt on the floor for the children. Along one side of the quilt is a bookcase filled with attractive books.

> There are always one or two volunteers ready to entice a shy toddler with an irresistible book.

But that is not all. There are also always one or two volunteers sitting on the quilt looking at books with children and ready to entice a shy toddler with an irresistible book.

For the parent with two or three youngsters in tow the sight of these diverting helpers is welcome, but there is an-

See READING, next page

Volunteer Kellee Ridgeway, left, looks at a book with Jerry Dehon, 7, and Eric Dehon, 2, at The Medical Center of Louisiana as Monchel Johnson, 8, looks through another one with volunteer Gaelen B. Honore.

STAFF PHOTO BY KATHY ANDERSON

Continued . . .

Reading: Literacy program sets up shop

From preceding page

other more subtle element. The volunteer readers are often role models for moms and dads who may have had little or no experience with books.

The clinic tries to arrange for the young patients to see the same primary care doctor at every visit. The doctors check the usual things with stethoscopes, tongue depressors and otoscopes. But as a routine part of every appointment, they present each child with a new, age-appropriate book and spend time talking with the parent about reading.

A child who goes to all 12 of the "well" visits normally scheduled between ages 6 months and 5 years will graduate from Reach Out and Read with a library of at least 12 books especially chosen for that child and a possible 12 more chosen by the child or parent from the collection of attractive second-hand books in the waiting room.

Studies have shown that by the time most disadvantaged children get to school, it is too late for many of them to become good readers. Weakness in reading can lead to problems in school, both academic and social, and the low self-esteem that accompanies bad school performance then reduces the child's chances for success later in life.

Beyer, who is patient coordinator for University Hospital, said that the local program is modeled after one started in Boston.

"I read about the Boston Reach Out and Read program in the Boston Globe and then I contacted them," Beyer said. The Boston literacy program was designed and developed by pediatricians Robert Needleman and Barry Zuckerman, and has been running successfully at Boston City Hospital since 1989.

In addition to the Tulane and LSU residents, Berry and Beyer run the local program with staff from several departments of the Medical Center of Louisiana. They offer periodic training sessions for the attending physicians and residents, in which they go over what developmental milestones in early literacy the doctors should be looking for and how to talk with patients about books.

Sensitivity to the parents is essential. For parents who either do not read themselves or who are only semi-literate — or who speak very little English — sharing books with their children can be more daunting than simply administering vitamins or simple medicines.

"Encouraging reading readiness at home, long before a child goes to school, is a wonderful gift for a parent to give a child. It's a giant boost toward future success in school and in life," says Berry.

Berry and Beyer introduced the Reach Out and Read program here in March. They have used funds from grants to buy books at a discount directly from publishers, often in quantity.

Several local schools have conducted book drives on behalf of Reach Out and Read. From them come the second-hand books, which are used in the waiting room of the clinic, after being carefully screened by volunteers to be sure that they are in good condition, are appealing to youngsters 5 and under, and are appropriate for the multicultural population served by the clinic.

To donate books or to volunteer, call 504-588-3029.

Information packets include the following:

- project abstract
- brochure
- code card
- prescription pad
- current ROR newsletter
- Boston Globe Op-Ed 10/27/96
- "Healthy Habits" article America's Agenda Fall 1996
- Catch Quarterly article Fall 1996
- AAP News article July 1996
- Education Week article 5/29/96
- "Paging young patients" article Boston Globe 1/96
- PEN Newsletter article Spring 1995
- Worcester Telegram and Gazette article
- Contemporary Pediatrics article August 1995
- Boston Globe article 7/7/95
- "A Book a Day" article Parenting April 1995
- "Fight Illiteracy" article February 1992
- pilot study 1991

Information from other sites:

- New York Times article 12/1/96 (Connecticut Weekly)
- The Baltimore Sun article 10/22/96
- Philadelphia Inquirer article 9/7/96
- Detroit Free Press article 5/6/96
- The Times Picayne article 7/17/95 (Living Section--Rx for reading)
- Reach Out and Read New Mexico information sheet

Philadelphia Inquirer - Saturday 9/7/96

Children's Hospital prescribes a dose of reading

Reach Out and Read provides books to children. They provide the enthusiasm.

