



Reach Out and Read as a foundational strategy to promote child health and development, transform pediatric primary care, and build early childhood systems that support families.

A REPORT TO MISSISSIPPI THRIVE!

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About the Author

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I am deeply grateful for my experiences over 10 years with Reach Out and Read, to the staff of the national, state, and regional offices, and especially to my pediatric colleagues across the country who deliver this program with profound impact on children and families every day. Their collective passion and hard work over the past 30 years have generated the knowledge and skills that inform all the information shared here and set the stage for the opportunities ahead. I want to thank Dr. Mary Ann Woodruff, who has served as Reach Out and Read Washington State's Medical Director since 2007, for inspiring my involvement from the start. I am extremely grateful to Jessica Mortensen, the current Executive Director of Reach Out and Read Washington State, for seven years of partnership in designing, testing, and implementing strategies to support programs. Without Jessica, the program quality work described in this report would not exist. Thank you to Callee Boulware, the Executive Director of Reach Out and Read Carolinas, for being a valued thought partner in systems development for more than a decade, continuing throughout the development of this report. Callee, Carolyn Merrifield, and the Carolinas team embraced the quality work we started in Washington, helped improve it, and have used it as a foundation to build a robust Reach Out and Read affiliate while supporting national strategy. And, finally, a special shout out to Lambrina Kless, Nikki Shearman, and the rest of the staff at the Reach Out and Read National Center who quickly and generously shared information and strategy included in this report, and who are passionate about maximizing the impact of Reach Out and Read.

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"I love what Reach Out and Read means for my patients and their families. Having that joy of reading, that warm interaction with a parent, that feeling you can count on every single evening—that is what Reach Out and Read provides across our country."

**Terri McFadden, MD, FAAP
Reach Out and Read Georgia**

TABLE OF CONTENTS

Welcome	5
Introduction	6
Section 1: Context Setting—	7
Developmental Promotion and Early Childhood Systems	
I. Mississippi Thrive!	7
A. Child Health and Development Project Overview	
B. Transforming Pediatric Practice to Support Early Childhood Development	
C. Reach Out and Read Alignment with Project Outcomes	
II. Early Childhood Systems Building	10
A. Systems Organizing and Service Capacity Building	
B. Access, Quality, and Integration	
C. Pediatric Primary Care as a Starting Place for a Universal Approach	
III. Elements of a Developmental Promotion System	12
A. Engaging Families Across Cultures through Reach Out and Read	
B. Nurturing Relationships and Social-Emotional Development	
C. Developmental Promotion, Early Detection, and Linkage to services	
D. Promoting Early Childhood Development through Primary Care	
Section 2: Reach Out and Read Overview—	19
History, Status, and Best Practices	
IV. Introduction to the Reach Out and Read Program	19
A. Program Overview	
B. Research and Evidence Base	
C. National Scope and Scale	
V. The Reach Out and Read National Network	21
A. History	
B. The National Center	
C. Reach Out and Read Affiliates	
D. Current State and Regional Organizational Structure	
E. Enhancing Network Capacity	

VI. Building State and Regional Reach Out and Read Capacity	25
A. Markers of Quality and Elements Supporting Success	
B. Leadership and Staffing	
C. Funding	
D. System and Partnership Strategies	
E. Federal and State Systems Funding Opportunities	
F. Pediatric and Medical Provider Partnerships	
VII. Prioritizing Quality	31
A. Defining Program Quality	
B. Elements of Program Quality	
C. Foundation for Quality	
D. Designing and Testing a Quality Assessment and Improvement System	
E. Implementing a Continuous Quality Improvement Approach	
F. Supporting Quality Across the National Network	
G. A Deeper Introduction to Implementation	
Section 3: Reach Out and Read in Mississippi— History, Status, and Recommendations	44
VIII. Services for Families	44
A. History and Current Programs	
B. Supporting Reach Out and Read through Mississippi Thrive!	
IX. Strategic Recommendations	46
A. Assess Readiness and Affirm Level of Commitment	
B. Implement a Planning Process	
C. Design a Statewide Strategy	
D. Implement Current Program Expansion Plans Strategically	
E. Design for Systems Integration	
Conclusion	50
Appendix: Diagrams and Visuals	50
Access, Quality, and Integration	
Promoting Early Child Development through Primary Care	
Early Childhood Development Circle of Support	
Quality Foundation, Elements and CQI Diagrams from System Development	
Sources	60

Dear Mississippi Thrive!

Recently you posed these questions:

“How can we expand Reach Out and Read through our current grant?”

“How can we make Reach Out and Read part of a sustainable statewide strategy?”

This report is an attempt to begin to answer those questions, and to paint a picture of the amazing potential that is in front of you. The information and conclusions are drawn largely from the experience of pediatric providers and their partners in other states within the national Reach Out and Read network. My intent is to provide the best available information about what it takes to create a successful network of Reach Out and Read programs, and to introduce you to the supports available to help you succeed.

It has been my privilege to learn from you and from all who contributed to this report. It is my hope that the information and recommendations provided here will help Mississippi Thrive! and its partners as you build from the strengths of the children, families, communities, and pediatric providers in Mississippi, and collectively build a sustainable network of Reach Out and Read programs embedded in a statewide developmental promotion system.

I hope you opened this report with a smile on your face, a spontaneous reaction to the **JOY** so clearly evident on the faces of this family and their medical provider in the cover photo. This report is full of detailed information and ideas, but the secret ingredient of success is JOY! Families and providers participating in Reach Out and Read consistently comment on the joy which this incredibly important program brings into their lives and into medical practices. I firmly believe it is part of the magic of the relationships which are the heart of all you will do for children and families. It will absolutely take a lot of hard work to implement the systems changes needed for children and families to thrive. Along the way, if you remember to read for a moment with a child, and to catch and hold those moments of joy, you will succeed.

This is Mississippi’s time, and I am excited to watch you move forward!

Jill M. Sells, MD, FAAP

Cover photo courtesy of Reach Out and Read, Inc.

INTRODUCTION

In the context of its project to design a developmental promotion system, **Mississippi Thrive!** posed the question, “**How do we build a sustainable network of Reach Out and Read programs?**” This report is an attempt to answer that question, and to help move the effort forward.

It is likely no surprise to the reader that the answer to this question is complex. If accomplishing this goal were easy, it would already be done! And like all systems change efforts, it will take vision, strategy, partnerships, and resources, followed by effective execution of implementation strategies. The good news is that sustainable networks of high-quality Reach Out and Read programs can be built, and there is evidence to back that up all across this country.

In fact, this is the best possible time for Mississippi to embark on this endeavor. Within the state there is a key combination of readiness among the pediatric health care community combined with a multi-sector strategic partnership which envisions Reach Out and Read as a key element of a developmental promotion system. This is coupled with external readiness in the national Reach Out and Read community to share and support Mississippi strategically in multiple ways that were not available previously.

Near the end of this report there are some relatively straightforward suggested next steps, based in evidence and experience, that will help MS Thrive! embark on a path toward success. Some of these steps may already be in the mind of the reader. However, to reach the big picture goal of a sustainable statewide network of programs, considerable context should be understood at the outset. Effective next steps are predicated on some level of understanding of early childhood systems building, coupled with specific information, experiences, and resources which Reach Out and Read brings to the table from national, state, and program perspectives. This report aims to provide some of that context in one place, and to pair it with some tailored recommendations. Hopefully this will help jumpstart Mississippi Thrive!’s internal processes and provide a firm foundation for the planning to come.

Starting with the end in mind—**a sustainable network of Reach Out and Read programs embedded in a statewide developmental promotion system**—this report will walk through some of the most important things to know so that Mississippi has enough information to decide its best steps forward.

The report is laid out in the following sections:

Section 1: Context Setting—Developmental Promotion and Early Childhood Systems

Section 2: Reach Out and Read National Overview—History, Status, and Best Practices

Section 3: Reach Out and Read in Mississippi—History, Status, and Recommendations

SECTION 1: CONTEXT SETTING— DEVELOPMENTAL PROMOTION AND EARLY CHILDHOOD SYSTEMS

Mississippi Thrive!

Child Health and Development Project Overview ¹

The goal of the Child Health and Development Project: Mississippi Thrive! is to improve the developmental health of children ages 0-5 in Mississippi.

Who are we? The Child Health and Development Project, funded by the Health Resources Services Administration (HRSA), is a three-year cooperative agreement among The University of Mississippi Medical Center (UMMC)'s Children's of Mississippi, Mississippi State University's Social Science Research Center, and HRSA.

What is the current state of child health and development in Mississippi?

Poverty—combined with limited services, limited number of developmental health providers, and lack of adequate infrastructure—results in countless young children never receiving the basic assessments and/or timely interventions that could help them thrive in school and beyond.

- Mississippi has the highest rate of child poverty nationwide.
- Census Bureau data from 2015 reported that 35% of young children lived in homes with incomes below the federal poverty level.
- 44.9% of children live in single parent families.
- Among heads of households with children, 68% had no higher degree than a high school diploma.
- For children under age five, the developmental screening rate (11%) is the lowest in the nation and less than half of the national average (27%).

What are our goals for child health and development in Mississippi?

- Foster structural, systemic change that shapes the policy and process levels of child-health-related institutions and systems.
- Improve child health by building a statewide system of early childhood developmental screenings and interventions.
- Improve Mississippi's early childhood developmental health outcomes, particularly among children younger than age six who live in poverty.

How will we achieve our goals?

- Establish a baseline and gain full knowledge of the environment by implementing and analyzing surveys of parents of young children, childcare directors, and health care providers of young children in Mississippi.
- Establish pilot site locations in year one of the project to implement a community-based approach to assess children and provide appropriate referral and follow-up within these communities.

How will we achieve our goals? (continued)

- Expand sites in multiple communities across Mississippi in years two and three of the project.
- Inform policy change by developing policy briefs and reports resulting from research outcomes.
- Establish state and national advisory committees to assist with the expanding reach of the project to work with multiple partners serving young children.
- Develop positions specific to developmental screenings through the UMMC fellowship program.
- Create an integrated early childhood data base to unite the information gathered throughout the early childhood screening, referral, and treatment processes.
- Improve the level of parental health literacy around developmental screenings and healthy child development through a new parent-centered online resource center and health messaging campaign.

Transforming Pediatric Practice to Support Early Childhood Development

A core focus of the Mississippi Thrive! project is to improve the ability of pediatric medical practices to support early childhood development. Below is a brief description of two of these efforts to date, excerpted from the June 2019 report to HRSA.²

Healthcare Practice Transformation

The Healthcare Practice Transformation project aims to: increase the prevalence of developmental screening being conducted on children birth to 5 years 11 months, foster opportunities for screening by reducing wait times and maximizing efficient clinic flow and connect providers/staff/community with valuable resources. The Healthcare Practice Transformation team has conducted visits to several pilot sites and is continuing to enroll additional practices. They have completed a needs assessment to determine attainable goals that are specific to each practice and assisted in the development of a quality improvement team to monitor progress. The Healthcare Practice Transformation team partnered with the Health Literacy team to share valuable resources and help incorporate them into the participating practices.

Distance Learning Collaborative

The Distance Learning Collaborative is a multidisciplinary team who provides tele-consulting to pediatric primary care providers throughout Mississippi. Currently there are 3 sessions operating on a biweekly basis, serving providers from 3 practices located in Madison, Leflore, and Lowndes counties. The MS Thrive! Fellows give a didactic during each DLC session based on needs indicated by providers in their enrollment packets/pre-assessment surveys. This has strengthened the care coordination for pediatric patients and resulted in numerous referrals into the MS Thrive! clinic.

These efforts have created stronger relationships with medical practices around early childhood development and laid the groundwork for systemic ways to engage and provide support for practice change. This helps to create fertile ground for an effective Reach Out and Read strategy.

Reach Out and Read Alignment with Project Outcomes

Mississippi Thrive! is working toward the following four outcomes within its grant with HRSA. As indicated in **bold** below, the implementation of Reach Out and Read will directly contribute toward two of these, including multiple elements within Outcome #1, the developmental promotion system.

1. **By 2020, 60 percent of the state’s children and families will experience all elements of the quality developmental promotion system, including developmental screening as measured by the National Survey of Children’s Health (NSCH).**
 - Coordinated developmental health promotion activities,
 - Relational health promotion activities,
 - Social determinant and family risk assessments and interventions,
 - **Promotion of strengthening and protective factors for families and young children that will improve well-being,**
 - **Developmental surveillance and ongoing monitoring,**
 - Age-appropriate standardized developmental screening, with successful connections to interventions,
 - **Accessible early childhood interventions and family support services,**
 - Coordinated referral, follow-up, and communications across systems,
 - Effective system of linkage and care coordination to community resources with a centralized access point,
 - Alignment among all early childhood sectors that touch children and families, and
 - Develop a plan and make clear progress towards implementing an integrated early childhood data system.
2. By 2020, 50 percent of the state’s early childhood providers demonstrate improved practices around developmental health promotion.
3. **By 2020, there will be a 30 percent increase in the number of families in the state engaged in daily talking/reading/singing to their birth to 3-year-old children as measured by the NSCH.**
4. By 2020, 80 percent of all children in the state between the ages of birth to 5 years (up to 71 months) who received a developmental screen and were found to have some level of developmental delay receive the recommended follow-up interventions/treatment.

Early Childhood Systems Building

Systems Organizing and Service Capacity Building

Talking or writing about systems building is not a simple task, nor does it tend to easily engage people. But the work of building both a Reach Out and Read network and a developmental promotion system is all about systems in early childhood. At the national, state, and local levels, multiple sectors, organizations and agencies have been formally tackling this challenge, and naming it, for nearly two decades. The federal Maternal and Child Health Bureau first began funding Early Childhood Comprehensive Systems³ grants in 2003 and the BUILD Initiative⁴ was started by the Early Childhood Funders Collaborative around the same time to support state level efforts and serve as a catalyst for change.

There are two concepts which help describe elements of early childhood systems development. This involves differentiating “systems organizing” from “service capacity building.” It may be helpful to step back in any given planning process and decide if the discussion is “mostly” about making systems work better for families, or about providing more services directly to families, or a combination. They are interrelated concepts and both are required to assure children and families have what they need.

Early Childhood Systems Development: Two Inter-Related Processes*		
	Systems Organizing	Service Capacity Building
Description	“Systems” efforts to facilitate collaborative, integrated system planning, implementation, and evaluation	“Systems” efforts to build the capacity of an early childhood system within a goal area, such as Access to Health Insurance and Medical Homes, Social, Emotional & Mental Health, Early Care & Education/Child Care, and Parenting Information and Support
Goal	Facilitate development of an integrated early childhood system.... <i>so that the parts of the system work well together for families</i>	Facilitate capacity building of services within the system... <i>so that families can access needed services</i>
Reach Out and Read Examples	<ul style="list-style-type: none"> • Build partnerships to support a Reach Out and Read affiliate so that it can implement statewide strategies to support medical practices • Embed a Reach Out and Read program strategy within an overall pediatric practice transformation effort to support child development 	<ul style="list-style-type: none"> • Provide high quality children’s books to Reach Out and Read programs so that medical providers have the “right book for the right child” at each well-visit • Provide funding to support the recruitment and startup of new Reach Out and Read programs, so that more families receive the program during well child visits in their medical home

*Adapted from Sells J. (2007)⁵

Access, Quality, and Integration

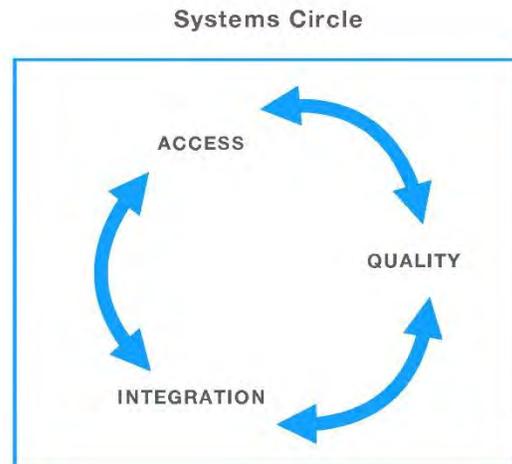
In the quest to systematically improve outcomes for children across the population by scaling services and supports to meet child and family needs, the complexity is often overwhelming. Keeping the following elements in mind offers a simple way to help frame and visualize many levels of strategy and implementation: **access, quality, and integration.**

Access: Population-level impact requires broad accessibility, accompanied by focused attention on those who have the most need. Simply put, even the most effective program or strategy will not have significant impact if it is not widely implemented and easily accessible to families. *How are you framing access goals, and what steps are you taking to improve access?*

Quality: Achieving desired program or service outcomes is only possible through high quality implementation. There is often a shared understanding of the importance of using evidence-based and promising practices implemented with fidelity to quality standards.

Increasing access without supporting quality is unlikely to result in significant positive outcomes. *How are you thinking about quality, and what steps are you taking to support it?*

Integration: Implementing and sustaining high-quality programs and services at scale in a sustainable way is a central goal for systems improvement. Behavior change is hard, whether at the family, provider, program, or systems levels, and sustaining change is even more challenging. Without integrating access and quality efforts into ongoing processes and systems, the likelihood of effective or sustained implementation is low. *From leadership, to funding, staffing, and specific program implementation steps, how are you thinking about the integration of your efforts into existing and ongoing systems, and what steps are you taking to support it?*



Which should you tackle first? Multi-faceted systems change is not a linear process. For the big picture, you must tackle access, quality, and integration, and you must consider all three at the same time.

Which element is most important? All three must be addressed if you want to drive improved outcomes through effective, lasting systems change. They are all inter-related and impact each other.

How is it possible to make progress? Systems change can start from many places, at any scale, and initiatives can have different areas of emphasis. One project might focus on a quality improvement process within a medical clinic, and another on increasing access through outreach to a specific geographic area or cultural group. Together they can be part of a systems change effort that addresses multiple aspects of access, quality, and integration. As you design and implement systems changes intended to improve outcomes for children and families, see if this “systems circle” helps you quickly visualize and connect multiple efforts, enhancing your ability to achieve population level impact.

