

## **Prepared Statement of Harriet Meyer, Ounce of Prevention Fund**

Good morning. I am Harriet Meyer, President of the Ounce of Prevention Fund and Co-Chair of the Illinois Early Learning Council. Let me begin by thanking you for the historic investments Congress has made in the American Recovery and Reinvestment Act, and for the opportunity to speak with you today. This funding will truly help states both improve their economies now while investing in the futures of young, at-risk children. This is no longer a cliché. Investment and intervention during the earliest years does indeed change education and life outcomes.

The Ounce was founded 25 years ago by the businessman and philanthropist Irving Harris. Irving was far ahead of his time in his talking about brain development, the importance of very early childhood, and its later impact on educational outcomes. He shared this understanding with businessmen and legislators, including a State senator who eventually became the President.

Research tells us that the achievement gap is measurable and apparent by 18 months. We know that verbal skills are essential to success in school, but at age

4, children in poverty know a fraction of the words that middle-class children do. We know that the differences between these groups are unchanged at age 5, age 12, and beyond. Many poor children suffer from chaotic, stressful environments without the attention and stimulation they need to develop. At 18 months, a child in a low-income family hears about 3 million words a year while a child in a higher income family hears 11 million. That difference translates to a gap of over 30 million words by age 4.

And it is not just the quantity but the quality of the language and the interactions behind each word that define a child's ability to communicate when he enters school. Think about what you hear in the grocery store as you watch a mother navigate the aisle with her toddler. It is a full-blown discussion about what kind of cereal to buy and whether it is healthy. Middle class parents narrate their day. We need to help all parents to do the same. This means we need to bridge the opportunity gap well before a child enters preschool if we are serious about ever improving high school graduation rates. Too often, children start kindergarten without the social and emotional skills and academic preparation needed to take full advantage of what school has to offer. They are forced into a cruel game of catch-up that few will win.

So what are we doing in Illinois to close the achievement gap?

Based on a blueprint created by the Illinois Early Learning Council, legislators enacted *Preschool For All*. Our guiding principles were to make high quality, voluntary preschool progressively available to all 3 and 4-year-olds, with priority for those most at risk of school failure. Like the Federal Early Head Start program, we began at birth by expanding birth to three programs for at-risk infants and toddlers at the same time we grew preschool programming. Demand has been so strong for birth to three programs, that we are looking to increase the amount this year. *Preschool for All* is unique because it builds on existing programs. Those programs range from non-profit and for-profit child care centers and homes, to school and community-based PreK, to Head Start and Early Head Start centers, to home visitation programs with an overriding focus on setting high standards of quality and helping programs to meet them.

The Council set forth research-backed recommendations. Our standards require BA-level certified early childhood teachers and ongoing professional development in all settings for all age groups. Small group sizes and high teacher-to-child ratios ensure that teachers can attend to the needs of each child. Curricula aligned with the Illinois Early Learning Standards are required to help children enter kindergarten well prepared to learn. Teams of monitors and on-site consultants ensure that program standards are met. Staff regularly communicates with parents about each child's progress and documents families' involvement in a wide range of parent education activities. In Illinois, close to 100,000 preschoolers and 16,000 vulnerable infants and toddlers are currently benefiting from these standards.

We sustain these programs through deep investments in things that we know achieve quality. Funding supports scholarships to help teachers obtain credentials and ongoing training and consultation. The Illinois State Board of Education has allocated over \$1 million for the Erikson Institute of Chicago to evaluate results and identify trends to guide future policy decisions and make program corrections. *Preschool for All* funds pay for certified teachers in infant-toddler and preschool classrooms. At *Educare of Chicago*—a state-of-the-art full day and full year program serving 150 at-risk children from birth to five—students are achieving significant improvements in vocabulary, early literacy, and school readiness skills, bringing them closer to their more-advantaged peers. By comparison, most of the nation's low-income, at-risk children begin school well below average on readiness measures.