By Stacey Burling
INQUIRER STAFF WRITER

It was after 5-year-old Sharon Caldwell's eye test, her ear test, the scale and the blood-pressure cuff, and midway through a page of questions designed to measure her intellectual development that Dr. Stephanie James sprang the surprise.

She pulled a shiny new book, *Wild Wild Sunflower Child Anna*, from Sharon's medical chart and began showing Sharon pictures of a little girl in a beautiful green place full of flowers and animals. This was a different world from the West Philadelphia homeless shelter where Sharon and her eight brothers and sisters live, but Sharon and Anna had the same energy, the same dark skin, the same wide smile and big eyes.

"I know you're a smart kid, and I know your mom tries to read to you," the pediatrician said as they sat Thursday in an examining room at Children's Hospital of Philadelphia's Primary Care Center at Cobbs Creek.

"Oh goodness," Sharon's mother, Wanda McCoy, chimed in. "I be reading to them at night, and they be wanting stories on top of stories."

James wrote Sharon's name on the inside page. This would be Sharon's book, her present from the doctor, and one of the first of many books that Children's Hospital doctors will be giving to city children.

The three of them leafed through the pages together as James explained pictures, asked Sharon questions and gave McCoy pointers on how to read a book to a child. Sharon's eyes brightened. She began answering James' questions more quickly and with more enthusiasm. The ice was broken.

"It's not really a gift," James said as she prepared to continue the exam. "It's part of your health care because it's going to get you all buffed up for school."

Thursday, Children's Hospital launched a new program from its three primary-care centers in the city. Called Reach Out and Read, the program will provide each child with a new book at every well-child visit: 10 books by the time a youngster starts school. The centers will also have used books for patients' brothers and sisters. Eventually, volunteers will read to children as they wait for the doctor, not only making the wait more fun but showing parents how to help children get the most from a book.

Reach Out and Read started seven years ago at Boston City Hospital and now operates in 13 large urban hospitals and many smaller neighborhood health centers. Proponents hope the program will prevent school problems by introducing poor children and their parents to books early. Doctors see it as a natural outgrowth of the prevention trend in pediatrics. They try to keep children from being hurt by teaching parents about safety. They give shots to ward off dangerous childhood diseases. Why not also try to prevent school

See **BOOKS** on B3

The Philadelphia Inquirer / RON CORTES

Sharon Caldwell hugs a book as Dr. Stephanie James tells her that she'll be allowed to take it home with her. That's Sharon's mother, Wanda McCoy, behind the doctor. Sharon had just completed a checkup.

The Philadelphia Inquirer RON CORTES

Dr. Stephanie James reads to Sharon Caldwell. Sharon's mother, Wanda McCoy, had brought Sharon to the Children's Hospital of Philadelphia's Primary Care Center at Cobbs Creek.

Children's Hospital prescribes a dose of reading for the children

BOOKS from B1

failure with an early dose of books?

Although there is some evidence from the Boston program that children who have been exposed to Reach Out and Read are more likely than their peers to look at books, no one knows yet whether it improves achievement.

But the staffers at Children's thought the program made so much sense that they decided not to wait for hard facts.

"It's so intuitive to most parents," said Trude Haecker, the hospital's medical director of primary care. "We didn't feel that we needed to prove the point, really."

After months of planning, staff members started the program with financial help from the Boston program and the hospital's Women's Committee. They expect to give books to 30,000 children a year at a cost of $50,000.

On Wednesday, Perri Klass, a pediatrician who is involved with the Boston program and is nationally known for her books on medical training, helped teach 175 center staffers about Reach Out and Read.

"I've become a little messianic on the subject," she said as she stood in a hospital auditorium. She says she feels much the same way about children who go without books as she does about th who have no food or . They, too, have "deprived in some fundamental way."

Literacy, she said, begins long before children learn to read, just as spoken language begins before a baby says its first word.

She talks to parents about the connection between books and love, how children come to like books because they associate them with cuddling in their parents' laps. This is not about teaching your children to read, she tells parents, some of whom may be a bit intimidated by books themselves. It's about teaching them to love books.

The books can also be helpful to the doctor, who can observe the physical skills of children as they reach for books or turn pages. Doctors can evaluate language skills as children describe what they see. Books also calm children down and make it a lot easier to talk to their parents.

Distributing books is also something nice that doctors can do. Too often, children associate pediatric visits with shots and blood tests.