Pediatric Primary Care as a Starting Place for a Universal Approach

Soon after birth, in the office of a children’s doctor, is the perfect time and place to begin a universal system for promoting children’s developmental health. Parents are often both overwhelmed and excited to welcome a new baby into their lives. And for those families where the stresses are overwhelming, the welcoming environment of a pediatric practice is a place for discovery of those challenges and the provision of early supports. Studies show that families trust their child’s doctor more than any other source of information about their child’s health and development. When pediatric practices warmly welcome families, trust continues to be built over time. This provides the foundation for a relationship between medical providers and parents that enhances families’ support structures as they navigate the challenges and rewards of parenting.

From their first breath, babies are born wired to learn through loving interactions with their parents and other close caregivers. Responsive, nurturing, back and forth interactions, along with milk, diaper changes, and sleep, are what babies need to learn and grow. Pediatric primary care providers offer those first professional words of support, encouragement, and modeling for parents, helping them learn how to support their child’s development.

Nearly every child in the U.S. has access to health insurance that covers preventive care, and 90% of young children nationally have had a well-child visit in the past year.⁶ Doctors regularly see children for well-child checkups throughout childhood. Fortuitously, these regular visits are most frequent in the earliest months and years, when parents are seeking information, and when children’s brains are in their most rapid period of development. A central part of these visits is the provision of “anticipatory guidance,” where doctors talk with parents about their child’s development, what to expect, and how to nurture and support their child throughout the process.

So when thinking about the elements of systems development from the previous section, we find **access**—nearly universal; **quality**—a professional setting staffed by children’s doctors; and **integration**—a system of regular preventive visits that integrate child health and development. Thus, the pediatric primary care setting is the perfect place to implement a universal system to reach parents and children early, regularly, and through a trusted messenger.

Elements of a Developmental Promotion System

Engaging Families Across Cultures through Reach Out and Read

Reach Out and Read leverages two extraordinary forces to promote child development: the power of parents and the influence of children’s doctors.

The core of the Reach Out and Read program is the personal one-on-one interactions between a doctor and a family. Beginning each well-child visit with a brand-new children’s book immediately engages the child and parents in a unique and joyful way. It changes the way the whole visit occurs, shaping the conversation around observations and interactions that support the child’s development and encourage and support parent-child interactions. Reach Out and Read is not an “outside” program but rather a strategy embedded in primary care, delivered by providers at the community level who are working to meet the particular needs of children and families in their care. The program can be tailored to fit into any practice in any community and is individualized for each child and family by the medical provider over repeated preventive visits during the child’s first five years of life.

Reach Out and Read is a foundational strategy because it works for both families and medical providers

Reach Out and Read meets families' needs:

- Convenient - supports families “where they are,” at doctors’ offices for well-child checkups
- Targeted - serves children birth through 5 years together with their parents
- Desired - parents want to know how to support their children’s language and literacy skills
- Trusted - medical providers are the most trusted child development resource for most parents

Reach Out and Read helps doctors support families:

- Strengthens provider relationships with both child and parents
- Enhances their ability to assess child development and family relationships
- Provides a natural way to offer advice about supporting early language and literacy at home

Reach Out and Read is a strengths-based approach for supporting families

Reach Out and Read was originally created to support families who had limited resources and who did not always have children’s books at home. Reach Out and Read advocates are intentional in their efforts to help “level the playing field” as early as possible, and therefore focus first on children living in low-income families or who are otherwise at risk for poor developmental and life outcomes. Reach Out and Read systematically strives to reduce the opportunity gap with the goal of eliminating family-income, race, and geography as predictors of developmental outcomes. They do this by engaging health systems and medical providers as partners who deliver individualized support to families based on the needs they express.

- **Geographic and Cultural Diversity:** Reach Out and Read programs are in urban, rural, and suburban settings across the country. Programs are serving families from many linguistic and cultural groups, including English language learners, bilingual populations, and immigrant and refugee families.
- **Safety Net Clinics:** Reach Out and Read programs are widespread among Federally Qualified Health Centers (FQHCs), community health centers, and other “safety net” clinics, serving children who are among the most vulnerable in society. These clinics predominately serve children living in low-income families; with high percentages of children of color and families where English is not the home language.

Reach Out and Read serves diverse populations in culturally-relevant ways

- **Individualized Care:** High-quality primary care is characterized by medical providers who individualize the care they provide to children and families based on information gathered from the family about their needs. Reach Out and Read provider training emphasizes this individualization and includes specific guidance on serving children across the developmental progression. This includes working with families where English is not the home language and with parents who have low literacy skills.
- **Children’s Books:** Each clinic strives to provide books that are developmentally, culturally, and linguistically appropriate for the families it serves. Research shows that it matters most that children learn their first language well, regardless of which language it is. Reach Out and Read supports families’ native language and culture. Books are available in multiple languages, and medical providers teach families how to share books with their child, even when caregivers themselves have low literacy skills, or a book is not available in their primary language.

Reach Out and Read develops resources and strategies to support diverse cultures⁷

"Many Spanish speaking parents identify not being able to read in English as a major barrier so, as part of Leyendo Juntos, we give out Spanish and bilingual books at our well-child checks. When parents worry about their child's kindergarten readiness, we encourage them to talk and read and play in the language that they find most comfortable, because studies show that when children have strong home language skills, they learn English more easily when they get to school. But what I love most about Leyendo Juntos, is seeing parents reading a book with their babies on their lap, and knowing that this simple act can empower them to be their children's first and best teachers, promote cultural pride and strong family relationships, and provide many moments of joy along the way."

Mariana Glusman, MD, FAAP, Reach Out and Read Illinois

Building from the underlying model, Reach Out and Read has developed partnerships to strengthen supports for specific populations and communities.

- **American Indian/Alaska Native Initiative:** Established in coordination with the American Academy of Pediatrics and the Indian Health Service (IHS), the AI/AN Initiative focuses on providing Reach Out and Read in IHS, Tribal, and Urban health clinics nationwide.
- **Children with Developmental Disabilities:** Medical providers caring for children with special needs in both primary care and specialty settings individualize Reach Out and Read to support the children and families in their care. Through Reach Out and Read, medical providers and parents of children with disabilities can partner to make reading an enjoyable part of the daily routine. A Reach Out and Read Developmental Disabilities Literacy Promotion Guide supports providers and families in this process.
- **Leyendo Juntos (Reading Together).** Leyendo Juntos was created to develop linguistically-appropriate training and materials for Reach Out and Read providers who serve Spanish-speaking families. This helps providers effectively encourage Latino parents and extended family members to read with their children. Reach Out and Read emphasizes respect for families' cultures and primary language and builds upon the best practices for supporting early literacy in Spanish-speaking families.
- **Military Initiative:** Because of the unique pressures on military families, including separation, deployment, injury, and even death of a parent, Reach Out and Read launched an initiative to expand support to military families. Reach Out and Read programs currently serve military families on bases worldwide as well as National Guard and Reserve families through thousands of civilian programs nationwide.

Nurturing Relationships and Social-Emotional Development

Reading together as a family provides a routine which is both nourished by and supports a nurturing relationship between parent and child. The importance of the parent-child relationship, and the connections that come through book sharing, are well-documented. The American Academy of Pediatrics summarizes it in this way: *"Reading regularly with young children stimulates optimal patterns of brain development and strengthens parent-child relationships at a critical time in child development, which, in turn, builds language, literacy, and social-emotional skills that last a lifetime."*⁸

In both pediatrics and the early childhood field there is growing understanding of the importance of early relationships and the critical role that parent-child relationships play in supporting children's development. The field of infant and early childhood mental health is growing alongside efforts to better

integrate behavioral health into primary care. National, state, and community early childhood systems efforts are beginning to connect the dots between these efforts.

The philanthropic community is also bringing attention and support to the social-emotional development of young children. This is reflected in work supported by a group of Foundations who have formed the Pediatrics Supporting Parents Steering Committee. A report they supported, *“Fostering Social and Emotional Health Through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change”*⁹ was released in June 2019 and is described in the funding section of this report. A related document, *“Pediatrics Supporting Parents: Program Analysis Report”*¹⁰ will be released soon by the Center for the Study of Social Policy and Reach Out and Read is among the programs included.

Pediatric primary care providers across the country have implemented Reach Out and Read along with other strategies to support the social-emotional development of young children in their clinics. Many have described how the Reach Out and Read medical provider training and the books they give to children provide concrete and effective ways to both model and support developmentally-supportive relationships between parents and young children during well-child visits.

Developmental Promotion, Early Detection, and Linkage to Services

The pediatric primary care setting provides a universal place to not only promote child development, but also to support the early detection of any developmental concerns, with appropriate follow up. This involves ongoing monitoring of child development and systematic developmental screening, combined with systems both inside and outside of the clinic that facilitate families’ connection to the community-based services needed for further evaluation and/or intervention.

Reach Out and Read medical providers and affiliate leaders from across the country have both noticed that the successful implementation of a Reach Out and Read program is often associated with effective systems around early detection, linkage, and referral related to developmental concerns. They theorize that this is due to the following factors.

- 1) **Medical provider engagement:** When they implement Reach Out and Read, medical providers are actively engaged in child-development promoting activities with families on a daily basis, and thus become more attuned to development-related concerns and opportunities.
- 2) **Clinic systems change experience:** Medical clinics that have successfully integrated Reach Out and Read into the flow of their practice have implemented system changes that make the clinic more ready to implement other changes that could support processes around screening, referral, and linkage.
- 3) **Community partnerships experience:** Reach Out and Read encourages and facilitates connections between medical practices and other partners, such as libraries. Medical provider and clinic experience working with Reach Out and Read staff and with local partners expands awareness about community resources to support families in their care.

A strong example of collaboration to support a comprehensive developmental promotion system is the connection between Reach Out and Read and Help Me Grow. According to the Help Me Grow website, *“Help Me Grow is a model that works to promote collaboration across child-serving sectors in order to build a more efficient and effective system that promotes the optimal healthy development of young children.”*¹¹ Originally started in Connecticut, there are now 92 Help Me Grow affiliate systems operating in 28 states and Washington, D.C., supported by the Help Me Grow National Center

The Help Me Grow Model has four cooperative and interdependent core components:¹²

- **A Centralized Access Point** assists families and professionals in connecting children to appropriate community-based programs and services.
- **Family & Community Outreach** builds adult caregivers’ understanding of healthy child development—how it works and what they can do to improve children’s outcomes—and their awareness of the supportive services available to families and service providers in the community.
- **Child Health Care Provider Outreach** loops medical providers into the system and supports early detection and intervention efforts.
- **Data Collection and Analysis** supports evaluation, helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement to make sure the system is constantly becoming better.

Several Reach Out and Read affiliates actively partner with Help Me Grow affiliates in the same geographic region. Since Child Health Care Provider Outreach is one of the core components of a Help Me Grow system, partnerships between Reach Out and Read and Help Me Grow, at both the practice and network levels, support the implementation of a developmental promotion system.

The Early Childhood Development Circle of Support which follows was created through a partnership between the Reach Out and Read and Help Me Grow affiliates in Washington State to help state partners visualize how these efforts can connect to support children and families.

[Note: Full page versions of both of the following figures, **The Early Childhood Development Circle of Support** and **Promoting Early Childhood Development Through Primary Care**, can be found in the Appendix.]

The **Early Childhood Development Circle of Support** figure demonstrates how the Pediatric Primary Care setting, which includes Reach Out and Read, is connected to both Community Services and to a Central Information, Referral, and Linkage System.

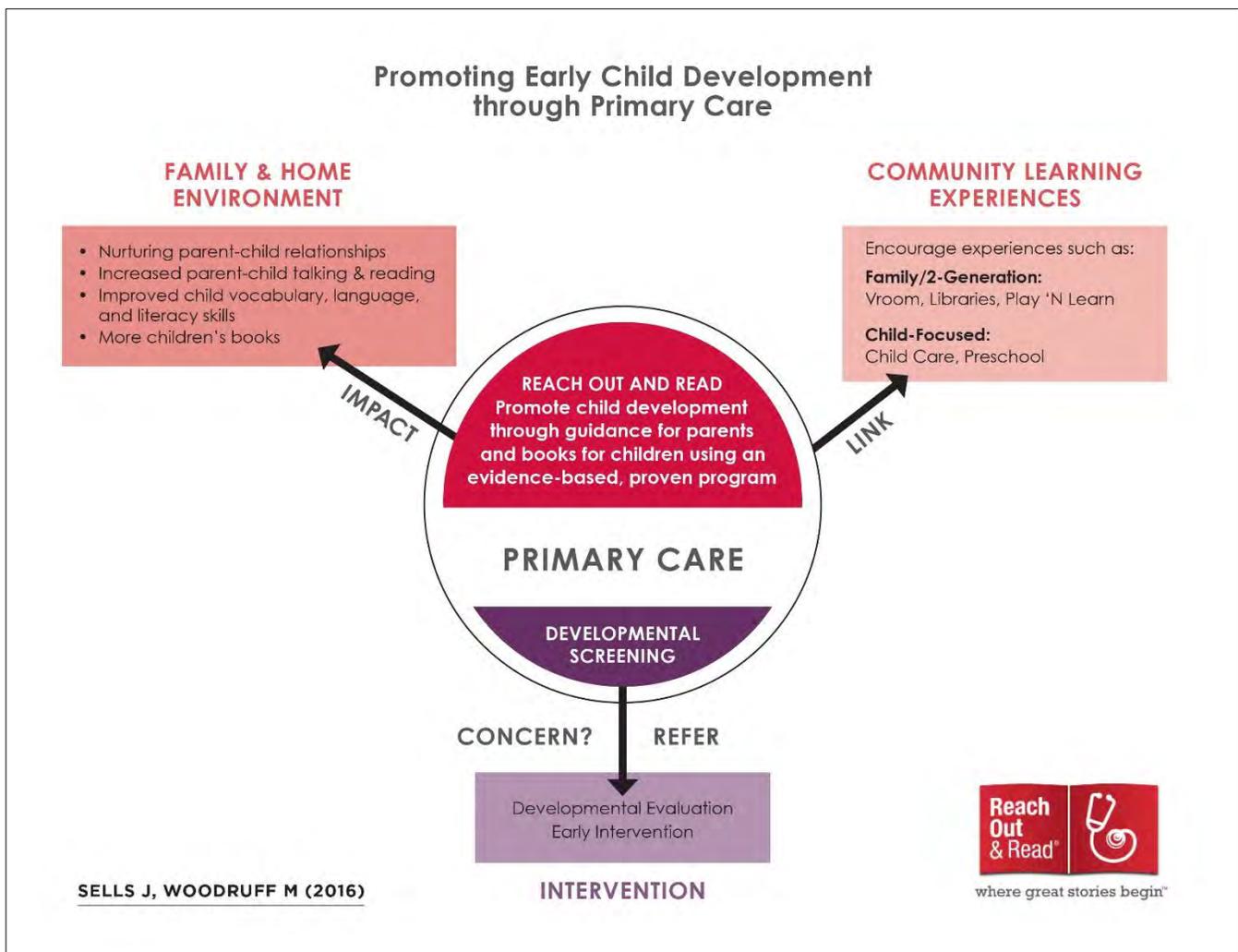
- It places **children and families** at the center
- It demonstrates **connections** between three key elements of an **integrated** system that supports child health and development
- It highlights the critical importance of bidirectional **communication and linkage** between all three elements
- It shows that children and families can **access** and be supported by all three parts of the system at any point in time, and that each element can **link** families to services
- It provides several examples of the roles of each of the three elements



Promoting Early Childhood Development through Primary Care

The **Promoting Early Childhood Development Through Primary Care** figure visually brings together the concepts described in the previous sections, showing the central role that pediatric primary care can play.

- It places primary care in the center as a starting place for engaging families, with Reach Out and Read **INTEGRATED** as a foundational strategy to promote child development and provide guidance and support for parents.
- This activity within the primary care setting **IMPACTS** the family and home environment, supporting the nurturing relationship between parent and child through language-rich back and forth activities with a children’s book, which are naturally reinforcing for both parent and child. These have positive outcomes for the child in multiple areas, including language and communication, literacy, and social-emotional development
- The routine surveillance and anticipatory guidance provide through well child visits within the medical home can **LINK** families to community learning experiences that are both family and child focused.
- The visual also places developmental screening within primary care, showing how concerns identified lead the practice to **REFER** the child and family for further evaluation and possible intervention services.



SECTION 2: REACH OUT AND READ OVERVIEW— HISTORY, STATUS, AND BEST PRACTICES

Introduction to the Reach Out and Read Program

Program Overview

Reach Out and Read is an evidenced-based early childhood intervention that gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together. The national Reach Out and Read program model was founded by two pediatric physicians and an early childhood educator in 1989 at Boston City Hospital in Massachusetts, on the premise of encouraging parents to read regularly to their children and giving them the tools (the books) to do so. The Reach Out and Read program is based on the relationship of trust between medical provider and family.

The Reach Out and Read Core Program Model: Parents do not have to seek out or “sign up” for the program. Reach Out and Read is integrated as a standard component of primary care for young children in participating clinics, supporting all families who are seen for well-child checkups. Reach Out and Read has a three-part research-based model to promote child development through daily, nurturing, language-rich interactions between parent and child at home:

1. **Guidance for families:** During each well-child visit, Reach Out and Read doctors talk with parents about the importance of reading aloud with their young children, model how to do so, and offer age-appropriate tips and encouragement. Parents are engaged in the conversation and leave the visit inspired to read together at home.
2. **New children’s book:** Each child is given a new, culturally- and developmentally-appropriate children’s book to take home, building a collection of 10 or more new books in the home before the child goes to kindergarten.
3. **Literacy-rich environment and resources:** However feasible, the medical practice creates a literacy-rich environment with posters, gently used books, library information, and/or volunteer readers, and refers families to community resources for young children and families.

