



Embedding Reach Out and Read into Pediatric Social Work Encounters

Emily Bartels, South Carolina State Director

Deb LaRoche, Lowcountry Program Manager, MSW/LISW



Get ready for: Name That Book!

Based on the illustration, shout out the title and/or author of the children's book you see on the screen.

The person who guesses all six correctly will win a high five!! Woot!!



Name that book!



Name that book!



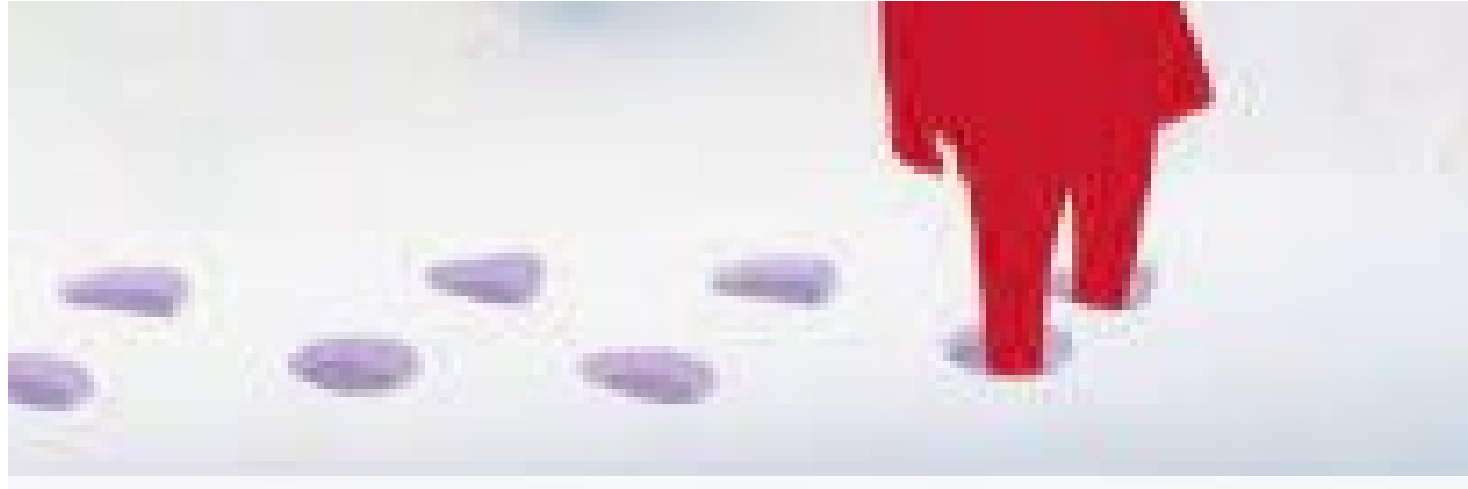
Name that book!



Name that book!



Name that book!



Name that book!





Who (and what) is Reach Out and Read?

Reach Out and Read strengthens all families with young children through guidance from medical clinicians about nurturing relationships through shared reading

► Founded in 1989 in Boston, Reach Out and Read focuses on the **whole** child: brain development, social emotional learning, and language/literacy acquisition – all by fostering healthy early childhood relationships through shared reading

► Rather than a book “give away” program, our intervention uses high-quality books during well-child exams to model shared reading, observe developmental milestones, and encourage caregivers to engage in healthy, developmentally appropriate activities with their child

A photograph of a woman with glasses and a blue top reading a book to a young child with curly hair. The book is titled "When We Come Home".

Reach Out and Read in South Carolina

215

PARTNER CLINICS

Reach Out and Read has a presence in 44 of 46 counties in South Carolina

845+

PEDIATRIC CLINICIANS

Over 845 Pediatric Medical Providers have completed our Core Training. Countless RNs, Administrators, and other staff members have also completed the course.

360,000+

WELL-CHILD VISITS

Annually, our partner clinics conduct approximately 360,000 well-child visits with children from birth to age 5 years old.

49%

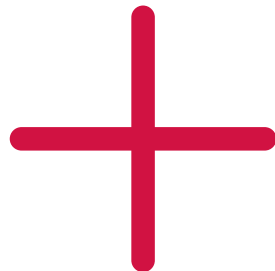
SC CHILDREN REACHED

Approximately half of all children in SC are currently receiving the ROR intervention. 72% of these children are enrolled in non-private insurance (i.e. Medicaid, Tricare, etc.), indicating a high need for additional support.

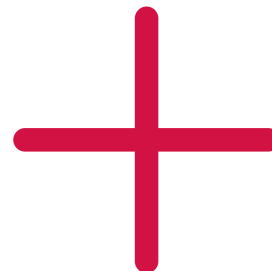
Reach Out and Read's Three-Part Model



**Guidance from the
medical clinician
about why, how, and
when to read**



**Prescription to Read: high
quality, age-appropriate,
culturally appropriate books**



**Literacy-rich environment in
the clinic that reinforces the
idea that reading is important
– and fun!**

ROR in the Exam Room: 12m visit



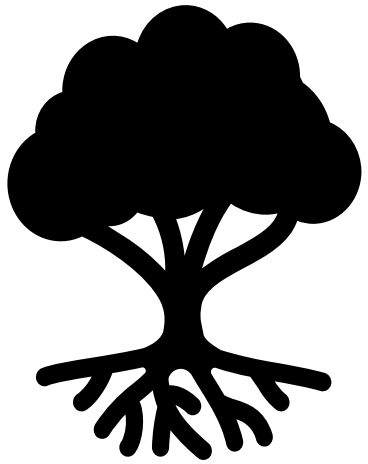
Quick Check-In



Has anyone personally experienced Reach Out and Read during your own family's pediatric care?