At the Cobbs Creek center yesterday, staff members spent much of the morning reading the children's books and reminiscing about their childhood favorites. They giggled at a potty-training book and spoke in reverent terms of another book about an iconoclastic young girl with a penchant for offbeat hairdos. It is that kind of love of books they hope to convey to their young pa s.

J was thril by the new program. She has always emphasized to parents the importance of reading, knowing full well that some of them may not have a book in the house. Now she knows her patients will have books.

"I think it's just perfect," she said. "I love it."

Toward the end of Sharon's exam yesterday, as her mother and James tried to figure out what shots she would need, the girl began fidgeting, hopping around the room while her long, thin braids swayed around her face. James handed her *Wild Wild Sunflower Child Anna*. Sharon stopped for a while to look at the bright pages, allowing James and McCoy to finish their conversation. Sharon took the book to her mother. "Mama, where's the bumble bee?" she asked.

They found a bee, and James pointed out some daisies and black-eyed Susans.

"We're going to read this tonight," McCoy said.

Sharon hugged the book to her chest.

"We can keep it?" she asked.

"That belongs to you," James told her. "That's part of keeping you healthy."

To Help Out

■ To become a volunteer reader or to donate books, call 590-2001.

Children's Hospital of New Mexico

In recent years, illiteracy has moved to the forefront of social problems. More than 40 million Americans lack adequate literacy skills. Illiteracy, at its roots, is a problem of children because it starts in elementary school when children fail at reading and writing. About 35% of American children have significant delays, and in populations that are at or below poverty level this figure is much higher.

Children are failing because their homes lack the elements to promote language development and early reading readiness. Books and reading aloud are the necessary vehicles to prevent early problems in reading. This project addresses the issue of illiteracy by providing parents with the tools and support they need to help their children succeed in reading. Using a pediatric clinic setting, Reach Out and Read New Mexico's goal is to give parents of preschool children the information, encouragement, and materials they need to make books part of their children's lives.

This project integrates literacy development into regular pediatric care for children between the ages of 6 months and 5 years, taking advantage of regularly scheduled well-child visits to reach parents of young children. The program has three components: (1) pediatricians trained to talk with parents about the role of books in child development; (2) distribution of free books given at every pediatric "check-up"; and (3) availability of children's books in the waiting rooms, a staff comprised of professionals and trained volunteers, who demonstrate positive ways to look at books, read to young children, and the selection of quality children's books.

The program was begun with seed money from the national Reach Out and Read Program in March 1995. Boston University Pediatrics Department designed the pediatric emergent literacy programs to be initiated in health care settings nationwide. The Children's Hospital of New Mexico, University of New Mexico Health Sciences Center is the second site to implement this program. Julia Grimes, MLS, Coordinator, Family Resource Library and Meloney Baty, BUS, Coordinator, Pediatric Child Life Clinic are co-directors of the program.

SIDE: TELEVISION

red Savage in "No One ould Tell," about teenage ting violence. Page 5E.

onday, May 6, 1996

THE WAY WE LIVE

Detroit Free Press

a book a day

ALAN R. KAMUDA/Detroit Free Press

ROAR volunteer Joseph Reed reads a story to Michelle, in Mickey Mouse shirt, Lorissa and Louis McCaskill at Children's Hospital of Michigan.

Children's doctors prescribe books to fight the disease of illiteracy

BY CASSANDRA SPRATLING
Free Press Staff Writer

Taking the children to the doctor is no fun for a parent. It's one of those things you do because you have to. And with four children, ages 1, 4, 6 and 8, including one with asthma, Roseann McCaskill has to do it a lot.

But her last trip to the general pediatric clinic of Children's Hospital of Michigan was surprisingly pleasant.

In the waiting area of the Detroit hospital, as baby Ilysia snuggled and wiggled in McCaskill's lap, her three older children sat quietly listening while hospital volunteer Brother Joseph Reed read stories to them and other waiting children.

"I was so happy that he came and asked if he could read to them," says McCaskill, of Detroit.

"When you have to come here with more than one child to tend to, it can be very hectic. But look at them, *they've been sitting here paying attention ever since* he sat down. Having someone reading to them and keeping their minds occupied — it's a good idea."

It's called ROAR — Reach Out and Read — and it's the hospital's latest prescription for preventive medicine.