The Reach Out and Read Program is implemented through medical clinics that provide well-child checkups for young children. These include a wide variety of settings, including community health centers, pediatricians’ offices, family practices, tribal and Indian Health Service clinics, and military health facilities. Some clinics are individual entities; others are part of a clinic system or other network. Clinics predominantly join the program in one of two ways—either by providers personally contacting Reach Out and Read and expressing interest, or through targeted outreach to primary care providers by Reach Out and Read staff when there is a specific initiative and staffing within a state or community.

A Reach Out and Read Provider is a primary care medical provider who delivers well-child visits directly. This includes physicians, nurse practitioners, and physicians’ assistants in the fields of pediatrics and family medicine. Other members of the office staff are vital to high-quality delivery of the Reach Out and Read program, including nurses, medical assistants, receptionists, and anyone who interacts with patients or helps support the program behind the scenes.

Research and Evidence Base

While documenting the research and evidence base for Reach Out and Read is beyond the scope of this report, a brief summary is warranted because it is the primary justification for embarking on a process to implement Reach Out and Read as a foundational, systematic strategy to promote child development at the population level.

The 30-year history of clinical implementation of Reach Out and Read is accompanied by extensive supporting research. Many decades of educational research demonstrate the critical importance of books in the home and early literacy skills for later success in school. This informed the original development of Reach Out and Read, and still provides compelling motivation given continuing poor educational outcomes in reading proficiency and high school graduation rates across the country, and the evidence of direct correlation with how well-prepared children are when they arrive at kindergarten. At the same time, the detailed and growing understanding of early brain development, both what promotes positive development and what works against it, has provided greater scientific explanations for how language-rich interactions in the context of a loving, responsive relationships between adult and child helps shape children's brains, and promote health and development.

An excellent summary of the research to that time, and the policy and practice implications for Reach Out and Read, can be found in the 2014 policy statement from the American Academy of Pediatrics, entitled *Literacy Promotion: An Essential Component of Primary Care Pediatric Practice*.¹³

Reach Out and Read describes the impact as follows.¹⁴

Over the years, the Reach Out and Read model has been examined by academic investigators in a variety of settings, providing a **substantial body of peer-reviewed research on the impact of the program**. This body of published research is more extensive than for any other psychosocial intervention in general pediatrics.

The Key Findings:

- Parents are 2.5 times more likely to read to their children
- Families are 2.5 times more likely to enjoy reading together or have books in the home.
- Children's pre-school language development is improved by 3-6 months.

Learn more about evidence base at <http://reachoutandread.org/our-impact/reach-out-and-read-the-evidence/> where you will find 17 published studies, organized in three areas:

- Evidence that Reach Out and Read Changes Child Outcomes
- Evidence That Reach Out and Read Changes Parental Attitudes and Practices
- Evidence that Reach Out and Read Results in Better Primary Care

National Scope and Scale

Over the last 30 years, Reach Out and Read has grown from one clinic, two pediatricians, and 500 children and families to 32,700 pediatric providers at 6,200 healthcare locations nationwide. There are programs in all 50 states and Washington, D.C. Annually, the organization impacts 4.7 million children through the distribution of more than seven million new, developmentally and culturally appropriate books. Learn more at <http://reachoutandread.org/>.

The Reach Out and Read National Network

History

Much of the growth of Reach Out and Read programs over time was inspired organically because pediatricians, family practitioners, and clinics heard about it, and wanted to replicate the program originally created in a pediatric clinic at Boston Medical Center (then Boston City Hospital) in 1989.

Annual federal funding via congressional appropriations, which lasted from 2000-2012, became the basis for a more systematic way of supporting program growth across the country. During the federally funded years, Reach Out and Read was able to directly provide large numbers of books to clinics across the country to support start up and then help sustain clinic supply annually.

During this time, the National Center was established and began to provide a variety of resources to support clinics. These elements continue today and include:

- Formal application processes for clinics wanting to participate
- Training for medical providers to help them understand the program and how to implement it
- Supports for the clinic program coordinator to implement the program logistically
- Publisher partnerships that enable clinics to purchase high-quality children's books at significantly discounted prices
- Progress reporting and data systems to enable clinics and Reach Out and Read to track program growth and delivery of services

At the same time, geographic areas of the country became interested in expanding the program in a more scaled and systematic way. In fact, some cities and states did this before the creation of the national organization. These efforts became known as Reach Out and Read Coalitions, and a process was developed to formally sanction them through official contracts with Reach Out and Read.

The National Center became a resource to support the Coalitions in a variety of ways, including

- Providing some funding through the federal appropriations to help support a local coalition leader, who was then required to develop and sustain most of the needed resources locally
- Tools for Coalitions to use to support program implementation, such as a program manual and a site observation tool
- Access to data about Reach Out and Read programs in their geographic region
- Newsletters and conference calls to support communication with and between Coalitions
- National meetings and conferences to network, advocate, and share best practices

The National Center

Originally a single program embedded in an academic pediatric program, Reach Out and Read Inc. is now a national 501c3 organization based in Boston. It serves as a National Center to support Reach Out and Read programs across the country. It does so in two predominate ways: through supports available directly to clinics participating in Reach Out and Read, and through official relationships with Reach Out and Read Affiliates. The Reach Out and Read National Center currently describes itself as follows.

National Center Services

The National Board of Directors, the National Center leadership, and the Affiliate Network leadership are working together through the Network Advisory Committee and other structures to create and practice a “value through service” culture. The goal is to further support the development of a high-quality affiliate network that has the capacity to represent Reach Out and Read and manage sustainability in the local context. Affiliates, in turn, support medical providers in delivery of the Reach Out and Read model so that parents have the information and tools they need to give their young children the best possible start in life. Accordingly, the National Center aims to offer value both in leadership that serves the organization as a whole and as a service center that directly supports the Affiliate Network.

The National Center strives to create value in leadership by working with the National Board of Directors, with input from Affiliate leadership, in the following areas:

- Organizational Strategy
- Program Model and Quality Standards
- Brand Stewardship and Thought Leadership
- Research and Evaluation
- Partnerships
- Development
- Innovation

The National Center offers core services to the Affiliate Network that are focused on affiliate experience, with input from the Affiliate leadership:

- Network Connectivity
- Training and Support
- Fundraising
- Data and Technology Platform
- Provider Training and Program Quality Support Systems
- Book Purchasing Partnerships
- Shared-Services Opportunities

The National Center enjoys a special relationship with Affiliates that are housed under the Reach Out and Read Inc. 501(c)(3) organization, as overseen by the National Board of Directors, providing these additional services:

- Corporate Governance
- Fiscal Compliance
- Financial Management
- Fundraising Supports
- Human Resources
- IT Infrastructure

Reach Out and Read Affiliates

The original Reach Out and Read Coalitions have evolved over time and are now known as Reach Out and Read Affiliates. These are 34 statewide and regional offices affiliated with the Reach Out and Read National Center that work directly with Reach Out and Read program sites to ensure the effective implementation and quality of the Reach Out and Read model. Learn more at <http://reachoutandread.org/about-us/our-organization/affiliates/>.

While all Reach Out and Read Affiliates have official relationships with the National Center and care deeply about the program, there is tremendous variability in the size, scope, capacity, and activities of the affiliates. Fundraising, strategy, and organizational development are local responsibilities, and this is very challenging. As a result, one affiliate may have a single part-time staff person and a volunteer Medical Director, while others have annual budgets over \$1 million and have developed extensive organizational capacity and partnerships. This means that medical practices across the country have very different access to local supports to help them start and maintain high-quality Reach Out and Red programs. And many communities have no local Reach Out and Read staffing at all to support partnerships or programs.

It is impossible to do justice to the rich history of affiliates across the country in this report, but it is the combination of these efforts and those of the National Center that together have resulted in the amazing national scope of the program—with over 6,200 clinics serving over 4.7 million children and their families annually. The following are examples of affiliates of various types whose infrastructure supports a website that demonstrates some of their local capacity.

Reach Out and Read Carolinas—a multi-state affiliate under the national 501c3
www.rorcarolinas.org

Reach Out and Read Colorado—an independent 501c3
reachoutandreadco.org

Reach Out and Read Washington State—a single state affiliate under the national 501c3
reachoutandreadwa.org

Reach Out and Read Wisconsin—a partnership with a children’s health alliance
www.chawisconsin.org/initiatives/early-literacy/reach-out-and-read-wisconsin/

“Reach Out and Read is one of the most evidence-based tools clinicians can use to address the opportunity gaps children from underserved communities face. Gaps can be seen as early as two years of age and lead to the disparate outcomes we see in academic achievement along lines of racial and economic background. The science is clear that if we wait until kindergarten or preschool we will miss a significant window to change the trajectory our children are on. Reach Out and Read is a simple healthcare intervention but it meets parents and families where they are at, instead of requiring forms or subsidies, and works with them to build on skills they already have. Reach Out and Read clinics therefore provide parents and children with the ability to have the tools to write their own story.”

Nathan T. Chomilo, MD, FAAP, Reach Out and Read Minnesota

Current State and Regional Organizational Structure

Reach Out and Read has a “hub and spoke” organizational infrastructure that supports high-quality implementation of the Reach Out and Read intervention through: a National Center that supports the development of high-quality affiliates and coordinates sharing of best practice and network connectivity; high-quality Affiliates that offer providers a personal connection to Reach Out and Read, strategically engaging and supporting clinical sites to ensure that the Reach Out and Read model is delivered with fidelity; and ongoing work to expand Affiliate support for all clinical sites. Currently, there are 34 Reach Out and Read Affiliates operating under a variety of organizational structures. There are also independent sites, who implement the program with the support of the National Center in 25 states. (Information courtesy of Reach Out and Read Inc., September 2019)

Reach Out and Read State and Regional Organizational Structure (September 2019)		
Type	Description	Affiliate Name
ROR Inc. Affiliates	8 affiliates housed under the National Center 501(c)(3); staff members are Reach Out and Read employees; National Center is fiscal sponsor	Carolinas/Virginia-DC Connecticut/Massachusetts Georgia New Jersey Oregon Oklahoma Washington State Upstate New York
Fiscal Sponsor Affiliates	1 Contract with National Center as fiscal sponsor	Greater Philadelphia
Affiliates	6 affiliates are independent 501(c)(3)s	Arkansas Colorado Greater New York Iowa Minnesota Rhode Island
	7 affiliates are hosted within an AAP Chapter	Alabama Arizona Illinois Indiana Maryland Orange County (California) San Diego (California)
	12 affiliates are associated with a Health System, University, state agency, or other early literacy nonprofit organizations	San Bernardino County (California) San Mateo County (California) Santa Clara County (California) Solano County (California) Florida (exc. Palm Beach County) Kansas City Kentucky Ohio Palm Beach County (Florida) St. Louis (Missouri) Texas Wisconsin
‘Independent’ Sites	Program sites that are not locally supported by an affiliate; National Center staff serve as primary points of contact	Sites are located in 25 states: AK, DE, HI, ID, LA, ME, MI, MS, MT, ND, NE, NH, NM, NV, TN, UT, VT, WV, WY. <i>Individual sites are also located within CA, KA, MO, NY, PA</i>

Enhancing Network Capacity

Recognizing both the opportunities and the challenges in supporting a national network of over 6,200 programs across 50 states, Reach Out and Read has been assessing at the national and state levels how best to support children and families across the country. In 2017, the Reach Out and Read National Board of Directors established a committee charged with developing a Network Unity Strategy with the following objective: “To unify our organizational strengths to enhance Reach Out and Read’s ability to grow and strengthen our program, be recognized as a leader in the zero to five arena, and achieve our mission.” Composed of members of the National Board of Directors, the National Center Executive Leadership Team, and leaders from the Affiliate Network, the committee carried out a year-long strategic process to identify how the various stakeholders of Reach Out and Read can best work together to achieve this objective.

The process documented the challenge of maintaining high-quality programs in the face of program expansion that has outpaced the growth of infrastructure that allows Reach Out and Read to maintain a connection and develop a system of support for all clinical sites. While many clinics consistently demonstrate fidelity to the model, the development of a robust quality measurement and support system that requires professional staffing has highlighted the opportunity to better support medical providers’ ability to deliver high-quality programs for the children in their care. Dedicated medical providers are at the heart of Reach Out and Read. However, even with the best of intentions, it is difficult to optimize program quality when clinical sites are isolated and without consistent support.

The resulting Reach Out and Read Network Unity strategy focuses on a network-wide approach to achieving consistent high-quality implementation of the Reach Out and Read model. The approach is drawn from the documentation that “bright spots” of strength and growth of Reach Out and Read are found where affiliates have developed a sustainable infrastructure with the capacity to represent the personal connection of Reach Out and Read with providers in their geographic region. These affiliates strategically connect with and encourage clinical sites to ensure that the Reach Out and Read model is delivered with fidelity.

Reach Out and Read is now in its second year of implementing the strategy, with increased supports for current affiliates, and new planning and implementation resources for new affiliates.

Building State and Regional Reach Out and Read Capacity

Markers of Quality and Elements Supporting Success

In the course of the network strategy work described above, a more detailed understanding evolved around some elements associated with the success of strong affiliates. The following six indicators were determined to be necessary for a high-quality affiliate:

1. The affiliate has a Medical Director
2. The affiliate has a Strategic Plan in place
3. The affiliate has a system in place for supporting all clinic sites
4. The affiliate has an Advisory Board
5. The affiliate implements systems for fidelity to the core program model
6. The affiliate has adequate revenue to sustain operating costs

To further understanding of some key elements of strategy and implementation that have accompanied Affiliate successes to date, the following is an introduction to staffing, funding, system and partnership strategies, and national-state systems funding opportunities.

Leadership and Staffing

Professional staffing is critical to the success of a statewide Reach Out and Read affiliate. While affiliates have started with variable amounts of staffing, the outline below describes some key elements of staffing present in strong statewide affiliates that are delivering on strategy, fundraising, medical engagement, and high-quality program support at significant scale.

The Executive Director is responsible for the affiliate overall, setting strategy, developing partnerships, and raising funds to support the staff and systems needed to recruit and support a network of high-quality Reach Out and Read programs across the affiliate.

The Medical Director is an active Reach Out and Read provider who strategically partners with the Executive Director, champions the program with her colleagues across the affiliate, and provides oversight of the clinical components of the program to ensure that Reach Out and Read is implemented with high fidelity within health systems across the affiliate.

The Program Director oversees the provision of an affiliate-wide system of technical assistance and professional development for medical providers and clinics implementing Reach Out and Read. This includes individual clinic support around all aspects of program development and implementation, using tools to support, measure, and improve quality. These services are provided both virtually and in-person to support high-quality program implementation and troubleshoot any challenges. This includes supports for medical provider and staff training, and logistical support for sites to select, order, store, and track books for children, and the systems needed to do this well. As the number of programs indicates, the Program Director builds a team of Program Specialists who can effectively support programs across the affiliate.

Program Specialists (PS) are trained professionals who support the quality implementation of the Reach Out and Read model in all local programs through (1) technical assistance and professional development support; (2) program data and reporting; and (3) book support and funding. For new programs, the PS guides interested providers through the process of applying, the training of providers, and on-site orientation and assistance to ensure proper implementation. Program Specialists assess model fidelity and program quality at in-person site visits using specific metrics. Program Specialists then partner with clinics as needed to jointly build and implement individualized quality improvement action plans. They also work to bridge connections between the clinic and the community.

Advisory Board: Establishing a group of external leaders to help guide and support the work strengthens the affiliate and its network of supporters. The roles and responsibilities of this group will vary depending on the affiliate's legal structure.

Funding

Ongoing, sustainable funding is a critical element of success for any effective strategy to expand access to and assure the quality of Reach Out and Read programs. While both reviewing the funding successes of existing Reach Out and Read affiliates and detailing a fundraising strategy for Mississippi are beyond the scope of this report, some background may provide useful context for developing a funding strategy.

Clinics: At the clinic level, Reach Out and Read programs must have high-quality children's books for each child. Reach Out and Read affiliates partner with their clinical sites to strategize funding, and in many cases develop partnerships and funding sources to help provide the books that clinics need. There is also a growing trend for large clinic systems to systematize the implementation of Reach Out and Read and centralize fundraising for books. Individual clinics without an affiliate or health system to provide books do have to find a way to purchase the books they need. Reach Out and Read can share information about strategies with interested clinics. While there are many Reach Out and Read leaders, advocates, and partners actively exploring ways to sustainably fund books for Reach Out and Read programs, there is currently no ongoing, systematic source of funding within the healthcare system to pay, or reimburse for, this cost to medical clinics.

Affiliates: At the state and regional levels, affiliates have supported substantial Reach Out and Read program expansion and quality support in many areas of the country. In order to do so, the affiliates developed the funding resources to support the staffing to make this possible. Past federal funding provided some resources to help start and sustain affiliates. While always requiring local fundraising, and never sufficient to support the needed staffing and services, it was an important source of funding for the affiliate network. New affiliates wishing to get started will work with the National Center to develop a strategic plan and initial funding strategy.

Over time, affiliates with more robust staffing and services have developed a variety of funding mechanisms. These have typically involved some blending of public (federal, state, and/or local) and private (national, state and/or local) sources. Sustainable, stable funding to support staffing is required to provide high quality supports that medical providers and clinics will use and rely on, if the affiliate wants to create a sustainable, statewide network. While considerable progress has been made, and new strategies are continually emerging, the reality remains that this is very challenging work. Successful Reach Out and Read affiliates have embraced a systems integration approach. The more that Reach Out and Read is framed appropriately within the larger systems conversation, the more successful affiliates will be at creating a sustainable path for the organization and its development.

System and Partnership Strategies

While describing the multitude of system and partnership strategies which Reach Out and Read affiliates have successfully implemented is beyond the scope of this report, some key underlying approaches can be shared. At their best, these strategies are directly tied into funding strategies, and the following sections describe two major mechanisms.