All of this costs more in the short term, but quality of service is what it takes to get long-term results. It is the only way we will ever get our poorest children scoring at the national average. We already know how hard it is to catch children up if we rely on remediation after they enter our formal education system.

*Preschool for All* is an ambitious undertaking. We have not yet fully implemented all of the Early Learning Council's recommendations. We need better information systems to monitor and improve programs. We need increased funding for family support workers who partner with parents—especially those who are from linguistic and culturally diverse backgrounds or have children with special needs—to access health and social services and make successful transitions from home or child care to preschool and to elementary school. Lastly, we must create an integrated early childhood system that offers families with very young children better access to the highest quality services and supports.

The time for early childhood investments is now. Every other industrialized country supports families in an intentional way so families can do what they are meant to do: raise children to be productive, educated, tax-paying members of our society.

The truth is that many education reforms fail. Our civic institutions and workplaces need the participation and productivity of all our nation's children. We know how to do this. The research is clear and models have been created. Many need only be tweaked to improve and start producing real results. Programs not meeting our national commitment must be jettisoned.

We are getting closer to setting a new direction for the next generation by increasing investments in early learning. We will know we've achieved success when:

- All children, especially those most at risk, have access to high-quality early education programs beginning at birth
- Families can choose from a range of options that best support their role as a child's first and most important teacher
- Only the best teachers and caregivers are educating and nurturing young children
- Sustained funding for research-based early education is recognized as a vital part of our nation's education system

Most importantly, we'll know we've achieved success when children enter school with a love of learning and the skills they need to succeed.

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[Additional submissions of Ms. Meyer follow:]

#### APPENDIX 1

##### *The Mission*

Reach Out and Read makes literacy promotion a standard part of pediatric primary care, so that children grow up with books and a love of reading.

Reach Out and Read trains doctors and nurses to advise parents about the importance of reading aloud and to give books to children at pediatric checkups from 6 months to 5 years of age, with a special focus on children growing up in poverty. By building on the unique relationship between parents and medical providers, Reach Out and Read helps families and communities encourage early literacy skills so children enter school prepared for success in reading.

##### *The Reach Out and Read (ROR) Model*

- In the exam room, doctors and nurses trained in the developmental strategies of early literacy encourage parents to read aloud to their young children, and offer age-appropriate tips.
- The pediatric primary care provider gives every child between the ages of 6 months and 5 years a new, developmentally-appropriate children's book to take home and keep.
- In the waiting room, displays, information, and gently-used books create a literacy-rich environment. Where possible, volunteer readers entertain the children, modeling for the parents the pleasures—and techniques—of reading aloud.

##### *The Impact as of September 2008*

- ROR programs are located in more than 4,121 hospitals and health centers in 50 states, the District of Columbia, Guam, Puerto Rico, and the United States Virgin Islands.
- More than 3.5 million children participate in ROR annually.
- More than 5.7 million new, developmentally-appropriate books are given to families annually.
- More than 50,000 physicians and nurses have been trained in the ROR strategies of early literacy guidance.

##### *The Challenge*

- 35% of American children entering kindergarten today lack the basic language skills they will need to learn to read.
- Children who live in print-rich environments and who are read to during the first years of life are much more likely to learn to read on schedule.
- Fewer than half of parents (48%) in the United States read to their young children daily.
- Parents of children living in poverty may lack the money to buy books, may not have easy access to good children's books, and may not themselves have been read to as children, with the result that millions of children are growing up without books.

##### *The Reach Out and Read National Center*

- ROR is a national, nonprofit organization founded in 1989 at Boston City Hospital (now Boston Medical Center), through a collaboration of pediatricians and early childhood educators.