In an example of the increasing role pediatricians are playing in promoting the health and well-being of children, doctors at Children's Hospital of Michigan, St. John Hospital and Medical Center and *other hospitals across the country are putting literacy* high on the shelves of their medicine cabinets.

"There's a direct correlation between illiteracy and the kinds of children who will end up in our emergency rooms and hospitals," *Dr. Teresa Holtrop said* in a recent seminar that explained the ROAR program to new doctors training to be pediatricians at Children's.

"What we're trying to do is get you to look at illiteracy as a disease that affects the child's well-being as he grows up. The children who can't read well are the ones who we will see later with gunshot wounds."

Please see ROAR, Page 4E

Doctors help fight illiteracy

ROAR, from Page 1E

early pregnancies and other behavior problems."

Holtrop, a pediatrician on Children's mobile team, learned of the program from one of the men who developed it, nationally recognized pediatrician and children's advocate Dr. Barry Zuckerman of Boston City Hospital.

Zuckerman and another pediatrician, Dr. Robert Needleman, now in Cleveland, started ROAR six years ago.

The program is based on the connection between reading and children's well-being — and is rooted in Zuckerman's philosophy that many factors contribute to a child's health. Illiteracy, the argument goes, helps begin a downward spiral that very often leads to school failure, which correlates with substance abuse at a young age, teen pregnancy, delinquency and other problems.

So, Zuckerman and Needleman set out to develop a program that would foster childhood literacy.

It began almost by happenstance. They noticed that when teachers came into their clinics armed with crayons and books to do educational assessments, the children often wanted to keep the books. It occurred to the doctors that children who learn to read well early on tend to have better health outcomes later on. So, they reasoned, why not give them books they could keep?

The doctors applied for grants to purchase new books, mostly for children from low-income families, and began incorporating the promotion of literacy into their medical treatment.

The Annie E. Casey Foundation, which assists low-income and disadvantaged families, was so impressed with ROAR it gave Boston City Hospital a grant to encourage other hospitals that wanted to duplicate the program.

Reading, talking, giving

Laurie Dayton, an administrator at Children's in Detroit whose job it is to help make visits there more pleasant, heard about ROAR at a health conference. She and Holtrop joined forces, and Children's became one of nine hospitals nationally to develop ROAR programs.

ROAR has three elements:

- Trained hospital volunteers, armed with a bag full of children's books, read to children in the waiting room. This exposes children to good books, keeps them entertained and shows parents some important elements of reading to children — interacting with them, asking them questions and encouraging discussions about the stories.
- Pediatricians talk with parents at each well-baby visit about the importance of sharing books with children every day. Pediatricians at Children's are taught that promoting literacy should be as much a part of their routine as talking with new parents about the importance of proper nutrition and immunizations.
- A free book is given to each child at the end of each well-baby visit — the regular office visits in which a pediatrician assesses a child's general health and development and updates immunizations. Usually, that amounts to 10 visits from age 6 months to 5 years.

"If a child gets a new book at the end of each visit, that's 10 new books for a child who might not otherwise have books in his home," said Dr. Perri Klass, who co-directs the ROAR program in Boston. "That means it costs about $30 to $40 to start a home library for a child — less than the cost of one blood test. That seems to me to be a modest investment for a potentially tremendous payoff."

At the recent training session at Children's Hospital, new doctors not only learned why they should care about literacy, they got a refresher course in children's literature — an area that has grown considerably since they were children.

Twelve pediatric residents, accustomed to studying high-level medical journals, sat around a table reviewing "Goodnight, Moon," "Corduroy," "Richard Scarry's ABCs," "Ten, Nine, Eight" and other children's favorites.

Holtrop, who led the session, told them the books could also be a tool in their evaluations of the child's social and physical development. "When you hand him a book, is he interested? Does he grab it? How is his grasp?"

The pediatric residents received a chart outlining reading-related skills children should have developed by certain ages. Between 12 and 18 months, for example, a child should be learning to hold a book with help, turn pages — though it may be several at a time.

None of the doctors seemed taken aback by the addition of this new task to their things-to-do list.

"I agree early literacy is important, because it sets the pace for your entire life," said pediatric resident Dr. Crystal Morrison.

Dr. Maha Dabbagh said it seems like a natural part of what doctors should be doing. "We're supposed to be involved in everything relating to the kid's development. This is a new thing, but it's a good thing."

Real results

Other hospitals' literacy programs vary slightly.