Increase awareness of the benefits of partnering with medical providers to support young children and families.

Reach Out and Read involvement in partnerships can increase local interest in partnering with medical providers by demonstrating the potential impact and scale by increasing awareness about:

- The trusted role that medical providers play in the lives of most children and families
- The access that the health care system has to the most vulnerable and “hard to reach” children and families, and to families with the least resources
- The unique and near-universal access that medical providers and the health care system have to young children and families
- The preventive health care system, and the role of regular well-child visits in promoting child development
- The potential for doctors to influence what others might perceive as “non-health” outcomes for children and families
- The research that demonstrate that Reach Out and Read positively changes family behaviors and the home environment, and improves outcomes for children

Increase awareness about Reach Out and Read’s ability to impact multiple outcomes and priorities.

Reach Out and Read’s involvement in partnerships at the affiliate level can demonstrate strategic connections to many important frameworks and initiative intended to benefit young children and families. The following are examples of areas of local, state, and national interest within which Reach Out and Read can fit as an evidence-based strategy (in no particular order)

- Child development/developmental promotion
- Child health
- Social-emotional development
- Relational health
- Parenting support/positive parenting programs
- Strengthening families and promoting protective factors¹⁵
- Promoting resilience in children and families
- Mitigating toxic stress
- Health care transformation
- Early Childhood Systems
- Cradle to Career Education Initiatives
- School/kindergarten readiness
- Early language and literacy development
- 3rd grade reading proficiency

Work at the affiliate level to build partnerships that help bring both Reach Out and Read and medical providers more generally “to these tables” is an important element of building a developmental promotion system, and to assuring that medical providers are part of early childhood systems building. It is also, arguably, a critical fundamental approach for the success of a Reach Out and Read affiliate.

Federal and State Systems Funding Opportunities

The combination of scalability and impact tied to important community and state strategies helps set the stage for a robust affiliate. The ability to tie that to public funding mechanisms is a key to integrating this work into ongoing systems. Increasing awareness of ways that cross-systems federal and state funding mechanisms might be leveraged now and in the future is emerging.

While the amounts and lengths of investment have varied over time, there are successful examples of Reach Out and Read affiliates obtaining federal, state, and local funding over the past 15 years. The sources of those funding streams are as varied as the strategies used to obtain them. Details about current and historical sources can be shared with affiliates and across the Reach Out and Read National Network. Each successful example provides potential momentum and strategy for future, hopefully more robust and sustainable, opportunities.

There are currently two exciting potential opportunities for state level affiliates to leverage, one brand new with an immediate time limited opportunity, and one ongoing that builds on decades of efforts to embed Reach Out and Read within the health care system funding structures related to Medicaid.

Preschool Development Grant Birth through Five (PDG B-5) Renewal Grants ¹⁶– Due 11/5/19

The U.S. Department of Health & Human Services, Administration for Children and Families (ACF) has just released Funding Opportunity Number HHS-2019-ACF-OCC-TP-1567. Despite the name, this opportunity is about Birth to 5 systems work, which includes deliberate attention to connection with pediatric providers and the health care system. The grant builds on the initial PDG planning grants which were awarded to 47 states earlier in 2019. The new funding opportunity is competitive, and it is anticipated that 23 states will receive 3-year awards.

The funding opportunity states that Mississippi can apply for a minimum of \$5 million and a maximum of \$10 million per year for three years. The guidance clearly encourages collaboration across federal funding sources and requires states to efficiently build from existing funding streams and efforts. As the sole Early Childhood Developmental Health System: Implementation in a High Need State HRSA grantee, Mississippi is uniquely positioned to leverage these opportunities from HRSA and ACF together. If they have not already done so, Mississippi Thrive! leadership could ascertain which state agency in Mississippi leads this PDG grant application process and establish or build from existing relationships to try to leverage this new opportunity together.

Medicaid and Managed Care Organizations

As the biggest provider of health insurance and services for children, and with its focus on children living in low-income families, Medicaid is a potentially game-changing partner for the expansion, quality supports, and sustainability of Reach Out and Read programs at scale, potentially through partnerships with both state Medicaid agencies and with managed care organizations. More than one Reach Out and Read state affiliate has successfully leveraged some Medicaid funding in recent years, and others are close. Recent and ongoing national work to demystify potential avenues to leverage Medicaid and SCHIP to support young children and families are promising and have implications for Reach Out and Read.

In June of this year, the Center for the Study of Social Policy (CSSP), and Manatt Health Care released *“Fostering Social and Emotional Health Through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change.”*¹⁷ CSSP’s website says that “This report describes a set of strategies and tools that state Medicaid and Children’s Health Insurance (CHIP) agencies, managed care

plans, pediatric care providers, and others can use to optimize the social and emotional development of young children through pediatric practice.”

While summarizing the potential strategies in this 58-page Medicaid report is beyond the scope of this one, one of the authors recently highlighted for the Reach Out and Read National Network the following potential ways to support Reach Out and Read through Medicaid and CHIP:

- Promote investments in the social and emotional development of children as “value added” services that Managed Care Organizations provide
- Leverage quality incentives and/or “withholds” to reward plans with strong performance on promoting social and emotional development
- Promote provider training on the social and emotional development of young children
- Leverage a Children’s Health Insurance Plan (CHIP) Health Services Initiative

As with the Preschool Development Grant opportunity, Mississippi is uniquely positioned to leverage opportunities connected to two different federal agencies by connecting a Medicaid related strategy with its existing HRSA grant. While leveraging the Medicaid system in any state is not an easy or fast process, the strategies by which to do so, and the momentum toward success, are more concrete and real than ever before. Mississippi Thrive! can use this blueprint now to learn more and to inform future work with Medicaid. If Mississippi were to become a Reach Out and Read affiliate, the state would also have access to the Reach Out and Read National Network, and ongoing learnings from other state affiliates could help inform Mississippi’s Medicaid strategies moving forward.

Pediatric and Medical Provider Partnerships

The work of Mississippi Thrive! around practice transformation and Reach Out and Read is focused on pediatric primary care, and thus partnerships with professional provider organizations are an important consideration from the start. The busy schedules of primary care providers can make it very difficult for them to participate in grant- and project-related planning, however their perspectives and buy-in will be essential for success in practice transformation and Reach Out and Read implementation at any significant scale. Keeping this in the forefront and working creatively to gather input and facilitate engagement will be important as efforts move forward.

Pediatricians, family practitioners, and nurse practitioners who do preventive care are key elements of the delivery system for Reach Out and Read across a state. State chapters of the American Academy of Pediatrics are often leaders in Reach Out and Read partnerships, through advocacy, outreach and implementation efforts, and, in some cases, housing the state affiliate. Having a pediatrician lead for Mississippi Thrive! is a great foundation for partnering with the Mississippi Chapter of the American Academy of Pediatrics and pediatricians throughout the state. As Mississippi strategizes funding and other partnerships to develop this work, the AAP could play a key role. Partnerships with project staff and colleagues who are family physicians and nurse practitioners can help open discussion with their professional organizations to strategize how to engage all primary care providers who are caring for young children across the state.

At the national level, the American Academy of Pediatrics’ Council on Early Childhood¹⁸ is the home within the AAP for pediatrician advocates for young children and families. Areas of focus include promoting early childhood development and nurturing parent-child relationships both within medical practice and in early childhood settings, while collaborating across disciplines to build early childhood systems. Many of the Reach Out and Read Affiliate Medical Directors are active members of the Council

and of its Early Literacy Subcommittee. The Council is cultivating and supporting a national network of pediatrician “Early Childhood Champions” to learn and work together, as they each partner within their own states and AAP chapters to bring the voices of pediatricians to early childhood efforts. At a recent convening of these pediatricians from across the country, Reach Out and Read, Help Me Grow, and early childhood systems, were all of considerable interest. Learning from and sharing with other Council members may be very helpful for pediatricians and their partners as Mississippi moves forward.

Prioritizing Quality

Defining Program Quality

From inception, the Reach Out and Read program has been primed for quality because it is embedded in a professional delivery system and was developed by child development experts in the fields of both early childhood and pediatrics. When this was coupled with trainings designed specifically by and for medical providers and additional implementation supports for clinic staff, it created a pathway for the implementation of Reach Out and Read programs which have consistently demonstrated significant positive outcomes for children and families.

With extensive replication of the Reach Out and Read program over time there has been a continual interest in assuring fidelity to the model to support high quality program delivery, so that families receive the best services, and outcomes are as strong as possible for children. As affiliates developed professional staffing, capacity increased to look more deeply at program quality.

Reach Out and Read Washington State received state funding to develop an outcomes plan with a deep focus on program quality in 2010. The Washington affiliate’s theory of change was to improve school readiness for children through three inter-related activities: 1) assure family access to Reach Out and Read, 2) enhance program quality through professional development and technical assistance, and 3) integrate Reach Out and Read into Washington’s Early Learning System. The first steps of this design effort involved describing this foundation for quality and then developing a deeper understanding of the core elements of Reach Out and Read program quality, for the purpose of providing quality improvement support where needed. Some of this work is summarized in the following sections.¹⁹

Foundation for Quality

Reach Out and Read has a very strong **foundation for quality**, which sets the stage for positive outcomes for children and families. This foundation can be described in three areas:

1. The Reach Out and Read Program Model
2. Professional Development and Technical Assistance System
3. Data and Reporting Systems

The Reach Out and Read Program Model itself has inherent quality demonstrated by characteristics such as:

- Evidence-based, Proven Program
- Accessible Delivery System
- Engaged and Trained Medical Providers
- Physician-Parent-Child Relationships

The Affiliate Professional Development and Technical Assistance System supports Reach Out and Read programs to assure initial and ongoing quality, through the following elements:

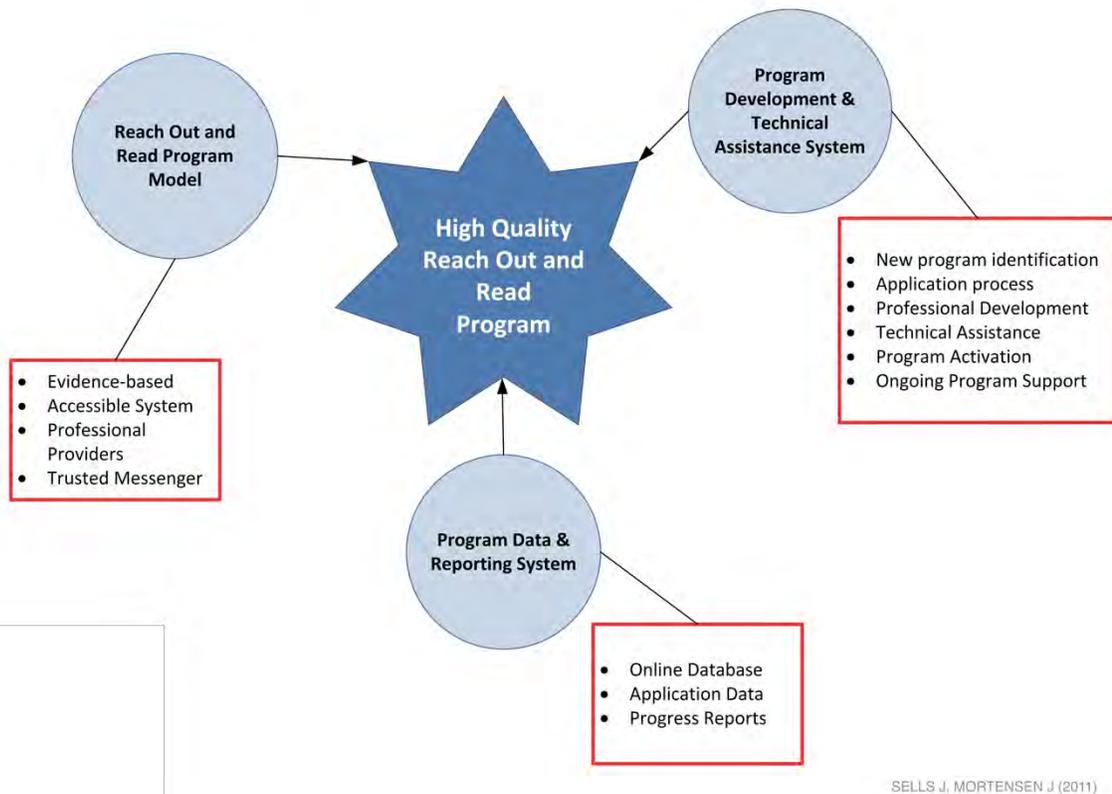
- New Program Identification
- Application and Approval Process
- Training and Professional Development for Medical Providers
- Technical Assistance for Program Coordinators and Medical Practices
- Program Activation
- Ongoing Professional Development and Technical Assistance Systems

The Centralized Data and Reporting System enables Reach Out and Read Affiliates to use data-driven decision-making processes to support program quality. The ability to collect, store, and analyze data supports assessment of program fidelity, and subsequent tailoring of technical assistance effectively toward improved outcomes. The following elements of the system demonstrate this capacity:

- Online Reporting and Tracking Database
- Application Data
- Biannual Progress Reports

The following **Foundation for Quality** visual from the original work demonstrates this graphically. The red boxes show some elements of support that Reach Out and Read staffing and systems provide within these three foundational areas of quality.

Foundation for Quality



Elements of Program Quality

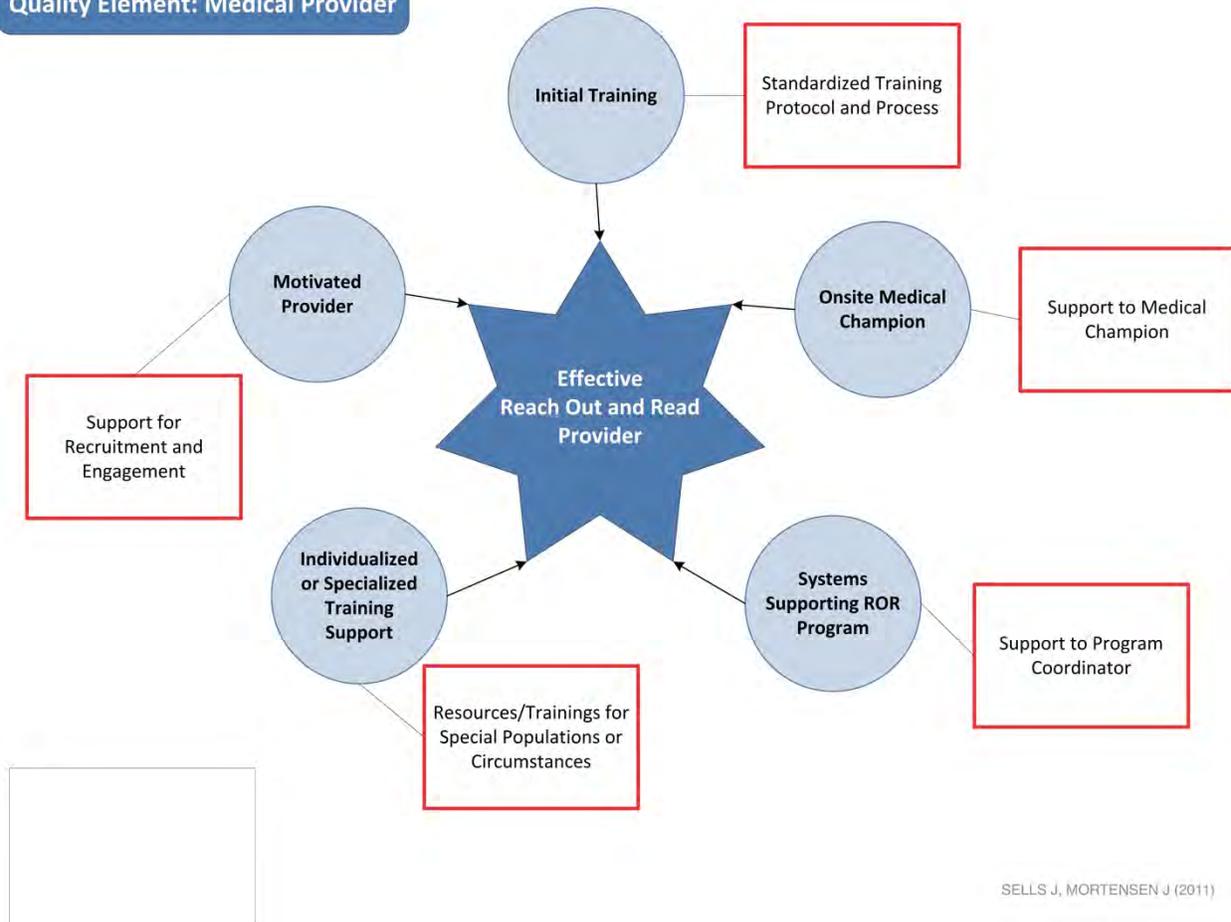
Reach Out and Read staff began an iterative process to collect additional quantitative and qualitative data to understand and measure program quality. Over time, elements of quality were defined in concrete ways that were as objective as possible and could be consistently monitored by clinics and Reach Out and Read staff. The intent was always to try to ascertain which programs might benefit from further professional development and technical assistance, and then to provide the supports needed to improve quality.

Four key elements of quality were defined for Reach Out and Read programs:

- 1) Medical Provider
- 2) Book
- 3) Literacy Rich Environment
- 4) Systems (now referred to as Program Management)

To help picture this, a series of Quality Element visuals were created during this development phase. In each, the quality element is in the center, surrounded by circles showing factors that can enhance the element, and rectangles showing where technical assistance support could help. The Medical Provider Element is shown by example here, and the other three elements can be found in the Appendix.

Quality Element: Medical Provider



These quality elements were each further defined by specific criteria which could be measured or observed and reported. Metrics were set within each element to describe quality in defined ways. Once this was done, four categories of Technical Assistance classification for program quality were then created, based on these criteria. A special category was created for new programs, recognizing the specialized supports needed for quality during initial implementation. Then three levels of need for existing programs were defined, with specific criteria for programs being placed in each category. This was intended to help define the quantity and type of support which might be offered to the program based on need and enable affiliate staff to prioritize and target program support activities accordingly.

