Closing the Gap for Reading Success in the Early Years
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EXECUTIVE SUMMARY

Reading failure affects at least 30 percent of our nation’s children and is linked to health outcomes.¹ Long-term effects of reading failure include increased risk of poor health, as reading level is a strong predictor of adult health status. The National Institute of Child Health & Human Development considers reading failure a national public health problem.² In fact, if a child is not reading on grade level by the end of first grade, he or she has only about a 10 percent chance of reading on grade level at the end of fourth grade.

This paper highlights two successful early literacy programs that are helping children become successful readers. Through Nemours BrightStart! (NBS!) and Reach Out and Read (ROR), two early literacy programs developed by pediatric health professionals, children are put on a developmentally appropriate path to reading success before they enter the K-12 system.

Federal policymakers can play a critical role in addressing reading failure and promoting reading readiness by implementing the following recommendations, which are intended for children birth through age 5. (Additional recommendations for state and local policymakers, pediatricians, teachers, early care providers, and parents can be found at the end of this brief).

Recommendations for Congress

Promote evidence-based early literacy programs and approaches with a proven track record of success to expand them to more children across the nation:

- Support funding for evidence-based and cost-effective early literacy programs that meet the needs of struggling, diverse learners, including those who are birth through age 5, and children who are falling behind their peers in reading readiness skills, in the annual Labor, Health and Human Services, Education and Related Agencies Appropriations bill. This includes funding the Striving Readers Comprehensive Literacy Program and the Innovative Approaches to Literacy (“IAL”) competitive grant program.

- Incorporate the Literacy Education for All, Results for the Nation (LEARN) Act as part of a comprehensive reauthorization of the Elementary and Secondary Education Act. The LEARN Act supports comprehensive state and local literacy programs to ensure that children from birth to grade 12 have the reading and writing skills necessary for success in school and beyond.

- Reauthorize the Child Care and Development Block Grant (CCDBG) and include a requirement to collaborate and coordinate with other early childhood screening initiatives to ensure that all children in child care (who are not otherwise subject to an early childhood screening through another program) have developmentally appropriate early literacy screening to identify those children at the earliest possible ages who would benefit from early intervention.

- Provide opportunities for quality professional development for Early Head Start and child care providers, related to building strong reading readiness skills and family engagement, through competitive grants to states, local governments, public and private nonprofits and for-profit agencies, and as part of the reauthorization of CCDBG and the reauthorization of the Temporary Assistance for Needy Families (TANF) program.
Recommendations for the U.S. Department of Education

In any upcoming Funding Opportunity Announcements that address literacy, especially for children birth through age 5, consider the following:

- Encourage evidence-based small group activities for at-risk or struggling learners, targeting the critical reading foundation skills identified by the National Reading Panel and the National Early Literacy Panel: phonemic awareness, phonics, vocabulary, fluency, and comprehension, or their precursors.

- Ensure that grant funding, coupled with strict monitoring and accountability requirements, is directed not only towards initiatives operating within the school and district setting, but also in support of organizations operating outside of the traditional Local Education Agency (LEA) setting, including within health care infrastructure, libraries, early care and education, and other community locations.

- Ensure that programming is developmentally appropriate, integrated across ages and educational systems, designed around evidence-based strategies specifically for struggling, diverse learners and includes sufficient evaluation and documentation of results.

- Emphasize training and professional development targeting early literacy and family engagement strategies. Include joint trainings for early childhood and early elementary educators to develop mutual understanding of critical instructional priorities and challenges at each age and grade, and foster a sense of shared responsibility and accountability for long-term child literacy outcomes.

- Reactivate reviews of promising new early literacy curricula through the What Works Clearinghouse or other similar federal review panels so educators and policymakers have ready access to current evidence-based practices.

- Prioritize grant funding to emphasize innovative translational research in the natural environment of typical school settings, to demonstrate scalability and lasting practice change among educators.

- Prioritize grant funding for cross-sector literacy research and programs that integrate the efforts of child health, education, and community agencies that work with children and families from birth through the early elementary school years, towards a common goal of helping all children become strong readers.