- Through both public and private funding, the ROR National Center provides start-up and sustainability funding for books, as well as training and technical assistance, to ROR programs nationwide.
  - ROR is affiliated with the Department of Pediatrics, Boston Medical Center, Boston University School of Medicine.
  - ROR is endorsed by the American Academy of Pediatrics.
- For more information, contact the Reach Out and Read National Center

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THE FOLLOWING STUDIES HAVE BEEN PUBLISHED IN PEER-REVIEWED, SCIENTIFIC JOURNALS

Study	N*	Main findings
Needman 19911 Boston, MA	79	Among parents in a primary care waiting room, those who had been given books and guidance were four times more likely to report reading aloud or doing it in the last 24 hours.
High 19982 Providence, RI	151	Comparing parents in clinic before ROR was instituted, versus after, there was approximately four times increase in literacy orientation (reading aloud as a favorite activity, or as a regular bedtime activity, or reading aloud more than 3x/week) in the “after” group.
Golova 19983 Providence, RI	135	In this study, families were randomly chosen to receive books and guidance, or usual care. After 10 weeks, parents were surveyed. There was a ten times increase in parents reading aloud 3 nights/week, and large, statistically-significant increases in “favorite activity” and other measures.
High 20004 Providence, RI	205	A group of parents randomly chosen to get ROR guidance and books had significantly higher literacy orientation (as defined above), compared to a control group that got usual care. Among children 18 months and older, there were also significant increases in language scores using a modified standard language assessment, both for speaking and understanding. Language development is crucial for successful reading acquisition.
Sanders 20005 Palo Alto, CA	122	Among Spanish speaking, immigrant families, those who had been exposed to ROR reported a doubling in the rate of frequent book sharing, defined as reading aloud 3 or more days per week.
Jones 20006 Louisville	352	Parents given books and guidance were twice as likely to report reading aloud as a favorite activity, and rated the pediatrician as significantly more “helpful” than did a comparison group of parents.
Mendelsohn 20017 NYC	122	One urban clinic had ROR for three years; another which was similar in all other respects, did not have ROR in place. Reading aloud by parents, and children’s book ownership were significantly higher in the ROR clinic. What’s more, scores on standardized vocabulary test were significantly higher in the ROR clinic—8.6 points higher for receptive language (understanding words) and 4.3 points higher for expressive (picture naming), both large, meaningful effects.
Sharif 20028 NYC	200	Comparison between two similar clinics in the South Bronx, one with ROR for 3 years, one with ROR for 3 months; otherwise, very similar. Receptive vocabulary (One-Word Picture Vocabulary Tests) was higher (average 81.5 versus 74.3) at the ROR site; parents scored higher on the STIQ reading section (more frequent reading aloud, more book ownership) and on the Literacy Orientation questions (book as favorite activity, and bedtime activity).
Silverstein 20029 Seattle, WA	180	This study sought to determine ROR’s effectiveness among non-English speaking families in a Seattle pediatrics clinic, with patient families of East African and Southeast Asian origin. Using a pre-/post-design, the study showed improved self-reports of home reading attitudes and practices among both English and non-English speaking families given English language books as part of ROR.
Weitzman 200410 New Haven, CT	137	Families with children 18-30 months were studied with waiting room interviews and home visits to determine the effect of ROR on a Child Home Literacy Index and on the HOME measure of the home environment; after adjusting for multiple confounders, ROR was found to contribute positively to a child’s home literacy environment; more frequent ROR encounters had a greater impact.

THE FOLLOWING STUDIES HAVE BEEN PUBLISHED IN PEER-REVIEWED, SCIENTIFIC JOURNALS—  
Continued

Study	N*	Main findings
Needlman 200511 Cleveland, OH	1647	In a national sample of parents of children age 6-72 months, implementation of ROR programs was associated with increased parental support for reading aloud. The study provides multi-site evidence, from 19 clinical sites in 10 states, of the effectiveness of a primary care intervention strategy to promote reading aloud to young children.

\*N=Number of subjects enrolled.