Designing and Testing a Quality Assessment and Improvement System

After Year One of planning and initial testing, staff then began in Year Two to conduct initial quality assessments, using checklists and other tools developed to support the process. A new staff position was created called a Program Specialist. In Year Three further refinement of assessments, tools, and processes occurred, and staff began to partner with clinics to develop Technical Assistance plans for programs where needs had been identified.

At the end of Year Three, Washington was invited to present this quality work at Reach Out and Read Carolinas' statewide conference. This launched the first attempt to test the system in a second state, and

a cross-country process of testing, refining, and working toward standards for high quality program support was launched. Later, the system was shared with other Affiliates in partnership with the National Center, and ultimately this work formed the basis for the current nationally recommended system for supporting Reach Out and Read program quality.

The role of the Program Specialist is central to the implementation of a Reach Out and Read quality support system and is essential to the success of a Reach Out and Read Affiliate.

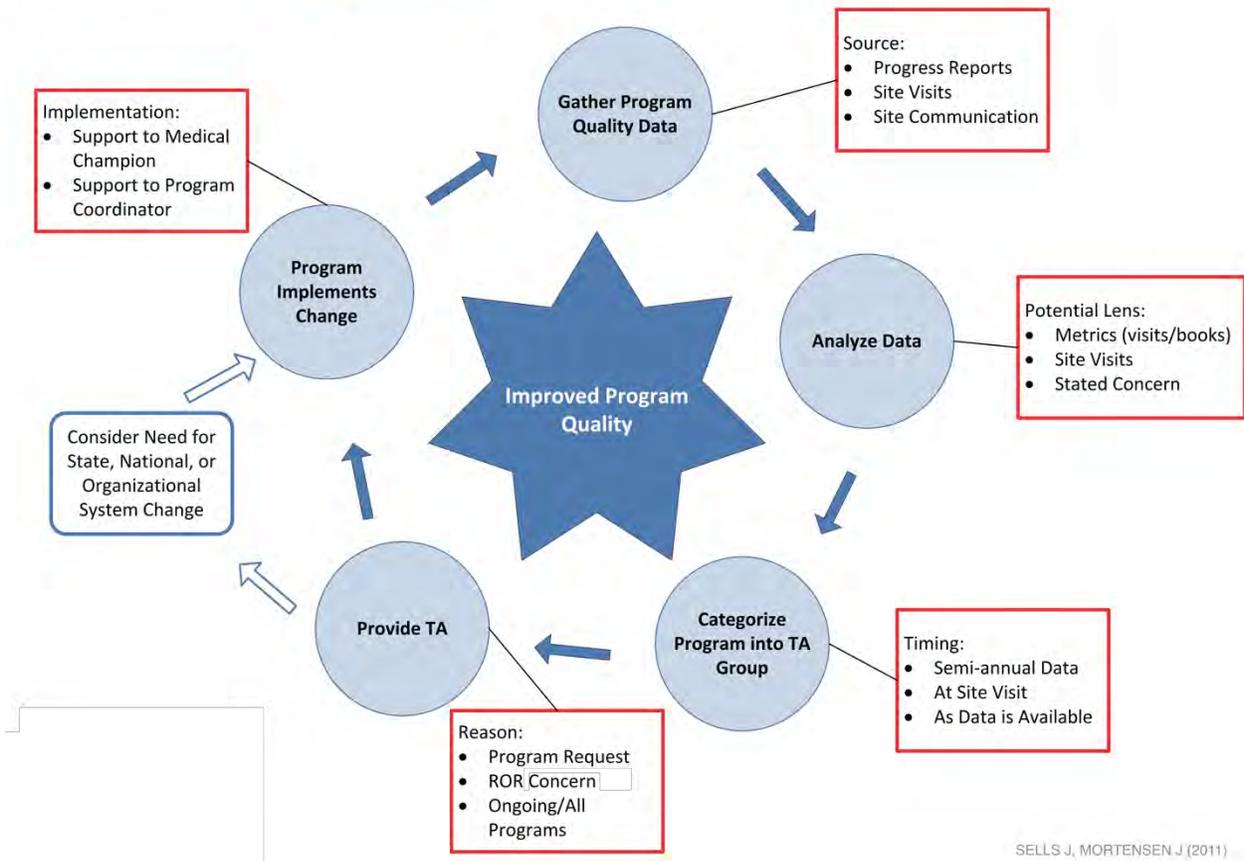
“The Program Specialist (PS) guides providers through the process of applying, the training of providers, and on-site orientation and assistance to ensure proper implementation. The PS assesses model fidelity and program quality at site visits using Reach Out and Read quality classification tools. The PS builds action plans and shares data and next steps with Program Coordinators and Medical Champions, and then provides TA based on individual program needs. In addition to these and other responsibilities, the PS serves as a liaison for community partners and collaborations.”

Reach Out and Read Program Specialists	
Overview	Key Activities
<ul style="list-style-type: none"> • Has training and specific skills to support professionals within the medical setting • Establishes collaborative relationships with medical providers and staff at program sites through electronic, phone and in person communication • Provides professional development and technical assistance services • Customer service orientation “our job is to make it easier to implement a high-quality program” 	<ul style="list-style-type: none"> • Guide new programs from training to implementation • Document program status and interactions • Conduct site visits and other communications • Develop relationships and champions • Ensure programs have training processes in place • Support program data collection and submission • Assess program quality, identify needs, offer support • Partner with programs to design and implement quality improvement plans where indicated • Connect programs with community

Implementing a Continuous Quality Improvement Approach

Once the elements of quality are defined, and programs are assessed, the real work begins. The process of developing program quality measures and then using them during the creation of a new Technical Assistance and Professional Development System across the affiliate was all done with a continuous learning process. Program and system quality, or elements thereof, can change at any time. Therefore, just as the affiliate’s ability to collect and analyze program data is, when possible, done continuously and in real time, so is their attention to quality. Therefore, all of this work is framed as a Continuous Quality Improvement (CQI) effort. This involves gathering data, analyzing data, defining the system element needing improvement, designing the change process, and implementing the change. These steps are circular, continually feeding back and informing future decisions and actions, and can be used at the program and affiliate network levels. The following diagram from the original design phase work shows this at the Reach Out and Read program level.

**Continuous Quality Improvement:
Reach Out and Read Programs**



Supporting Quality Across the National Network

Now, in 2019, Reach Out and Read has a national Site Quality Classification System that is integrated into the national program data platform and available for use with every Reach Out and Read Program. The Classification System is shaped around the four quality elements of Medical Providers, Books, Literacy-Rich Environment, and Program Management, with 14 specific metrics. Reach Out and Read staff use this system to assess quality and develop goals for technical assistance. Reach Out and Read has established a strategic plan to implement the tools and supports needed to help individual programs and Reach Out and Read affiliates increase their capacity to take their quality assessment and improvement work to the next level. There is broad understanding that effective professionally trained staff are a key element of success, and therefore the growth of the quality work is integrally connected to strategic plans to support affiliate development and capacity.

Reach Out and Read Carolinas, under the leadership of Executive Director Callee Boulware, describes the approach to developing program quality capacity in an affiliate in 2019 in this way:

*“The common theme in these quality components is the **role of the Reach Out and Read program specialist**. The program specialist is critical in providing the technical assistance, support and ongoing quality assessment of participating Reach Out and Read clinical locations. It is the relationship between medical providers and the program specialist that forms the close, personal touch between clinics and the Reach Out and Read intervention. It is critical to note that the components of the role of the program specialist do not exist unless there is a strong affiliate. Filling the role of the program specialist is critical to ensuring progress in the region.”*

A Deeper Introduction to Implementation

The following three narrative sections are offered to provide increased understanding of some of the behind-the-scenes information that may further guide the planning processes for leaders wanting to support the expansion of Reach Out and Read. While this cannot replace the strategic implementation of a Reach Out and Read Affiliate with knowledgeable and trained professional staffing, it may help partners understand and make a case for implementing an effective plan for Reach Out and Read at the clinic, clinic system, and network levels

Elements of Implementation: Clinics

Reach Out and Read is a clinic-level program, where all primary care providers participate, and all families receive the program automatically. While the elements of Reach Out and Read are relatively simple to describe, effective implementation requires deliberate steps in several areas.

The application process required of each individual clinic provides an opportunity for medical providers and their staff to understand what the program entails, and the infrastructure and commitments needed to get started. In locations where a Reach Out and Read affiliate exists, local staff can be a strong source of support to clinics in the exploration and start-up phases. In locations where such an affiliate does not yet exist, Reach Out and Read national staff can provide some long-distance start up guidance.

The following description of some of the steps involved in the application process, along with information about medical provider training and children’s books, may be helpful for clinics contemplating an application and those who want to support them in the process

Application process and initial commitments for success

Successful program implementation begins with a thoughtful application process. Laying the groundwork through the initial application helps create understanding about what will be required, and buy-in for the whole process, which will in turn help facilitate strong engagement and implementation of the program. In order to apply to start a new Reach Out and Read program, each clinic will need to gather the following information, and then complete the online application process.

1. **Book funding:** In order to have an application approved to launch a new Reach Out and Read program, each clinic must have already secured the funding for one year of the books they will need. High-quality, new, developmentally and culturally appropriate children’s books are needed for each Reach Out and Read visit. This requires the clinic to anticipate how many well child visits they will

complete for children ages six months through five years in the next 12 months. It is impossible to deliver Reach Out and Read without these books, and thus securing this resource is a critical early step. (Note: programs can complete an application as they work to secure this funding, and their application can be approved and waitlisted, pending book funding).

2. Data: The Reach Out and Read application process enables clinics to describe the demographics and size of the population they serve. Key family demographic elements estimated across the clinic population include insurance mix, family income (as available), race/ethnicity, and primary language spoken at home. At the clinic-service level, population size as measured by well-child visit numbers, accompanied by the calculation of associated anticipated book needs, are required. These data elements will also be reported in future progress reports, enabling tracking over time of the size and composition of the populations served by the program. Like all data in the Reach Out and Read system, this information can also be rolled up into data across a clinic system, a geographic area, and the nation, at single points in time, and as trends over time.
3. Medical Champion: At the time of application, each clinic must identify a medical champion. Critical to the success of the program, this is a primary care provider who is excited about Reach Out and Read and who will be implementing Read Out and Read with their patients. This individual will play a leadership role in championing the program among their colleagues, helping to inspire and support their training and full participation. They will also work closely with the program coordinator to bridge the needs of medical providers with the overall Reach Out and Read and clinic systems needs to assure all elements of the application, and subsequently the program once implemented, are working effectively together.
4. Program Coordinator: The clinic must also designate a program coordinator, who is typically the person completing the application. They are really the glue that holds the program together at the clinic level, working closely with Reach Out and Read staff and with all aspects of the program in the clinics. This person is typically a clinic staff person who has been designated to play this role, and may be a medical assistant, nurse, clinic manager, a patient care coordinator, or other staff member who the clinic believes will be most effective. The most important thing is to identify someone who is excited about Reach Out and Read and who has the interest, time, and authority to play this role. They will need to be responsive to Reach Out and Read staff and be able to gather the data needed to complete the application and ongoing reporting requirements of the program. They must be able to purchase and store appropriate books, or partner easily with others who control the finances and systems related to this. And, most importantly, they must have the ability to both impact clinic processes and to partner effectively with the clinic medical champion to support the primary care providers implementing Reach Out and Read.
5. Leadership support: The Reach Out and Read program application requires a letter of support from clinic leadership or management. While medical provider engagement is the most important element of quality program implementation with families, successful programs also require administrative buy in and support. To assure this is in place from the start, it must be documented in an initial letter of support with the clinic's application.

Medical Provider Engagement and Training

Each Reach Out and Read program has a Medical Champion, a primary care provider in the clinic who takes the lead in implementing the program with high quality and inspiring their colleagues to do the same. Having this provider identified during the application phase is required, and it is often the Medical Champion who is excited about Reach Out and Read and initiates the application process.

The heart of the Reach Out and Read program is the interaction between medical provider and family within the well-child visit. A privileged space and time, there is typically no one else in the room. When this goes well, it is a trusted and impactful relationship like no other, and with the growth of trust over time via multiple visits, each interaction has potential for significant impact. Given that, medical providers want and need to be ready to make the most of the Reach Out and Read program, and that requires training. And clinics who want a strong Reach Out and Read program need all their providers, not just those who are most enthusiastic, to have the basic tools to get started.

Reach Out and Read requires that all clinicians are trained to implement the program with fidelity through an online CME-accredited module. Each clinic provides the encouragement and the systems to make it happen in their environment. Best practices and strategies for doing this exist and can be shared. Clinics within the geography of an established Reach Out and Read affiliate receive support from local staff.

New programs. Once the Program Coordinator has entered provider contact information into the Reach Out and Read data system, each provider will be given a login that will enable them to complete the training, and have their progress tracked in the system. Once the training is completed, the provider will be noted as “training completed.” The collective progress of all providers can be followed, so that the Medical Champion and Program Coordinator have continual access. Once all providers are trained, the Reach Out and Read program can be implemented in the clinic.

Providers new to a clinic: All providers at a clinic must be trained before they can participate in Reach Out and Read. Therefore, clinics must set up systems to assure that all new providers get training when they start seeing patients. Providers who have trained at another location do not need to complete the training again. When the Reach Out and Read Program Coordinator adds the providers name to the clinic’s Reach Out and Read data system, their training status will automatically appear.

Residents: Resident physicians who are doing well-child visits in a Reach Out and Read clinic need to train as well. Depending on the residency program, this may occur in a centralized fashion for all residents, or at the clinic level. Each Reach Out and Read clinic needs to document that residents have been trained. Program Coordinators are encouraged to partner with their Medical Champions to ascertain what systems are most appropriate to support the residents in their clinics.

Selecting Books for Providers to give to Children

One of the great benefits of affiliation with the national Reach Out and Read program is the ability to capitalize on their experience and connections associated with high-quality children’s books. With 30 years of program history and over 6,200 participating medical providers, this network knows a lot about what works between doctors and families when it comes to giving children books! And because Reach Out and Read programs collectively distribute over seven million books each year, Reach Out and Read is one of the nations’ largest book buyers for children. This enables Reach Out and Read to negotiate competitive pricing from publishers, and to set up relationships and systems that make appropriate books

less expensive and easier to acquire for medical providers and clinics. And that lets doctors get right to the fun and impactful work: interacting with families using beautiful Reach Out and Read books!

Once clinics have approved applications, and their providers have trained, the clinic will be given access to Reach Out and Read book-purchasing opportunities. How best to use these resources to support each individual clinic's needs can be supported by local Reach Out and Read staff where an affiliate exists, and by national Reach Out and Read staff in other locations from a distance. The list below describes some beneficial aspects of Reach Out and Read's experience and supports around books and demonstrate why the quality of the program is directly related to the quality of the books.

Developmentally-appropriate books: Reach Out and Read training and resources teach medical providers and Program Coordinators what types of books are appropriate for each age and developmental stage. While some providers (particularly those who are parents of young children!) may be very familiar with books for young children, most benefit from this information. Special Reach Out and Read catalogues produced in partnership with publishers make it easy for clinics to order the right amount and type of books by laying books in age-related groupings and offering packaged groupings of books. Reach Out and Read tips about how to store and display books by age also help increase provider knowledge and facilitate getting the "right book at the right time" into each child's hands.

Culturally relevant and diverse books: Reach Out and Read is continually working to increase the availability of culturally diverse books; striving to provide options for books that both mirror the population of families receiving the books, and those which provide windows into other cultures, so that families see and experience diversity within the books Reach Out and Read provides. Board books like *Global Babies* by the Global Fund For Children which include families of many different cultures can do both, and are very popular with families and medical providers.

Linguistically diverse books: Reach Out and Read recognizes the diversity of home languages and supports families in talking and reading with their children in whatever languages they feel most comfortable. Reach Out and Read book partnerships feature a variety of books in the most common languages found in programs across the country, and the network continually works to expand opportunities and share resources around books in multiple languages.

Special attention has been paid over time to provide books for specific populations, including initiatives focused on military families, American Indian/Alaska Native populations, and Spanish-speaking families.

Elements of Implementation: Clinic Systems

Clinic systems, or networks of primary care clinics under one umbrella, are an excellent potential path for sustainable expansion of Reach Out and Read programs and support for quality within them. Rather than starting one clinic at a time in a disconnected pattern, a clinic-system-wide approach can provide opportunity for scale and the chance for increased efficiency and quality in systems implementation

Approaches that various clinic systems have taken related to systemizing Reach Out and Read include:

- Clinic system commitment to universal implementation, with accompanying strategy
- A system that connects Reach Out and Read clinics together around administrative support, with a staff person doing some of the duties of Program Coordinator for multiple clinics
- The creation of a centralized process around book systems such as ordering, stocking, and tracking supplies within each clinic to match demand
- Centralized fundraising and partnership development, particularly for books

Experience has shown that the impetus for a clinic system wide approach can come from many places and situations including (in no particular order):

- A Reach Out and Read affiliate approaches the clinic system
- One or more clinics within the system have started Reach Out and Read, and others want to participate
- Families have asked for the program
- Clinic system leadership have noticed that Reach Out and Read is available in only some clinics, and want to make the patient experience the “same” throughout the system
- Clinics and systems are looking for ways to recruit families (marketing)
- Reach Out and Read is proposed as a practice quality improvement strategy
- Other clinic systems are doing Reach Out and Read in the community, and there is interest in doing the same to remain competitive in the marketplace
- An early childhood initiative is happening in the community, and they want to engage medical providers through Reach Out and Read

The development of a health care clinic system approach to implementing Reach Out and Read often benefits from the support of local Reach Out and Read staffing. An affiliate can provide information and support in the design and implementation phases, based on experience with “what works” for both clinic and clinic-system level implementation.