The one at St. John Hospital and Medical Center in Detroit, for example, is called RX: Reading. Donations help pay a part-time staff person to read to children in the medical center's waiting area, but the program also incorporates giving away new books and counseling parents on the importance of reading.

Separate assessments of these programs show that children who've participated are more likely to be regularly engaged in reading-related activities at home.

St. John, for example, did a telephone survey of parents whose children had participated in its program. It found that the number of times parents read to their children each week went up about 20 percent after being counseled about reading by a doctor.

"The results of the study support the contention that a simple, inexpensive intervention by primary-care physicians or their staff can lead to positive changes that may result in increased success in acquiring reading skills during infancy, preschool and the early elementary school years," said Dr. Thad Jos, a pediatric allergist and co-founder of the program at St. John, now entering its third year.

Back in the waiting area at Children's Hospital, where volunteer Joseph Reed was reading to Roseann McCaskill's kids, his young audience had grown from three to seven.

Reed, who does his volunteer work during summer vacations and breaks from his job as a teacher at De La Salle High School in Warren, showed the children the selection of books and allowed them to pick one for him to read.

"I like to hear him read to me," said McCaskill's 8-year-old daughter, Michelle.

After a couple of hours, Reed was about to take a break when 3-year-old Leann Pacquette of Melvindale made a plea he couldn't resist.

"Read another one," she said.

And that's just what he did.

The Boston Globe contributed to this report.

VOLUNTEER TO READ

Children's Hospital of Michigan needs volunteers to read to children and financial contributions to buy new books. The hospital provides training and asks that volunteers agree to read for a minimum of a half-day a week, from about 9 a.m. to noon or 1 to 4, for at least three months. To volunteer, call the hospital's Volunteer Services Office and specify that you want to volunteer for Reach Out and Read. Call 1-313-745-5326 from 8:30 to 4:30 weekdays.

To contribute money for books or to donate new books, call the hospital's Child and Family Life Department at 1-313-745-0064 from 8-4:30 weekdays.

To make a contribution, volunteer to read or to obtain more information on the program at St. John Hospital and Medical Center, call its Volunteer Services Department at 1-313-343-3680 from 8 to 7 weekdays. Drop boxes for donated books are located throughout the hospital.

7 Years

C: repeats 5 digits forward, 3 digits reverse
"How are a cat and mouse alike?"; "How are a penny and nickel alike?"; knows left, right
math: 3+4; 6+3; 14+4 (write out vertically)
L: define Polite, Brave, Roar; spell Car, Fat, Big, His.
read, and tell what happened:

The boy has a dog.
The dog wanted to play on the bed.
But the boy said, "No."
Then the dog went away.

P: has responsibilities at home, does homework

8 Years

C: "How is a fish like a boat, and how are they *different?" (a dime and a nickel? a book and a video?)*
"What should you do if a kid starts fighting with you?"
math: 23+14, 29-10, 39-22 (write out vertically)
L: spell Cut, Cook, Night, Dress; read:

The elephant's trunk is used like his hand. Have you ever watched an elephant eat peanuts? He picks up the nuts with his trunk and puts them in his mouth. (ask, How do elephants eat peanuts?)

B: ask about favorite books; reading aloud can continue; child and parents can alternate pages; high-interest books, regular library visits important
P: limit TV and videos, especially violent ones

9-10 Years

M: ask about sports (both boys and girls)
C: repeats 4 digits in reverse: 8526, 4937
gives names of week backwards; What month comes right before May?; point out 3 objects — child recalls them 10 minutes later
math: 49+37, 392 +719, 283-197, 5 X 9
(write vertically);
how many minutes in 1´ hours?
L: spell Order, Peach, Watch, Enter; read:

The children went to the zoo on Sunday morning. They saw many different kinds of animals. They enjoyed the clever monkeys the most. It was interesting to watch them peel oranges and bananas. They would quickly pop the fruit into their mouths (ask: Where did the children go? What did they see? What did they like most?)

B: ask child about favorite books; family reading

KEYS TO BOOK COUNSELLING

- Effective book sharing feels good. Make it fun!
- Work books into your daily routine (e.g. bedtime story)
- You don't have to read the words: talking about the *pictures, and listening to your child are most important!*
- Let your child tell you when he/she has had enough.
- Not all kids love books at first — give it time.

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Reach Out and Read

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