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For more information, contact the Reach Out and Read National Center by phone at 617-455-0600, email at [info@reachoutandread.org](mailto:info@reachoutandread.org), or by writing to us at 56 Roland Street, Suite 100D, Boston, MA 02129. Visit our web site: [www.reachoutandread.org](http://www.reachoutandread.org)

# Reach Out and Read<sup>®</sup>

Doctors Promoting Childhood Literacy Since 1989



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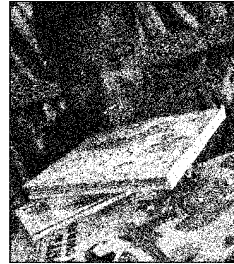
- nationwide leader in early literacy
- evidence-based, cost-effective model
- true public-private partnership



## Reach Out and Read®: Making Books Part of a Healthy Childhood

Reach Out and Read (ROR) was developed by pediatricians and early childhood educators to make literacy a part of routine pediatric care so that children enter school ready to learn. Exposure to books and reading in the first years of life increases the probability of both healthy child development and school success.

**ROR is the model of a successful public-private partnership and has changed the way that tens of thousands of primary care physicians practice medicine.** By encouraging parents to read aloud, ROR doctors and nurses expand their practice and responsibilities to make a positive difference in children's developmental skills and consequently in the nation's economic health.



## The Problem: One-Third of Children Enter School Unprepared to Learn

35% of American children entering kindergarten today lack the basic language skills they will need to learn to read. And children living in poverty are especially at risk. Children who start out with reading difficulties are more likely to remain poor readers and ultimately fail in school. Without intervention, they will grow into adults with low literacy skills and poor economic potential. Since 20% of U.S. workers are functionally illiterate, this problem is not only a tragedy for each individual; it also has a significant effect on the ability of the United States to compete in the global economy.

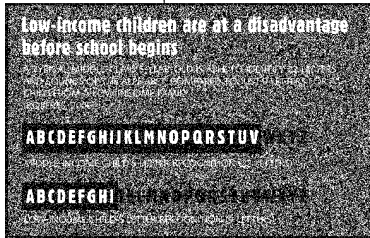
## The Science: Early Interactions and Language Exposure are Critical

Early language skills, the foundation for reading ability, are based primarily on language exposure – resulting from parents and other adults talking to young children. Research shows that the more words parents use when speaking to an 8-month-old infant, the greater the size of their child’s vocabulary at age 3. Recent studies, including the landmark Hart-Risley study on language development, show that children from low-income families hear as many as 20 million fewer words

than their more affluent peers before the age of 4. The problem is compounded further by the fact that low-income children are far more likely to not have any children’s books in their homes.

School reform, including universal pre-kindergarten, is vital, but far too much time is lost before children enter the classroom. Intervening early to improve the home learning environment for disadvantaged children will ensure that they are ready to learn when they enter school and succeed later in life. In fact, Nobel Prize-winning economist James J. Heckman found that economic returns on dollars invested in

early education are as high as 15-17% per year – higher than other traditional economic development strategies.





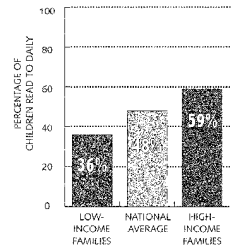
## The Solution: Parents Reading Aloud

The clear solution is for all adults to speak to young children as an everyday nurturing activity. Research shows that words heard on television and radio programs do not have the same impact as live, spoken conversation. The reason is simple: children want to learn language in order to communicate with the people who mean the most to them: their parents. Of all parent-child activities, reading aloud provides the richest exposure to language. **Unfortunately, fewer than half of young American children are read to daily.**

### Too Few Parents are Reading to Their Children

Percentage of Children Age 0-5 Read to Daily, by Family Income

(NATIONAL SURVEY OF CHILDREN'S HEALTH, 2003)



Reading aloud is not only one of the best activities to stimulate language and cognitive skills; it also builds motivation, curiosity, and memory. Giving parents the information and the tools – beautiful, appealing children's books – to make reading aloud a daily activity enables parents to better prepare their children to succeed in school.

## The Opportunity: Reach Out and Read

For two decades, through the Reach Out and Read program, doctors and nurses have gone beyond traditional medical care and provided parents with information on how to read to children at each developmental stage. Along with this advice, doctors give each young patient a developmentally- and culturally-appropriate book to take home, to encourage parents to make reading aloud a routine activity.