An affiliate leader described the benefits of building clinic systems partnerships in the following way:

"While the individual provider's commitment and engagement in implementing Reach Out and Read is critical to the quality of the intervention, we also focus on active partnerships with health systems, as they are essential to the long-term sustainability of programs. The continued deepening and expansion of a relationship with an health care entity is not only encouraging further clinical partnerships for new programs through sustainable, institutional resources, but it pushes the necessity of Reach Out and Read from a system level to further motivate the engagement of providers and clinics in the day-to-day importance of literacy and other social determinants of health."

Elements of Implementation: Regional/State Networks

In order to create a robust, scalable, and sustainable network of Reach Out and Read programs in a state or region, a Reach Out and Read Affiliate needs to be created. This requires a thoughtful strategy and process in partnership with the Reach Out and Read National Center. Once that happens, the new affiliate will become part of a nationwide network of Reach Out and Read Affiliates, connected with each other and the National Center. This affiliation will provide entrance into the sharing of resources, best practices, Technical Assistance, and thought partners that a state without an affiliate is not able to access.

Once an affiliate has established funding, infrastructure, and staffing, there will be multiple steps to the clinic expansion and support part of the work. The following outline describes what some of the key steps may be, at a high level. How these play out, and in what time frame, will depend on the structure, capacity, and goals of the Reach Out and Read affiliate and its partners over time. They are outlined here to give a potential affiliate more context for what the opportunities and challenges might entail. This information is presented with the assurance that others have done many of these steps successfully. With local commitment and support from the Reach Out and Read National Network, these are all feasible steps with successful experiences behind them, from which the new affiliate can benefit.

- A. Establish affiliate structure and initial plan, with funding, infrastructure, and staffing
- B. Define population to ultimately (and/or initially) be served, such as
 - All young children in the state
 - County or regional strategy
 - Medicaid/SCHIP population
 - Particular clinic or healthcare systems
 - Particular populations – such as low-income, children of color, immigrant/refugee population
- C. Develop clinic recruitment strategy
 - Define who the affiliate is recruiting—which medical providers and clinics
 - Create lists of specific clinics within the strategy; which might include hospital/clinic systems, residency programs, private practice, community health centers and Federally Qualified Health Centers, tribal clinics, public health clinics, etc.
 - Organize target population/clinics outreach strategy. This might include opportunities by type of clinic; provider type (e.g. pediatrician, family doctor, etc.) geographic location; or population group
 - Create plan for recruitment, staff it, and begin outreach
- D. Create Training and Technical Assistance System to support clinics as they are being recruited. Elements include
 - Staffing, communication, documentation strategies
 - Outreach/recruitment
 - Application support/data gathering
 - Training/TA Systems-affiliate staff trained as Program Specialists
 - Book funding support
 - Partnership needs and opportunities at the clinic and systems levels
- E. Implement outreach/recruitment strategies
 - Goal: drive interest, desire to have the program
 - Define audiences, purpose, and create strategies

- F. Support practices through application process into implementation
 - Application support (proactive and responsive)
 - Training support
 - Systems support/site visits
 - Book ordering support
 - Ongoing troubleshooting/responsive support
- G. Implement quality assessment and improvement system
 - Integrate this as part of the system, a continuation of initial implementation support which is intended to start programs off at high level of quality.
 - Timing/tracking of quality assessments
 - Quality rating and improvement system implementation in partnership with programs

SECTION 3: REACH OUT AND READ IN MISSISSIPPI—HISTORY, STATUS, AND RECOMMENDATIONS

Services for Families

History and Current Program Status

Reach Out and Read was first implemented in a Mississippi clinic in 2003. Since that time, between zero and three programs have started each year through 2016, when the most recent clinic became active. In 2010, Reach Out and Read received a three-year private grant at the national level to support program expansion in three states: Michigan, Mississippi, and New Mexico. Of the Mississippi clinics now active in the database, five started during that time period (one, three, and one, respectively, in each year). Local staffing was not implemented in the state at that time, and there has not been a Reach Out and Read affiliate in Mississippi to support these programs. The three years following grant activity resulted in the addition of one new program per year.

Today there are 19 Mississippi clinics listed as active with Reach Out and Read, located in 13 counties. Four of the programs are in the city of Jackson. Of these 19, nine submitted the most recent Reach Out and Read progress report. Based on the data in those reports, about 13,000 children are being served by these programs. When the most recent data available from all 19 clinics are tallied together, the estimate is closer to 27,000. So, the actual number of children currently participating in Reach Out and Read programs in Mississippi is likely somewhere in between these numbers.

In terms of potential program growth, there are an additional eight clinics who have applications in progress with Reach Out and Read. Two of these applications are complete, and therefore likely to move forward into training soon. The fate of the others is less certain, as clinic applications within geographic areas without affiliate staff may get started but not completed. Where local Reach Out and Read staff have capacity to support programs, they help clinics understand the application and program implementation process, and support those who are ready to complete the process.

Since the national grant which funded some new Mississippi clinics between 2010-2012, Reach Out and Read has learned from experience across the country that successful expansion efforts focus on the importance of setting up high-quality affiliates, infrastructure, and systems in order to ensure fidelity to the model and sustainable high-quality implementation of Reach Out and Read. The data shared by Reach Out and Read about Mississippi clinics represents current data available—yet these data paint an incomplete picture because the best quality data come from a combination of formal reporting and relationships between staff and clinics, which enable a deeper understanding of context. If Mississippi had affiliate staffing in place with a Program Specialist, they would be proactively supporting the Reach Out and Read clinic staff around progress reports, then analyzing the data to inform the need for more information or support to address challenges the clinics are facing. Without such staff capacity, there is no way to know what the underlying reason for the lack of reporting is. It could be anything from a staff person being on leave to having no children's books in the clinic, and thus no desire to report. More

staffing and information would enable, encourage, and support future reporting as part of high-quality program implementation.

This situation is not uncommon. When new affiliates start, there are almost always existing clinics already participating in Reach Out and Read in that geographic region. Frequently, these are run by very dedicated medical providers and staff who may have had limited structural support over the years. Detailed information about program quality is initially unknown externally, and once any limitations are discovered, changing long-standing patterns can be difficult. At the same time, some clinics are incredibly happy to have any source of support, and they readily respond to what is offered by a new affiliate. Regardless of the underlying circumstances, getting to know and beginning to support existing clinics is an important early step within any strategy to expand the presence of high-quality Reach Out and Read programs.

Supporting Reach Out and Read through Mississippi Thrive!

Mississippi Thrive!'s Child Health and Development Project is designed to create a developmental promotion system that includes Reach Out and Read. As such, there is a plan to expand and support Reach Out and Read programs through this work. To date, that effort has explored interest in starting new clinics and supporting existing clinics associated with the University of Mississippi Medical Center and in the nearby tri-county region. Project staff have begun to learn about the Reach Out and Read application process and had a conversation with program staff at the Reach Out and Read National Center. Understanding that children's books are a foundational element for high-quality programs, the project has explored the book partnership opportunities available for Reach Out and Read programs and started to make plans to support the book needs of local clinics. This process has already started to uncover opportunities for creating systems to support Reach Out and Read programs, along with the challenges in trying to do so without local Reach Out and Read staff.

Staff associated with Mississippi Thrive! and UMMC have begun the process of starting new clinic applications in partnership with the Reach Out and Read National Center. While there is enthusiasm to move forward with Reach Out and Read, to date there has not been extensive planning around a comprehensive strategy. This report was commissioned to help Mississippi Thrive! better understand the potential for Reach Out and Read to become a foundation for Mississippi's developmental promotion system, and to provide information and recommendations for strategic next steps.

Strategic Recommendations

Assess Readiness and Affirm Level of Commitment

The earlier sections of this report provide the background and context for strategizing and then implementing a high-quality statewide network of Reach Out and Read programs as the foundation for a developmental promotion system.

After absorbing information from this report, the question for Mississippi Thrive! and its partners is: **Are you ready for the next steps?**

This is a terrific time to embark on this process. As described in earlier sections of this report, the groundwork has been laid by Reach Out and Read programs in all 50 states, and through 34 Reach Out and Read Affiliates.

The following facilitators for success are in place:

- The characteristics of a high-quality Reach Out and Read program are well-defined, and effective strategies and systems exist to support quality from application through ongoing service delivery
- There are clear metrics and processes to support the establishment of a high-quality Reach Out and Read Affiliate, the infrastructure needed to support a network of high-quality programs
- The National Center has strategies to support the success of a new affiliate
- There is a National Network that will support new affiliates in this process

Before moving forward, it is important to understand and embrace the reality that success at implementing Reach Out and Read at any significant scale requires leadership, partnerships, and significant strategy work from the start.

The following approach to affiliate development from another geographic region provides a strong frame for Mississippi's consideration:

Through needs analysis in the region and experience in the development of strong Reach Out and Read implementation in other areas of the country, we have crafted a plan of work for the region to catalyze Reach Out and Read over the next three years. The organizational pillars supporting this transformation will focus on:

- I. Medical Provider Training and Engagement Initiative
- II. Capacity Development of Regional Organization
- III. Quality Implementation and Fidelity to the Reach Out and Read Model
- IV. Targeted Expansion

Pillars I and II are foundational to the development of III and IV. Quality implementation of the intervention, and the systems integration that accompanies quality, cannot happen without strong provider engagement and organizational capacity.

The implementation of a robust, sustainable, high-quality network of Reach Out and Read programs across Mississippi will require that kind of commitment. However, it does not all happen at once, and work can move forward simultaneously in several areas. As this report has laid out in detail, there are proven pathways to follow and supports available along the way. The decision point now is what to move forward, and how to do so.

Four Recommended Strategies

- Implement a planning process
- Design a statewide strategy
- Implement program expansion plans strategically
- Design for systems integration

➤ Implement a Planning Process

To lay the groundwork to move forward with a statewide or regional strategy for Reach Out and Read, the following initial steps are recommended:

1. **Identify a Coordinator.** This person will serve as the initial point person for coordination and communication around Reach Out and Read. Effective work cannot happen without dedicated, paid leadership with some time and ability to focus. Until this person is identified to help organize the process, significant progress will not be made.
2. **Create a Leadership Group.** Establish a group that is committed to advising the initial phase of planning. The first step toward this would likely be convening a brainstorming group that includes (but is not necessarily limited to) existing Mississippi Thrive! partners involved in leadership and in pediatric practice transformation, medical providers and staff from existing Reach Out and Read programs, and those from clinics targeted for Reach Out and Read expansion in the grant.
3. **Identify initial resources.** Outline all staffing and resources which already exist to support this effort, within Mississippi Thrive! and otherwise.
4. **Connect with the Reach Out and Read National Center.** Initiate a relationship with the Chief Operating Officer to express interest in exploring the creation of an affiliate. This opens the door to strategic thought partnership and leads to resources Mississippi will need to create a statewide or regional Reach Out and Read initiative.
5. **Assess current programs.** Do a deeper dive to understand the status of current Reach Out and Read programs in Mississippi. Talk with the National Center to see whether they would be willing to share data and analyze it together as a baseline. Then consider structured outreach via designated staff or consultant to current clinics to understand their strengths and their challenges as they work to implement Reach Out and Read. Ask what supports they need and seek their advice on how to expand and support the program.
6. **Look for alignment and leveraging opportunities with other Mississippi Thrive! activities.** The practice transformation and Help Me Grow strategies dovetail well from content, staffing, and infrastructure perspectives. What planning, piloting, and implementation efforts might be leveraged together in both the short and long term?

➤ Design a Statewide Strategy

With one year left in the current HRSA grant, significant progress could be made in the coming year to plan and build partnerships that will lay the groundwork for the launch of an affiliate, if a process moves forward strategically and there is a collective agreement around that goal.

The Reach Out and Read National Center recently completed a successful planning partnership with another affiliate using a consultant to guide the process. They have developed a planning template for suggested staffing and budget considerations for a new affiliate. While this is not meant to describe a completely defined or required process, it shows elements that are believed to be the most strategic steps

to consider, based on lessons learned from successful affiliates. Talking with Reach Out and Read early in your initial planning will be an important next step.

Based on best practices from other states and regions, and the current strategic direction of the Reach Out and Read National Center, the following high-level steps will likely emerge as sequential recommendations after the initial planning steps over the next few years:

1. Establish leadership driving Reach Out and Read Mississippi strategy
2. Establish a relationship and agreements with Reach Out and Read National Center
3. Establish an advisory board or an initial advisory group
4. Develop a strategic plan by working with a paid leader to help develop a statewide strategy, fundraise, and hire initial staffing to begin implementation
5. Hire initial staff, including an Executive Director, Medical Director, and Program Director
6. Begin implementation of strategic plan

➤ **Implement Program Expansion Plans Strategically**

Recognizing that Mississippi Thrive! has existing plans to support Reach Out and Read program expansion, the following recommendations are made to support any new programs during the interim period before a larger strategy is in place, or an affiliate relationship is established. While these steps cannot provide the level of local support to ensure high-quality programs that trained program staff with access to all Reach Out and Read resources would, they will increase the chances of success for any new programs that are started.

1. Create awareness among all partners that Mississippi's goal is the implementation of high-quality, sustainable programs. Make it clear that while expansion is desired, quality cannot be sacrificed in the pursuit of rapid growth that is not built on a firm foundation.
2. Express support for all the requirements of new program startup, explaining in positive ways how these steps are known to help create high-quality, sustainable programs which will result in positive outcomes for children and families.
3. Assure that any clinics that want to start Reach Out and Read have significant internal engagement and commitment on the medical and administrative side to launch the program effectively before they proceed with an application, as this is the foundation for a successful program.
4. Partner with Reach Out and Read National staff to ascertain what program supports might be available for Mississippi clinics in the absence of a local affiliate structure.
5. Use Mississippi Thrive! resources to support clinic staff as they embark on the process of starting Reach Out and Read programs. This might include helping identify the Medical Champion and Program Coordinator, sharing supportive resources, supporting data gathering, and generally asking what obstacles they are facing, and seeing if there are ways you might help.
6. Provide children's books to clinics only after their providers are trained and the clinic has completed all the steps to officially become "activated" by Reach Out and Read.

➤ Design for Systems Integration

The current grant can facilitate integrated systems thinking across elements of the project. Reach Out and Read planning and implementation work will be most effective with intentionality around connecting with other aspects of the project in planning, staffing, and implementation steps. Consider the following areas as a starting point for strategic thinking.

1. How can staffing, consultants, and technical assistance be used most effectively in the coming year?
2. Are there existing leadership, partnership, and/or meeting structures that can be leveraged to facilitate planning and implementation processes?
3. What connection could there be between Reach Out and Read and the practices involved in the practice transformation work? Has that work created engagement levels or systems changes that set the stage for successful Reach Out and Red implementation?
4. How might the distance learning system being used for professional development be leveraged to increase knowledge and engagement about Reach Out and Read?
5. How might the development of a Reach Out and Read systems strategy relate to the development of a Help Me Grow system? Could outreach and medical provider engagement strategies be leveraged together during the planning and implementation phases of each effort?
6. How might a network of Reach Out and Read programs become part of the Child Health Provider Outreach component of a Help Me Grow system, helping build a seamless system of developmental promotion, early detection, referral, and linkage services for families?

CONCLUSION: CLOSING THOUGHTS

The information and recommendations presented in this report provide Mississippi Thrive! and its partners with detailed information to inform a successful path forward for Reach Out and Read in Mississippi. It can also help strategically frame these next steps in the context of your implementation of a developmental promotion system for children and families across the state. Mississippi has a unique opportunity to leverage federal, state, and local resources together toward that end at this particular moment in time. Roll up your sleeves together, pair strategy and action with joy, and show the country what you can do for children and families. Many friends across the country are cheering for you!

"Beautiful board and story books are as much a part of my 'doctor bag' as my stethoscope. Reach Out and Read is fun, cost effective, and most importantly, it works!"

Mary Ann Woodruff, MD, FAAP, Reach Out and Read Washington State

APPENDIX: DIAGRAMS AND VISUALS

Access, Quality, and Integration

Promoting Early Child Development through Primary Care

Early Childhood Development Circle of Support

Foundation for Quality

Quality Element: Medical Provider

Quality Element: Book

Quality Element: Literacy Rich Environment

Quality Element: Systems

Continue Quality Improvement (CQI): Reach Out and Read Programs

Sources:

The Access, Quality, and Integration one-pager is excerpted from this report in case it is helpful for systems planning efforts.

The Promoting Early Child Development through Primary Care diagram was created at Reach Out and Read Washington State in 2016.

The Early Childhood Development Circle of Support diagram was created at Reach Out and Read Washington State in partnership with the organization WithinReach as part of Help Me Grow partnership efforts in 2016.

The remaining Reach Out and Read program quality diagrams (Foundation for Quality, Quality Elements, and CQI) were created by Reach Out and Read Washington State during the development of the original quality systems work in 2011. They are shared in case they are helpful for visualizing some of this work in practice.

Access, Quality, and Integration

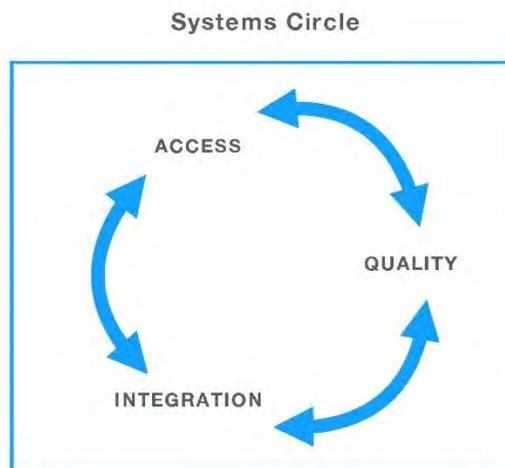
In the quest to systematically improve outcomes for children across the population by scaling services and supports to meet child and family needs, the complexity is often overwhelming. Keeping the following elements in mind offers a simple way to help frame and visualize many levels of strategy and implementation: **Access, Quality, and Integration**.