Recommendations for the U.S. Department of Health and Human Services – Administration for Children and Families

- Provide materials, convenings and training opportunities for grantees and child care providers focusing on professional development. This includes working with Head Start technical assistance centers to enhance professional development opportunities for Head Start providers as well as promoting professional development among child care providers.

- Provide guidance to providers on family engagement techniques.

- Implement the Advisory Committee on Head Start Research and Evaluation’s recommendations to support and guide Head Start programs in strengthening children’s school readiness. This should include a focus on reading readiness.

- Support state efforts for implementing quality improvement systems and projects.
INTRODUCTION

Reading is one of the most important skills for success in school and life. Reading ability is a strong predictor of adult health status and is often related to other child health issues, such as developmental problems, vision and hearing impairments, and frequent school absence due to illness.\(^3\), \(^4\)

For many children, learning to read poses a big challenge. In fact, reading failure affects at least 30 percent of our nation’s children and is disproportionately prevalent among children who are poor, racial minorities or non-native speakers of English.\(^1\), \(^6\) Unfortunately, reading problems often are not discovered until third grade or later.\(^2\) By then, it can become very difficult to catch up to grade level in reading, and otherwise bright, capable children can lose their confidence and feel left behind, possibly affecting them for a lifetime. Long-term effects of reading failure for individuals and society include increased risk for high school drop-out, criminal activity, and incarceration;\(^7\) increased risk of unemployment and long-term poverty;\(^7\) increased risk of poor health, as reading level is a strong predictor of adult health status;\(^8\) and adverse impact on parenting skills, transmitting the reading failure cycle to future generations.\(^5\) The good news is that nearly all children can become successful readers, especially if they are exposed to developmentally appropriate reading readiness programs at an early age.

WHY EARLY ACTION IS CRITICAL

In a report to Congress in 2000, the National Reading Panel identified five key skills needed to develop reading proficiency by the end of third grade: phonemic awareness, phonics, vocabulary, fluency, and comprehension.\(^9\) For all children, the foundation for these essential skills is developed starting at birth, when a young child’s brain is highly responsive, adaptable, and attuned to learning language, through frequent, high-quality language interactions at home and in child care settings, and frequent exposure to books and other print materials, in the context of warm, loving, and secure adult-child relationships.\(^5\)

Research is clear that the earlier children at risk of reading failure are identified and given appropriate help, the better their long-term outcomes.\(^10\) Reading programs become more costly and less effective as children move to each successive grade; catch-up growth in schools is very expensive and historically not successful. In fact, if a child is not reading on grade level by the end of first grade, he or she has only about a 10 percent chance of reading on grade level at the end of fourth grade.\(^11\)
By starting developmentally appropriate reading readiness programs at an early age, we can help when preventive action has the best chance of success. Reach Out and Read (ROR) and Nemours BrightStart! (NBS!) have developed high-quality early literacy programs that have a proven track record of promoting foundational reading readiness skills for young children.

### READING READINESS BEGINS MUCH EARLIER THAN KINDERGARTEN

There are nearly 11 million children in some type of child care setting every week. Child care can play a key role in school readiness in general and reading readiness in particular. However, state laws vary greatly and the Child Care and Development Block Grant (CCDBG), the federal law that allocates funds to states and sets the framework for state child care laws, does not contain a minimum training requirement for child care providers. Child care training is directly related to the quality of the child care setting and the outcomes for children.

States are improving in their approach to quality child care, but in too many states, child care remains in a separate silo from initiatives tied to school readiness. This is an opportunity lost for millions of children. For example, 44 states require child care centers to have activities related to language and literacy. But, most states have weak training requirements so it is unclear whether those activities are undertaken in an effective manner to promote the best child outcomes possible. Only 18 states require family child care home providers to read to children. Given the hours that children spend in child care (on average about 35 hours per week), child care providers need training to promote activities related to school readiness, including preliteracy and literacy initiatives.

While low income children in Head Start receive a developmental screening, children in child care do not. Communities should collaborate and coordinate to ensure that all young children receive early childhood screenings to identify as early as possible those who could most benefit from early intervention. For example, a speech delay could result in a delay in recognizing letter-sound correspondence, which could result in challenges to learning to read. Studies show that 75 percent of first-graders who struggle to read have lifelong reading difficulties, which if addressed earlier, could change a child’s life trajectory.