## The Impact: Evidence-Based Intervention in Early Childhood

Research findings from 11 published, peer-reviewed studies clearly demonstrate that Reach Out and Read is effective. Compared to families who have not participated in the program, parents who have received the ROR intervention are significantly more likely to read to their children and have more children's books in the home. And, children served by the ROR program score significantly higher on vocabulary tests. For a 2-year-old child, this increase represents an approximate six-month developmental gain. **No other early literacy intervention has this kind of evidence base or impact.**

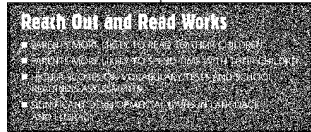


## The Cost: \$40.00 Per Child for a Lifetime of Learning

Since all Reach Out and Read doctors and nurses volunteer the time they spend on early literacy, the primary cost of ROR is the actual children's books. That enables ROR to offer its full five-year program for a total cost of just \$40.00 per child. Every child in the program enters kindergarten with a home library of at least 10 books, as well as parents who understand the great importance of reading aloud.

Why is Reach Out and Read so effective and inexpensive?

- **A trusted messenger:** Parents trust and value the advice they receive from their child's physician. ROR is unique in using a trusted authority figure, in the special setting of the medical visit, to promote a child's learning.
- **Broad scope and reach:** Participating medical providers offer the ROR program to all children between 6 months and 5 years of age at each regular checkup.
- **Hope for educational success:** ROR explicitly ties reading aloud to later school success; this strategy matches the aspiration that parents have for their children.
- **Positive reinforcement:** By age 1, if there are books at home, children will "demand" to hear them read aloud. The positive, loving attention children receive during story time motivates them to initiate the interaction again and again.
- **Stretching every dollar:** Deep discounts from publishers, as well as an innovative bulk-purchasing program, enable ROR to buy more than twice as many books as it could at standard retail pricing.



## The Policy Response: Strong Public-Private Support for ROR

Reach Out and Read is the only pediatric literacy organization in the nation. The program's \$22 million annual budget is supported by the public sector -- including the federal government and 14 states, by corporations and foundations, and by individual donors. This public-private partnership was created by, and continues to be fueled by, the strong evidence demonstrating the effectiveness of the ROR model and the mounting awareness of the need. The partnership has enabled ROR to expand from its original flagship site in Boston to more than 3,800 pediatric sites nationwide, serving more than 25% of the children living at or near poverty in our country. With increased support, ROR hopes to one day serve all American children.



## The Next Step:

### Giving Books Should Be as Routine as Giving Shots

The goal of Reach Out and Read is to ensure that doctors and nurses give literacy-related advice and children's books as routinely as immunizations at pediatric visits; both are exceptionally important. Endorsed by the American Academy of Pediatrics, ROR has changed the way pediatrics is practiced in the U.S. by giving doctors an evidence-based strategy to promote child development and learning.

Children served by ROR will develop the language and literacy skills necessary to read, complete school, and succeed in life. The success of each child – and the collective success of at-risk children all over the country – will mean increased productivity and economic security for our nation.

“Reach Out and Read is a pioneering program in early childhood education. It's a practical and cost-effective way to encourage many more parents to start reading aloud to their young children. The result is that language scores are improved for children as young as 18 months. The federal aid we make available leverages tens of millions of non-federal dollars for the program as well, and the children who are helped will benefit all their lives. The modest current investment leads to savings of billions of dollars in public costs for remedial education. Prevention works in health care, and it can work in education too.”

– **United States Senator Edward M. Kennedy (D-Massachusetts)**

“Research shows that reading aloud to children from an early age is vitally important to their development. We've seen the tremendous impact that Reach Out and Read has on kids in Iowa and across the country, who are in danger of falling behind even before they reach school age. Reach Out and Read is an investment in the future and helps ensure that more children have a greater chance at success.”

– **United States Senator Chuck Grassley (R-Iowa)**

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