Access: Population level impact requires broad accessibility, accompanied by focused attention on those who have the most need. Simply put, even the most effective program or strategy will not have significant impact if it is not widely implemented and easily accessible to families. *How are you framing access goals, and what steps are you taking to improve access?*

Quality: Achieving desired program or service outcomes is only possible through high quality implementation. There is often a shared understanding of the importance of using evidence-based and promising practices implemented with fidelity to quality standards.

Increasing access without supporting quality is unlikely to result in significant positive outcomes. *How are you thinking about quality, and what steps are you taking to support it?*

Integration: Implementing and sustaining high quality programs and services at scale in a sustainable way is a central goal for systems improvement. Behavior change is hard, whether at the family, provider, program, or systems levels, and sustaining change is even more challenging. Without integrating access and quality efforts into ongoing processes and systems, the likelihood of effective or sustained implementation is low. *From leadership, to funding, staffing, and specific program implementation steps, how are you thinking about the integration of your efforts into existing and ongoing systems, and what steps are you taking to support it?*

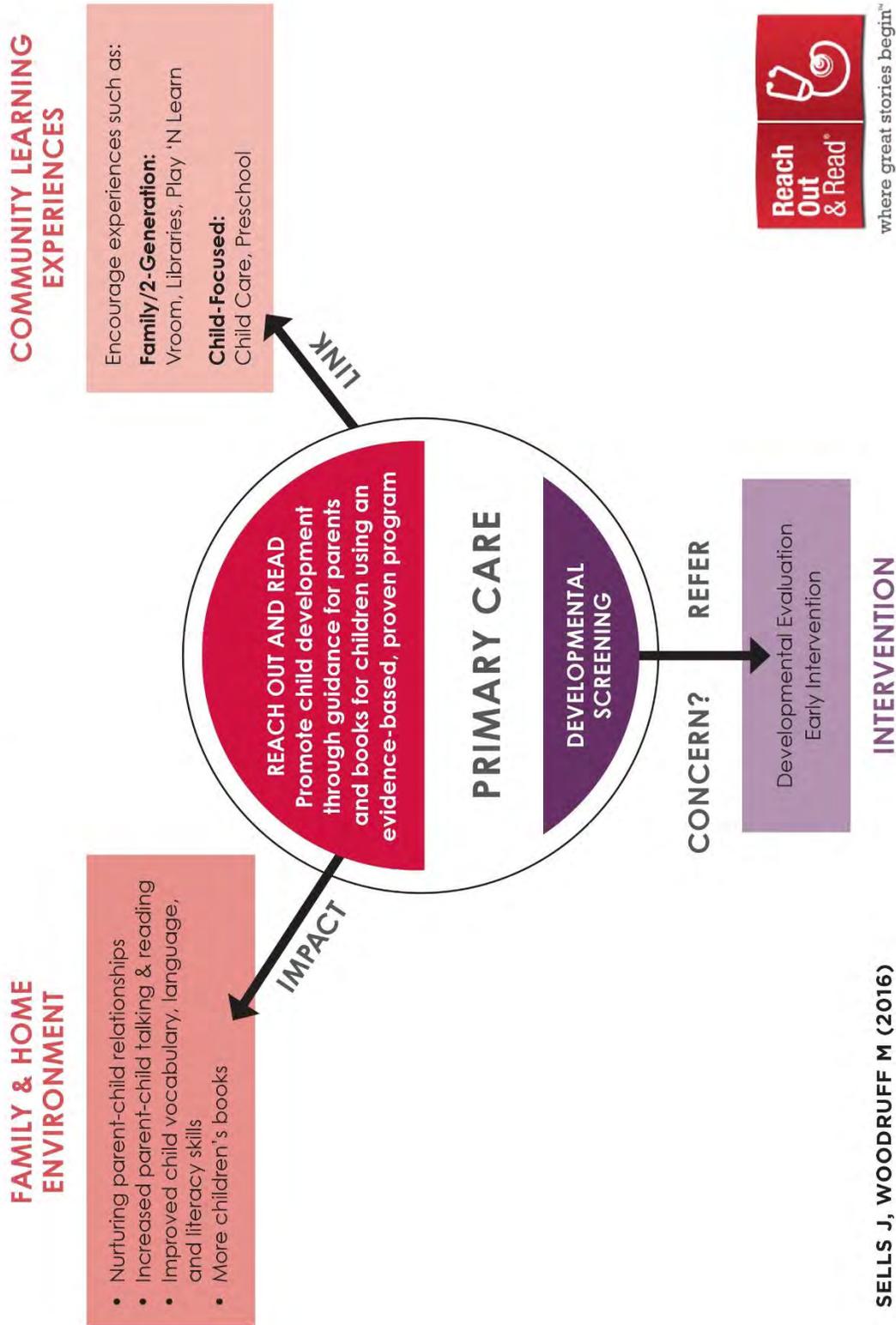


Which should you tackle first? Multi-faceted systems change is not a linear process. For the big picture, you must tackle access, quality, and integration, and you must consider all three at the same time.

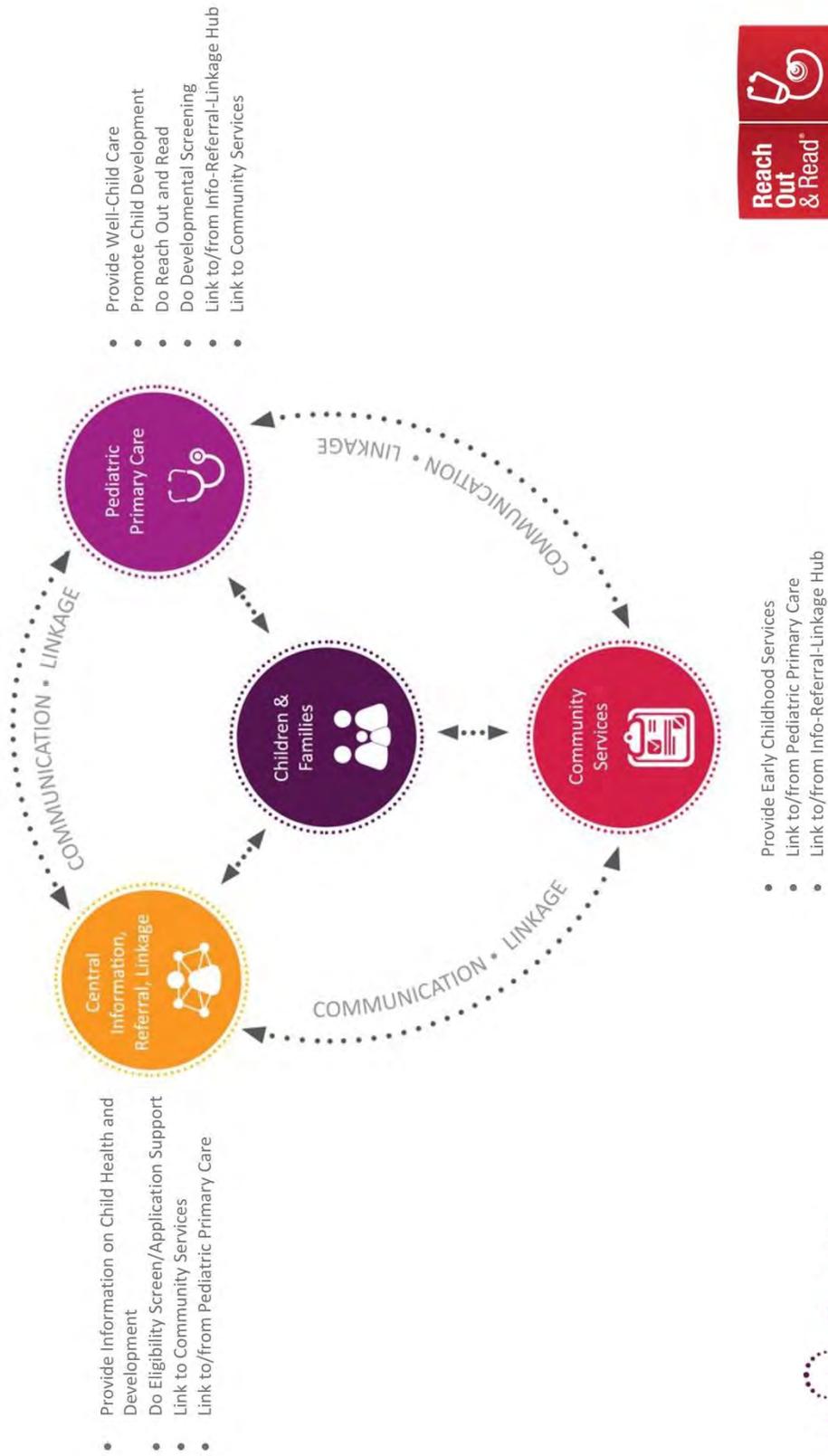
Which element is most important? All three must be addressed if you want to drive improved outcomes through effective, lasting systems change. They are all inter-related and impact each other.

How is it possible to make progress? Systems change can start from many places, at any scale, and initiatives can have different areas of emphasis. One project might focus on a quality improvement process within a medical clinic, and another on increasing access through outreach to a specific geographic area or cultural group. Together they can be part of a systems change effort that addresses multiple aspects of access, quality, and integration. As you design and implement systems changes intended to improve outcomes for children and families, see if this “systems circle” helps you quickly visualize and connect multiple efforts, enhancing your ability to achieve population level impact.

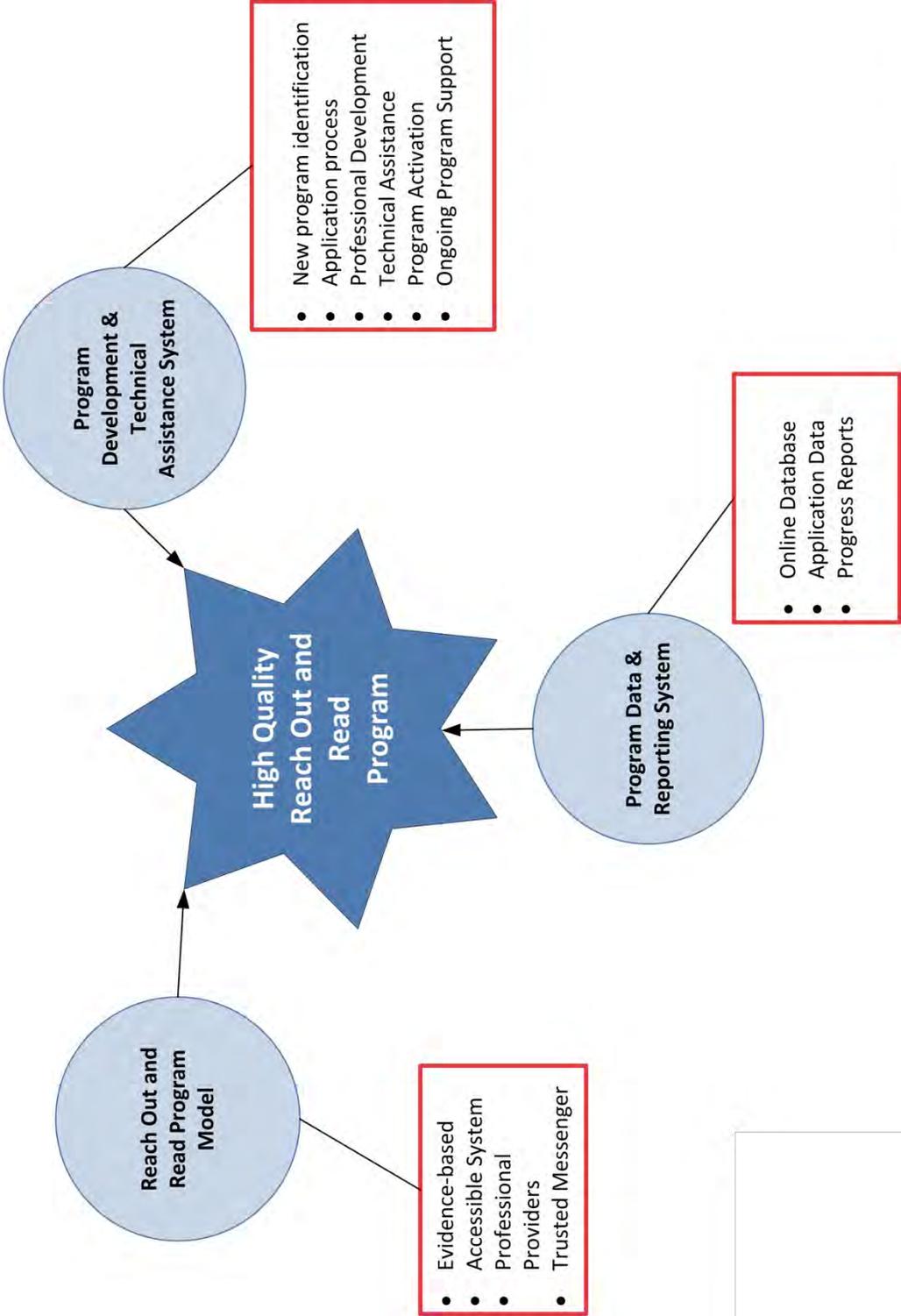
Promoting Early Child Development through Primary Care



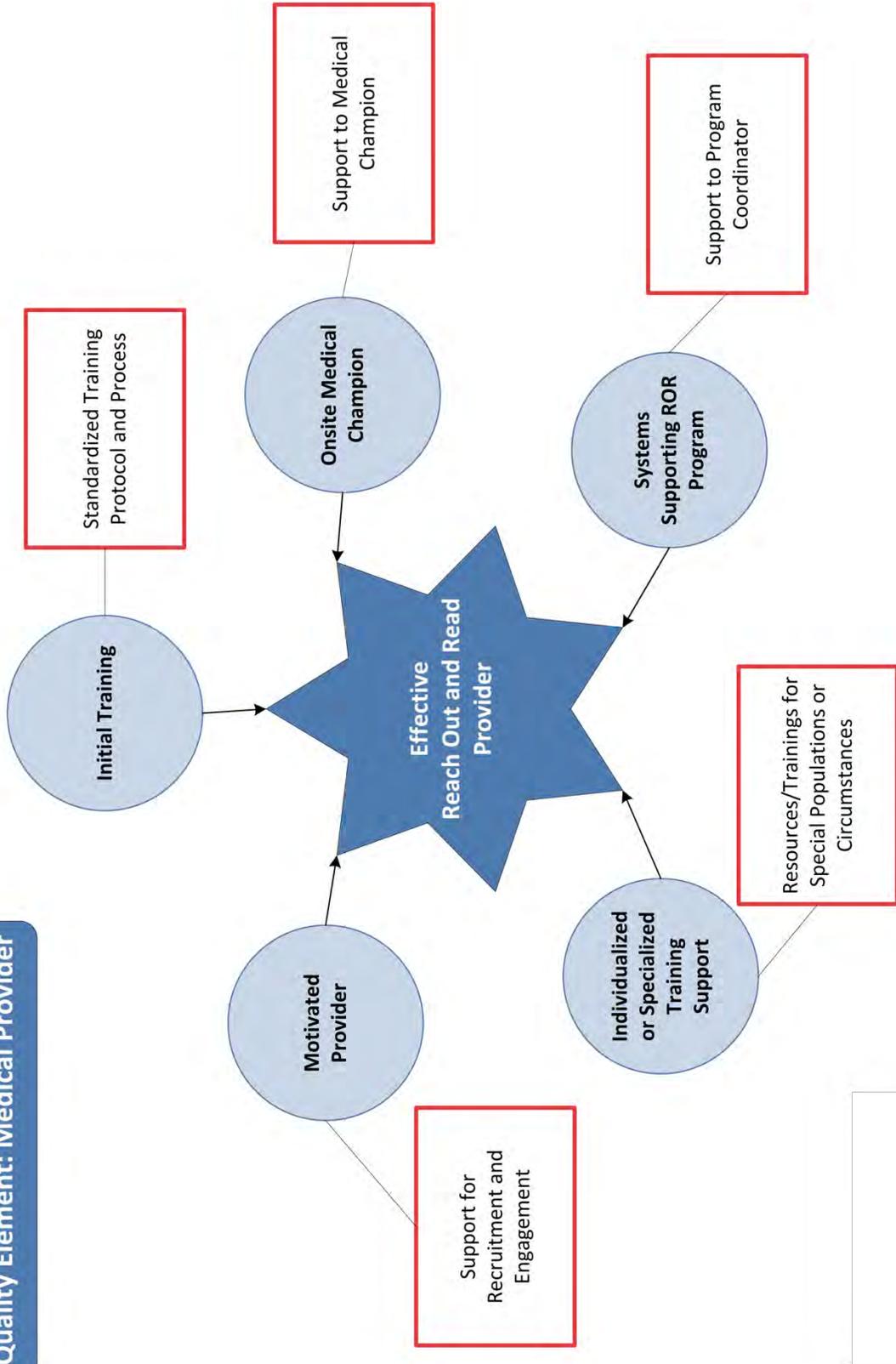
Early Childhood Development Circle of Support