### NEMOURS BRIGHTSTART!

For the 30 percent or more of America’s children who experience persistent reading failure, typical language and book exposure in the early years and classroom reading instruction in the elementary grades are not sufficient to ensure reading success. National statistics overwhelmingly show that, although we know what to do, we are failing large numbers of children, year after year, by not providing them what they need to improve.

Overall, about 40 percent of U.S. children enter kindergarten each year without the foundational reading readiness skills needed to be successful there, and unfortunately, the majority may never catch up. Quite simply, some children require additional, targeted instruction in the early years. Nemours BrightStart! (NBS!) was developed to address the needs of these children.
NBS! researches, develops and offers evidence-based tools targeting young children at risk for reading failure. The goal is to effectively instruct children at the very beginning of their reading journey to ensure long-term reading success. The program encompasses a three-step process: screen, provide targeted instruction, and rescreen. Families are kept informed throughout all three of these stages on their child’s reading readiness progress.

1. Screen

NBS! has provided free screenings to over 13,000 four- and five-year-old children in child care settings, Head Start Centers, schools, libraries, doctors’ offices, and other community locations in northern and central Florida and Delaware. Thousands more screenings are being provided by early childhood educators with their own students, after being trained by NBS! professionals. Louisiana in particular has been an early adopter of this approach, where over 150 providers are implementing the NBS! screening and early intervention approach. These screenings help to identify children who are behind their peers in reading readiness skills. The screenings take about 10 minutes per child and measure critical language and print awareness skills that support reading development.

2. Provide Developmentally Appropriate, Targeted Instruction

NBS! has developed an educational program for children scoring below a cutoff point on the screening tool, indicating risk for reading failure. The program is conducted in small groups and consists of 20 lessons focusing on print awareness, oral language, letter knowledge, phonological awareness, and emergent writing, for a total of 15 to 20 hours of instruction. It is specifically designed for struggling, diverse four- and five-year-olds; covers reading readiness skills that research has shown are most strongly predictive of future reading success; incorporates research-based instructional strategies; and consists of complete lessons and all necessary materials. Lessons are standardized, systematic, and explicit, ensuring that teachers can use them with high fidelity, and that every child is given the same opportunity for success. Most importantly, lessons are multisensory, developmentally appropriate and fun because children’s literature, music and movement are woven into teaching activities that keep students engaged. Lessons have been provided in child care settings, schools and through private tutors. For screened children who cannot receive the NBS! lessons in these settings, parents are provided with substantial information to help them at home.

3. Rescreen

Children receiving the NBS! lessons are rescreened to measure their progress. Parents receive information about their child’s rescreening results so they can stay informed about their child’s progress and needs.

“After completing one series of Nemours BrightStart! lessons, the children have shown impressive academic gains. Just as important are the positive changes in their level of confidence and attitude toward learning.”

Bonnie Post, Pre-kindergarten Specialist, School District of Osceola County, Florida
Involving Families, Pediatricians and Communities

NBS! recognizes the value of working inside and outside of the classroom to promote reading readiness. By conducting screenings in libraries, doctors’ offices, schools, child care settings and other community locations, NBS! is involving entire communities in promoting the future reading success of their children.

Families have substantial impact on their children’s reading success. For children receiving NBS! instruction, families receive a brief letter after each lesson with suggestions for reinforcing important skills at home. For example, families are asked to encourage their children’s writing and drawing, and assist in matching household items with sounds learned. In addition, NBS! provides workshops for families on a variety of child development topics, including language and reading readiness skill development, and ways to work with their own at-risk child.

NBS! offers tools and educational options to help physicians and nurses engage with parents regarding reading readiness, risk factors for reading failure and dyslexia. A Physician’s Tool kit gives health care providers a checklist to determine whether a child is on track with reading readiness skills or at risk for future reading problems. The tool kit includes educational posters that are useful in exam or waiting rooms and take-home materials for parents and provides a nice complement to Reach Out and Read’s (ROR) emphasis on reading with young children.

