A prescription for literacy

Reading to children is important to their success and their health.

BY NATHAN CHOMILO, M.D.

A child’s first word is one of the developmental milestones parents celebrate. For a long time, the speed with which a child arrived at this accomplishment was thought to be solely attributable to innate intelligence or ability. We now know that the first 1,000 days are a time in a child’s life when immense physical, social and cognitive growth takes place and that active participation by parents during this time can have lifelong effects. However, too few parents are engaging in one of the most important activities to foster this development: reading aloud to their children. The 2011-2012 National Survey of Children’s Health found that only 60 percent of children in the United States up to 5 years of age who come from families with incomes at or above 400 percent of poverty were read to daily. For children from families whose incomes were below 100 percent of poverty, the news was even worse: only 34 percent were read to daily.1 Hart and Risley illustrated this disparity in a landmark study. They concluded that by age 3, children from families with low socioeconomic status hear 30 million fewer words than their peers who come from families with a high socioeconomic status.2

This exposure gap is directly related to the achievement gap. More than one-third of children in the United States enter kindergarten without the basic language skills they need to learn to read. Eighty-eight percent of first graders who are reading below grade level will continue to read below grade level in the fourth grade. Most troubling of all, two-thirds of children who cannot read proficiently by the end of the fourth grade will end up in jail or on welfare.3

A role for the medical profession

The American Academy of Pediatrics (AAP) recently released a policy statement that calls for pediatric providers to promote early literacy development for children beginning in infancy and lasting at least until the child starts kindergarten.4 This includes advising all parents to read aloud to their young children, counseling them about developmentally appropriate shared-reading activities, and providing developmentally appropriate books for all high-risk, low-income young children during well-child visits. The AAP’s Council on Early Childhood has recognized for some time the importance of promoting early brain development and its impact on school readiness. During the last 20 years, a substantial amount of evidence has emerged demonstrating not only the benefit of early reading on school readiness but also the important role health care providers can play in empowering and engaging families. In Minnesota, more than 90 percent of children see a physician annually, making us an almost-universal point of access to those children (the next best is child care, in which approximately 76 percent of young children are enrolled).5 These facts, coupled with the unique and respected relationship physicians have with families, provides us with an opportunity to effect substantial change.

This was clear to the physicians in Boston who in 1989 started Reach Out and Read, a program in which pediatricians and other clinicians share books with and promote reading to children. The goal is to stimulate a love of reading, enhance parent-child relationships and prepare children for success in school. At every checkup, starting in infancy and continuing until a child is at least school-aged, pediatric providers give each child a brand-new, developmentally, culturally and language-appropriate book.
They discuss early literacy practices and shared reading in the home, model behavior and assess for potential barriers. Fifteen studies have demonstrated that Reach Out and Read is associated with markedly more positive attitudes toward reading aloud, more frequent reading aloud by parents, improved parent-child interactions, improvements in the home literacy environment, and significant increases in expressive and receptive language in early childhood, particularly in families that are at risk or have low socioeconomic status. In Minnesota, Reach Out and Read got a foothold in 1997 when it was implemented at two clinics in Minneapolis. Today, it reaches more than 92,500 children annually through 154 clinics statewide; more than 1,300 clinicians participate in the program. One out of three low income children (one in four children overall) in Minnesota receive at least one of the 157,000 books Reach Out and Read Minnesota distributes annually, along with a prescription for their parents to read to them daily.

Even if clinicians haven’t yet had the opportunity to integrate Reach Out and Read into their practice, they can take the vital first step of talking to parents about the importance of reading aloud every day.

**Literacy, health and well-being**

The AAP’s statement also urges state and federal policy makers to fund initiatives aimed at addressing early childhood literacy. Data support such efforts. The U.S. Department of Health and Human Services has estimated that more than $2 billion is spent each year on students who repeat a grade because they have reading problems. The annual cost of illiteracy to businesses and taxpayers is estimated at $20 billion. Nobel Prize-winning economist James J. Heckman found that the economic return on investment in early education is as high as 15 to 17 percent per year—higher than that of other economic development strategies.

Poor literacy can affect a person’s health as well. Health illiteracy—the inability to understand basic health information—is becoming recognized as a critical barrier to care. The 2003 National Adult Assessment of Literacy estimated that only 13 percent of U.S. adults had proficient health literacy and 43 percent had only basic or less than basic health literacy. Consequently, more than 90 million adults in this country may be unable to follow directions on a medication bottle, understand the importance of a follow-up appointment or comprehend instructions for providing care for a loved one. They also may struggle to negotiate the health care system and, as a result, have higher hospitalization and readmission rates, poorer compliance with recommendations, higher no-show rates, diminished disease knowledge, decreased utilization of preventive services, poorer overall health status, poorer control of chronic illnesses, and higher mortality than their more literate counterparts.

Because research has shown that screening patients for limited health literacy can actually have a deleterious effect on the patient-provider relationship, taking a universal precautions approach is recommended. Clinicians should communicate with all patients in simple terms. Methods such as teach-back should be used to elicit understanding in a nonjudgmental way. All handouts should be written at a fifth-grade reading level or lower. These interventions have been shown to improve patient comprehension and retention of information.

**Conclusion**

Children who aren’t read to in the first 1,000 days of life have an increased risk of growing into adults who are illiterate. These adults inevitably have poor economic potential and as a result, the cycle of poverty, poor health and dependency continues. As clinicians, we have an opportunity to empower parents and families by encouraging them to read together and to help those patients who were once left behind navigate an increasingly complex health care system. Literacy truly is one of the most powerful prescriptions we can provide.

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**REFERENCES**


For more information on Reach Out and Read Minnesota go to:

www.reachoutandread.org/cgi-bin/mn.pl
www.facebook.com/ReachOutandReadMN
www.youtube.com/watch?feature=player_embedded&v=LBknlweG9A