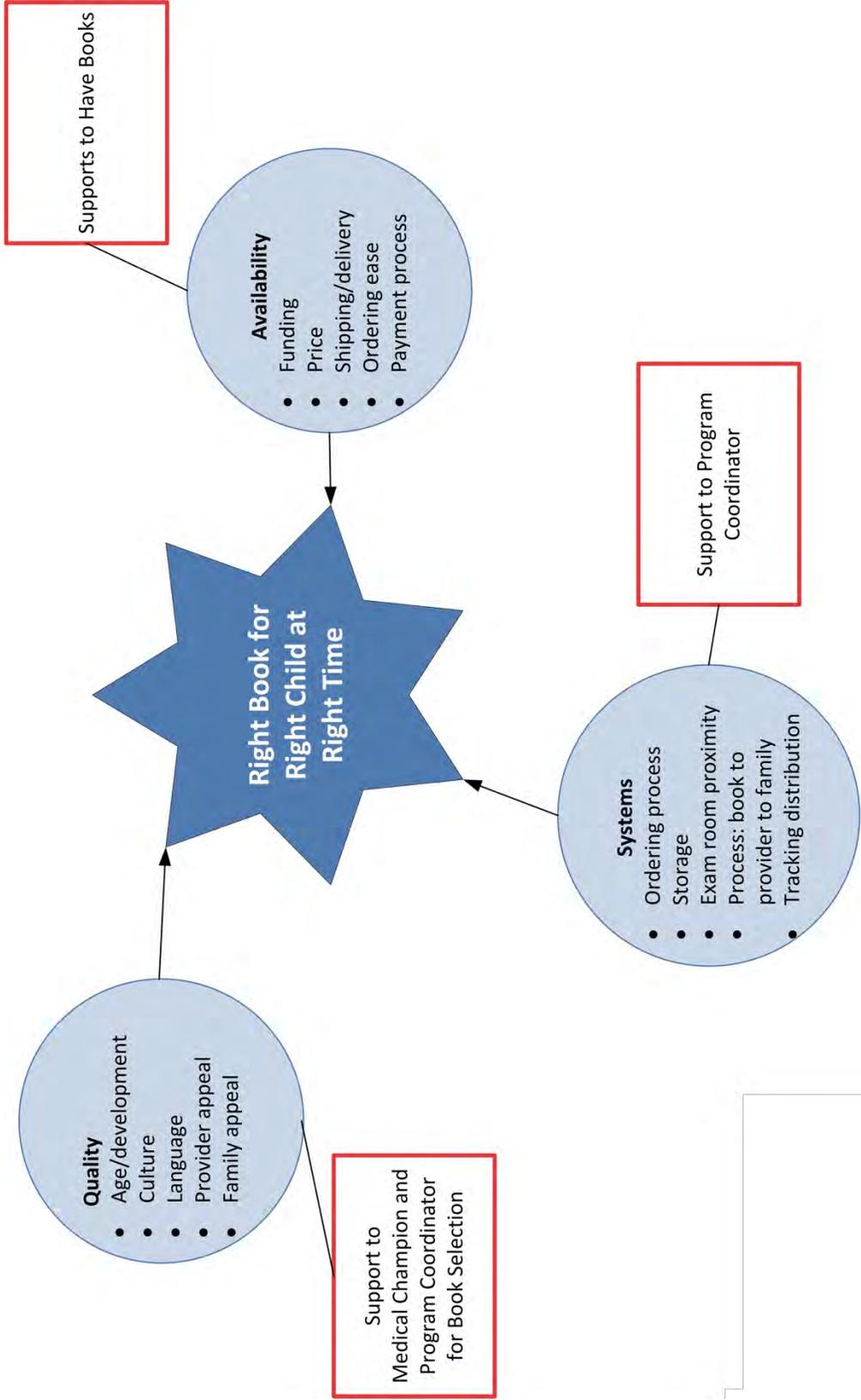
Foundation for Quality



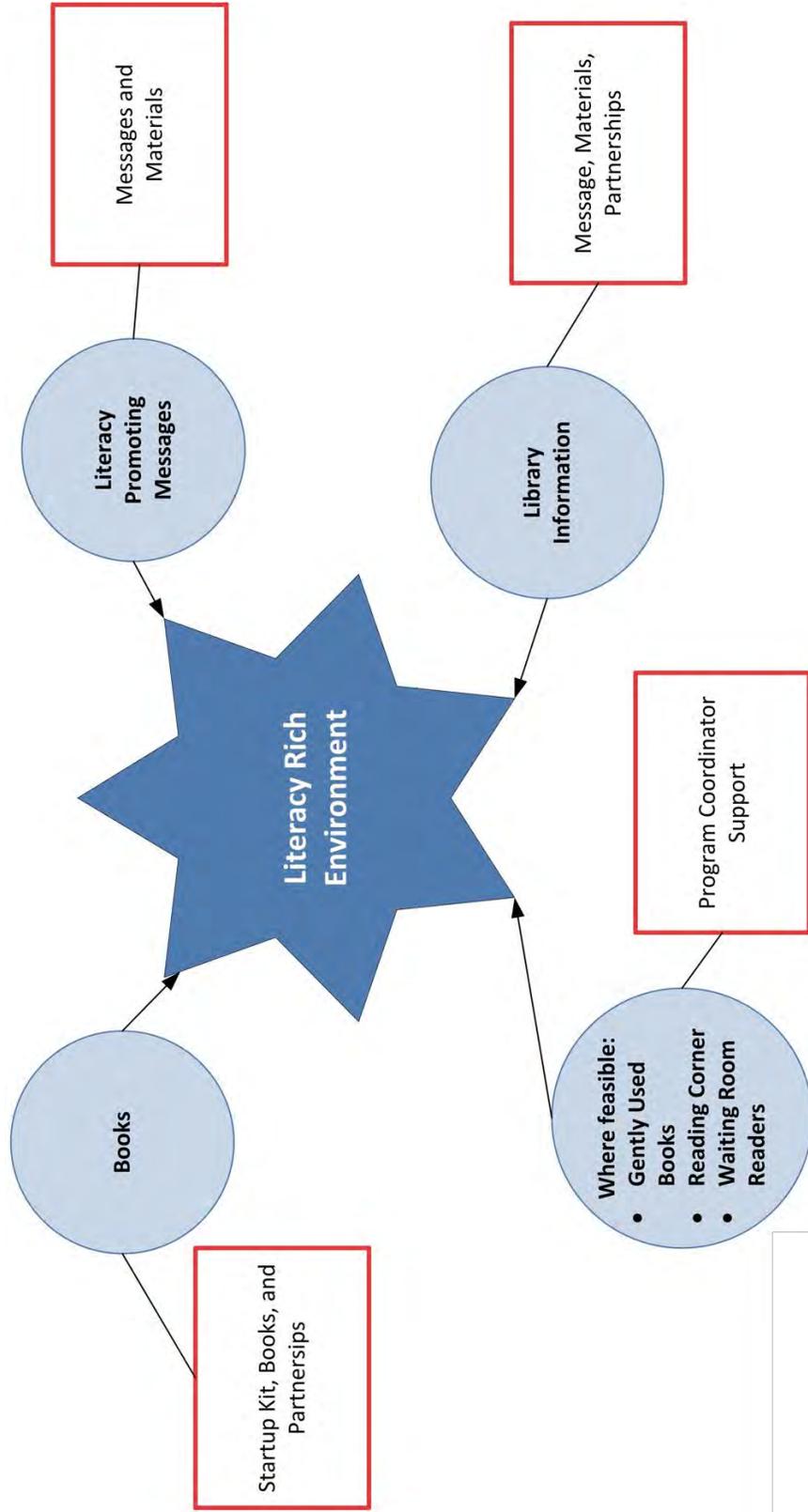
Quality Element: Medical Provider



Quality Element: Book

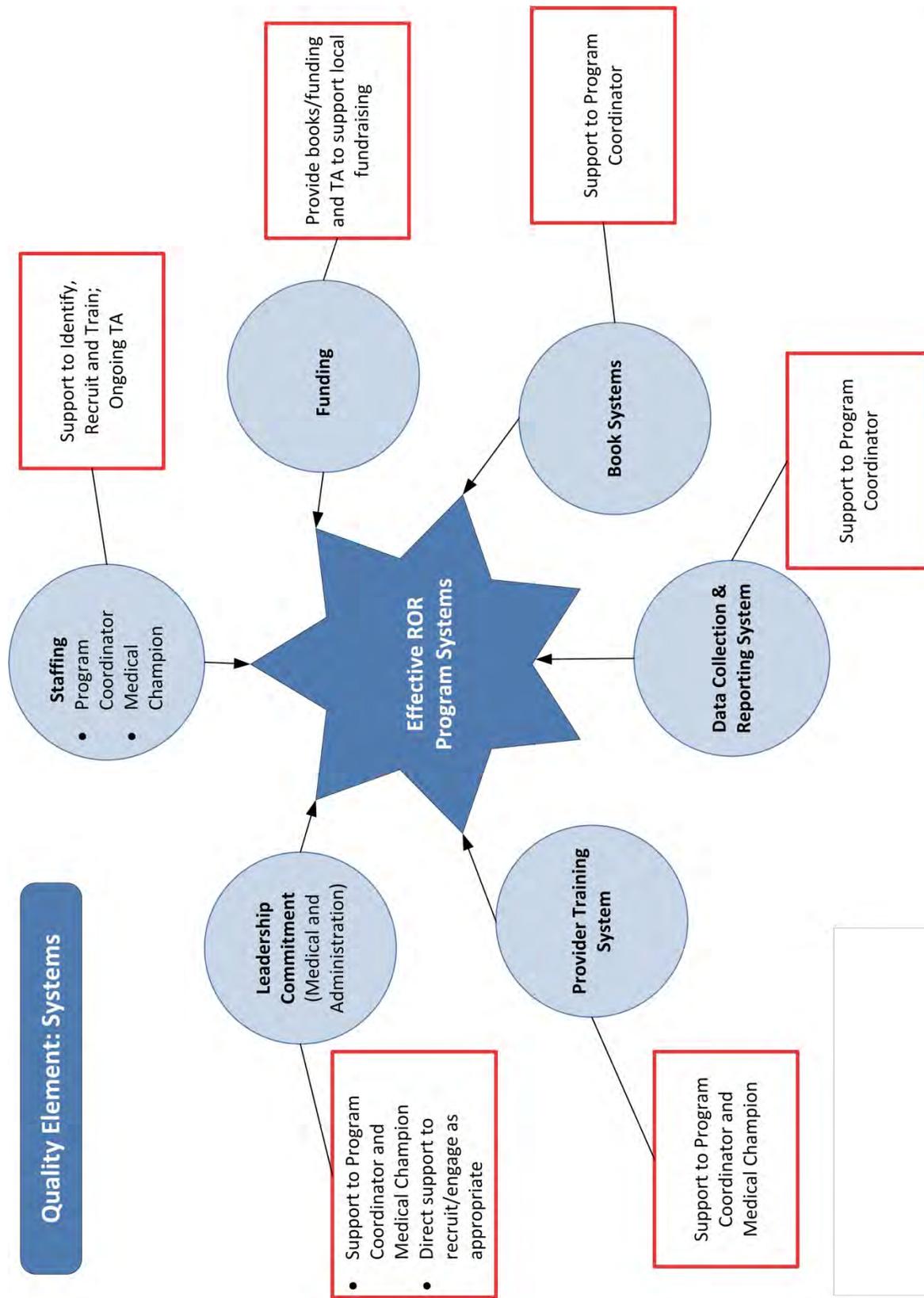


Quality Element: Literacy Rich Environment



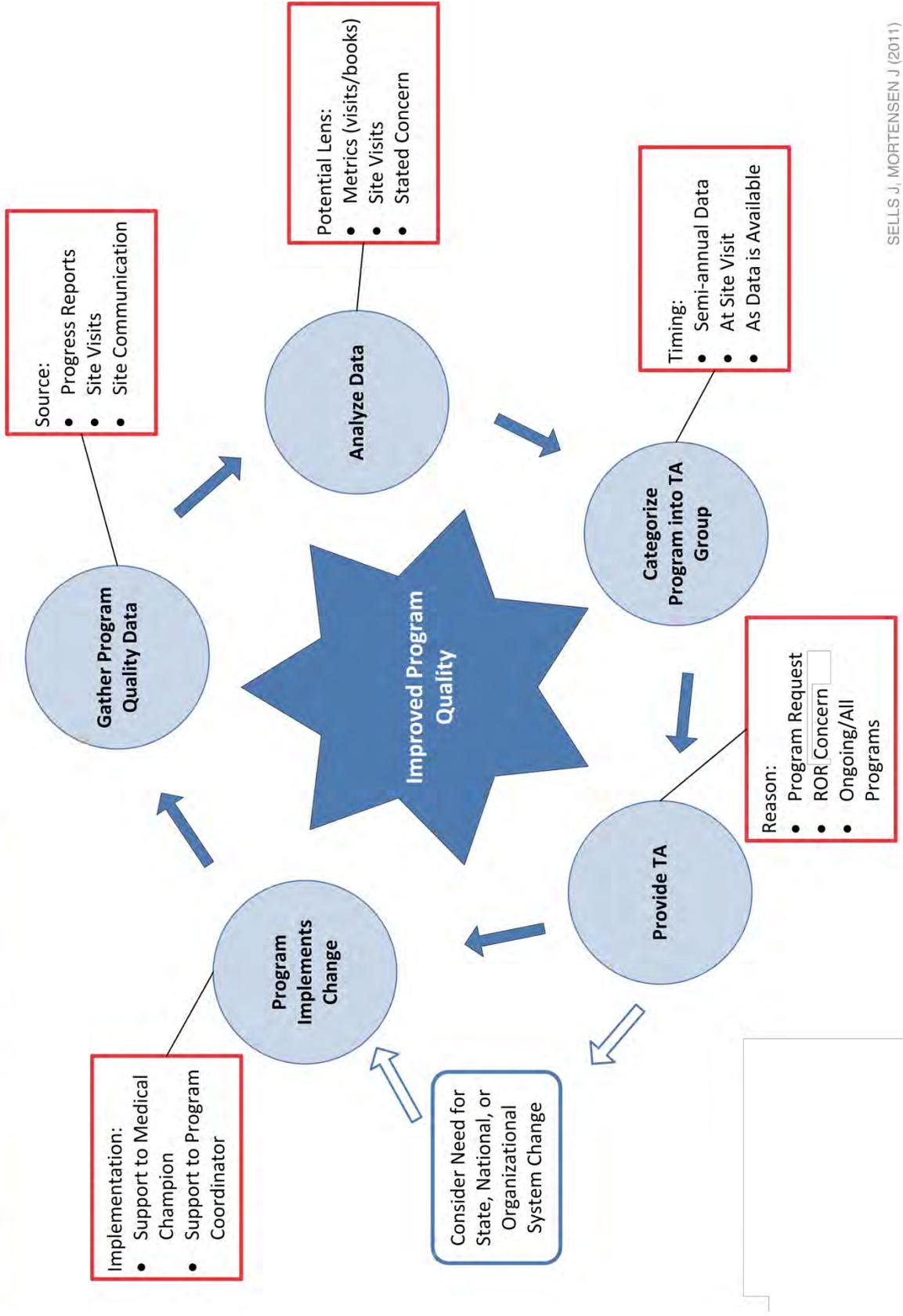
SELLS J, MORTENSEN J (2011)

Quality Element: Systems



SELLS, J. MORTENSEN J. (2011)

**Continuous Quality Improvement:
Reach Out and Read Programs**



SOURCES

- ¹ Mississippi Thrive! (2019). *Mississippi Thrive! One Page Summary*. The information in this section was copied in its entirety from this document on the Mississippi Thrive! website. Retrieved from https://mississippithrive.com/wp-content/uploads/2018/09/MS-Thrive_One-Page-Summary-FINAL.pdf, 9/23/2019.
- ² University of Mississippi Medical Center (2019). Early Childhood Health Promotion System for High Need Program Year 2 Report to HRSA for Grant UK2MC31456. 2019.
- ³ HRSA Maternal and Child Health. Early Childhood Comprehensive Systems. <https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems>
- ⁴ The BUILD Initiative <https://www.buildinitiative.org/>.
- ⁵ Sells J. (2007). An Introduction to Kids Matter: Improving Outcomes for Children in Washington State for Early Learning Communities. Early Childhood Comprehensive Systems Grant, Washington State Department of Health. 2007; page 22.
- ⁶ Child Trends Databank. (2018). Well-child visits. Retrieved from <https://www.childtrends.org/?indicators=well-child-visits> 9/28/19.
- ⁷ Reach Out and Read. Our Initiatives: Targeted early literacy intervention for special populations. Retrieved from <http://www.reachoutandread.org/about-us/our-initiatives/> 9/28/2019.
- ⁸ High PC, Klass P. (2014). Literacy Promotion: An Essential Component of Primary Care Pediatric Practice. Council on Early Childhood. *Pediatrics* 2014;134:404-9.
- ⁹ Cohen Ross, D, Guyer J, Lam A, Toups, M (2019). “Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change.” Washington, DC: Center for the Study of Social Policy. Available at <https://cssp.org/resource/medicaid-blueprint/>.
- ¹⁰ Doyle, S, Chavez, S, Cohen, S, and Morrison, S. (2019) “Pediatrics Supporting Parents: Program Analysis Report.” Center for the Study of Social Policy, In press 2019.
- ¹¹ The HMG System Model (2019). Retrieved from <https://helpmegrownational.org/hmg-system-model/> 9/29/2019.
- ¹² Ibid.
- ¹³ High PC, Klass P (2014). Literacy Promotion: An Essential Component of Primary Care Pediatric Practice. Council on Early Childhood. *Pediatrics* 2014;134:404-9.
- ¹⁴ Reach Out and Read (2019). Our Impact: learn more about our reach and evidence base. <http://reachoutandread.org/our-impact/> 9/22/2019.
- ¹⁵ The Protective Factors Framework, Center for the Study of Social Policy. <https://cssp.org/our-work/projects/protective-factors-framework/>
- ¹⁶ Preschool Development Grant Birth through Five (PDG B-5) Renewal Grants. https://ami.grantsolutions.gov/files/HHS-2019-ACF-OCC-TP-1567_0.pdf
- ¹⁷ Cohen Ross, D, Guyer J, Lam A, Toups, M (2019). “Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change.” Washington, DC: Center for the Study of Social Policy. Available at <https://cssp.org/resource/medicaid-blueprint/>.
- ¹⁸ American Academy of Pediatrics Council on Early Childhood. www.aap.org/coec
- ¹⁹ Sells J, Mortensen J, Woodruff M (2011). Reach Out and Read Washington State Outcomes Plan and Logic Model. Report to Washington State Department of Early Learning, Contract Number 10-1376.