Results

NBS! has demonstrated a significant impact on helping children get ready for kindergarten through rigorous research conducted with thousands of children. The program has proven effective with all types of struggling learners, as well as Dual Language Learners (DLLs). DLLs often struggle with reading and academic achievement, at enormous cost both to individuals and to our educational systems.

Overall from 2005 – 2012, over 13,000 pre-kindergarteners have been screened, with over 3,300 receiving the NBS! program directly from NBS! professionals. Upon completion of the program, two-thirds have moved to the age-appropriate range in reading readiness, and participants gained an average of 114 percent on their reading readiness scores. Results have been published in the peer-reviewed Journal of Learning Disabilities (2009 and 2011, Electronic version). Numerous other papers and studies are underway.

A capacity-building model was developed in 2009 to help scale this program in other communities. Through 2012, over 400 early childhood educators nationwide have been trained to implement the program themselves. The vast majority are achieving the same magnitude of results as NBS!’s own professionals. The estimated cost for program materials and associated professional development training is approximately $100 per at-risk child.
Reach Out and Read (ROR) reinforces the parent’s role as the first and most important teacher, and gives parents the tools and techniques to help their children succeed. ROR does this by building on the unique relationship between parents and medical providers to develop early reading skills in children. ROR’s mission is to prepare America’s youngest children to succeed in school by partnering with doctors to prescribe books and encourage families to read together. This mission is guided by the vision that one day all children will enter kindergarten with highly engaged parents, at grade level, and prepared to excel.

Doctors, nurse practitioners and other medical professionals incorporate ROR’s evidence-based model into regular well-child checkups, by advising parents about the importance of reading aloud and giving developmentally appropriate books to children to take home and keep. The program begins at the 6-month checkup and continues through age 5, with a special emphasis on children growing up in low-income communities where children are most at risk for reading failure.

ROR was founded in 1989 at Boston City Hospital, by a group of pediatricians and educators who recognized the profound significance of infancy and toddlerhood in setting the stage for achievement, given that 90 percent of brain development occurs between birth and age 5. They hypothesized that pediatricians could empower parents as teachers for their young children by providing early literacy guidance during checkups and making reading aloud a “doctor-recommended” activity. Today, ROR is implemented at over 4,900 health care locations in all 50 states, and 6.5 million books have been distributed to 4 million children.

Each participating health care location incorporates ROR’s three-part literacy model:

- In the pediatric exam room, physicians speak to parents about the importance of reading aloud to children every day and offer age-appropriate literacy tips and encouragement.
- During regular checkups, the physician gives every child ages 6 months through 5 years a brand-new, age- and developmentally appropriate book to take home and keep.
- Parents adopt advice received through pediatric visits and make reading aloud part of their daily routine.

ROR capitalizes on the trust and respect parents have for their children’s primary healthcare provider, as well as the frequent access pediatricians have to young children. In fact, 96% of all children birth to five years see their doctor at least once a year-more than any other service provider. This special relationship is the foundation for the quality interactions among parent, child, and physician that make ROR an ongoing, successful, and sustainable effort.
Since 1991, ROR has been studied by academic investigators in a variety of settings, producing 15 independent, published research studies on the effects of the program. The body of research demonstrates that this intervention changes child outcomes as well as parental attitudes and practices. During the preschool years, children served by ROR score three to six months ahead of their non-ROR peers on vocabulary tests. In addition, parents served by ROR are up to four times more likely to read aloud to their children. The families served annually by ROR read together more often, and their children enter kindergarten better prepared to succeed, with larger vocabularies and stronger language skills, better prepared to achieve their potential in school and beyond.

**NEMOURS BRIGHTSTART! AND REACH OUT AND READ – SHARED INGREDIENTS FOR SUCCESS**

Both NBS! and ROR have common elements that contribute to their success and can help inform policymakers, child care providers and health and education practitioners as they develop, fund and implement early literacy programs. The programs:

- Were developed by child health professionals, providing a different yet important perspective to a critical child developmental milestone.
- Build on the unique and highly trusted relationship between parents of young children and their pediatric providers.
- Are cost-effective, evidence-based and reach children in the early years, when intervention has the highest chance of success.
- Engage and train providers (pediatricians in the case of ROR and early care providers, teachers and pediatricians in the case of NBS!) who have a meaningful impact on the lives of children, including providing them with the necessary tools and materials to promote reading readiness.
- Engage families to help their children develop reading readiness skills.
- Are currently or were previously supported by both private and federal funds. Federal funds have allowed for broader dissemination of the programs so that additional children can benefit from them.

From Fiscal Year 2000 through 2010, ROR received funding through the Labor-HHS-Education Appropriations bill, administered through the U.S. Department of Education’s Fund for the Improvement of Education (FIE). In addition, the U.S. Department of Defense funded a pilot project to introduce ROR at 20 military bases. Additional private funding has enabled ROR to expand to a total of 60 U.S. military bases serving more than 116,000 children of military families, helping them to cope with the stress and anxiety of separation and deployment. Ten states, including Massachusetts and Washington, also currently provide funding support to ROR. For every dollar of public funding, ROR raises $2 in private funds, through the generous support of individuals, corporations and foundations.

The state of Louisiana has designated NBS! as an “approved professional development provider” through Kaplan Early Learning for the federal Striving Readers Comprehensive Literacy Program, which helps states pursue a comprehensive approach to improving literacy outcomes for all children – birth through grade 12. This has enabled localities to purchase the program and its professional development module, therefore helping to spread the program to more children.
CONCLUSION

Research has clearly shown that the early years are critical to a child’s development. Investments in high-quality, developmentally appropriate reading readiness programs, coupled with training for providers who care for young children, are necessary to create a solid foundation for a child’s reading success. This foundation is strengthened when families, educators, child care professionals, health care providers, communities and policymakers work together to do their part in giving children a healthy start. Below are recommendations highlighting what each of these key stakeholders can do to promote reading readiness.

ADDITIONAL RECOMMENDATIONS FOR IMPROVING READING READINESS FOR YOUNG CHILDREN

The following recommendations for policy-makers at the state and local level, pediatricians, teachers, early care providers, and parents complement the recommendations for federal policymakers included at the beginning of this brief. Collectively, these recommendations, which are targeted to children birth through age 5, can promote reading success for children. They build upon the premise that all pre-kindergarteners and kindergarteners should be screened to assess their reading readiness skills.

Recommendations for State and Local Education Agencies

- Prioritize resources for early literacy promotion, including efforts targeting children whose reading readiness skills are not at the age-appropriate level. Existing federal resources such as the Striving Readers Comprehensive Literacy Program can be used for this purpose.
- Ensure that early child care providers and teachers receive adequate training in meeting the reading readiness needs of diverse learners.
- Provide opportunities in the summer months to help develop skills for children at risk of reading failure.

Recommendations for Early Care Providers & Pre-K and Kindergarten Teachers

- Have many conversations with and read to the children in your care every day and encourage parents to do the same.
- Use a free, reliable, publicly available screening tool (e.g., http://grtr.org) (or work with other professionals in the school such as school nurses) to assess the reading readiness level of children under your care.
- Pursue professional development opportunities that focus on early literacy, including language and literacy milestones and risk factors for reading problems.
- If there are children under your care who do not display age-appropriate reading readiness skills, implement evidence-based approaches and resources to meet their needs.
Recommendations for Pediatricians

- Incorporate Reach Out and Read into your pediatric practice.
- Encourage parents to have many conversations with their children and read to them every day.
- Discuss language and reading readiness milestones and risk factors for reading failure with parents.
- Conduct a four-year-old reading readiness check up.
- Encourage parents to give their children a reliable, free, publicly available early literacy screening (e.g., http://grtr.org) or enable them to receive the screening in your office.
- Share information with parents of at-risk children regarding community resources to promote reading readiness, including research-based early literacy programs, research-based online and print materials that are designed to address the needs of children at risk for reading failure, and local quality pre-school programs.

Recommendations for Parents

- Have many conversations with your child and read to him/her every day.
- Educate yourself about language and reading readiness milestones and risk factors for reading failure and use a free, reliable, publicly available screening tool (e.g., http://grtr.org) to assess your child’s reading readiness level.
- If your child is exhibiting risk factors for reading failure or does not score well on the screening, contact your child’s pediatrician, teacher or child care provider or local school district to see how they can help.


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