Any questions so far, or items that need clarification?

Reach Out and Read Addresses Social Drivers of Health



An Early
Intervention for
Environmental
Stressors

“Clinicians value that the program [ROR] **addresses social drivers of health and facilitates developmental surveillance.**”

A theme that emerged from [ROR] participants was **clinicians’ recognition of the direct impact of Social Drivers of Health on their patients and the potential for ROR to reduce some of the resource gaps noted in patients affected by social and economic disparities.** This impact is at the core of ROR’s founding mission and clearly resonated with clinicians’ experience of the program.

[Clinician Experiences with Reach Out and Read: An Exploratory Qualitative Analysis](#) Elizabeth Erickson, Alexandria Caldwell, Nikki Shearman, Connor Garbe, Hollyce Tyrrell, Robert Needlman, Marny Dunlap, Academic Pediatrics

Reach Out and Read Helps Mitigate Symptoms of Maternal Depression



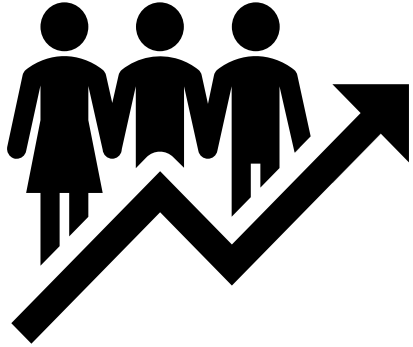
Maternal
Depression

“This [pilot] study demonstrated that ROR may provide **direct benefits to adolescent mothers (such as enjoyment of shared reading time with their children and a lower risk of maternal depression)** which in turn may positively influence their children’s development...

Adolescent mothers exposed to Reach Out and Read improved in shared reading frequency, perception of reading together as one of the mother’s or child’s favorite activities, and depression scores; in comparison, the control group mothers worsened in all measures. By the end of the study period, the intervention group was superior to the control group in all measures with notable effect sizes.”

[Reach Out and Read is Feasible and Effective for Adolescent Mothers: A Pilot Study](#) Kumar et al, Maternal Child Health Journal

Reach Out and Read Improves Patient-Clinician Relationships



Client – Interventionist Relationships

In addition to boosting clinic morale, most clinics indicated that **Reach Out and Read has had a positive effect on well-child care and patient-clinician relationships**. One physician who participated in the study said, “It’s kind of a win-win. I mean, they **(the parents and kids) are happy, we’re happy**. And we’re talking about how important (literacy) is for kids.”

[Study Finds that Reach Out and Read Enhances Clinic Morale, Increases Provider Satisfaction, and Improves Patient-Clinician Relationships](#) Heather Burton, MD and Dipesh Navsaria, MD, Wisconsin Medical Journal

"The parents in our study who received anticipatory guidance and a book **perceived their physician as more helpful** than the parents who did not get a book."

[The Value of Book Distribution in a Clinic-Based Literacy Intervention Program Jones et al., Clinical Pediatrics](#)
Jones et al., Clinical Pediatrics

Reach Out and Read Helps Build Safe, Stable, and Nurturing Relationships

“By focusing on the **safe, stable, and nurturing relationships that buffer adversity and build resilience**, pediatric care is on the cusp of a paradigm shift that could reprioritize clinical activities, rewrite research agendas, and realign our collective advocacy.”

[Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health](#), Andrew Garner, et al., Policy Statement, Organizational Principles To Guide And Define The Child Health Care System And/Or Improve The Health Of All Children



ACEs in South Carolina

Prevalence of ACEs Types

The most common ACEs reported during childhood were Emotional Abuse (38%), Divorce (30%), and Alcohol or Drug Misuse (28%).



Emotional Abuse



Divorce



Alcohol or Drug Misuse *



Physical Abuse



Mental Illness



Domestic Violence



Sexual Abuse



Incarceration

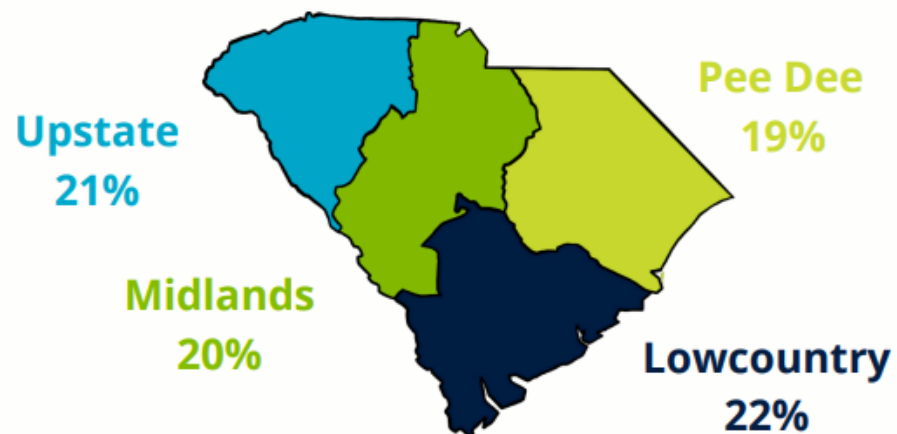
*The alcohol or drug misuse ACE type is based on reporting that during childhood, a household member was a problem drinker or alcoholic and/or a household member used illegal street drugs or abused prescription medications. Individually, 24.5% of adults reported a household member being a problem drinker or alcoholic, and 11.1% of adults reported a household member used illegal street drugs or abused prescription medications; 7.5% reported both alcohol and drug misuse.

ACEs in South Carolina

In 2021...

Adults Who Experienced 4 or More ACEs, by DPH Region

Percent



The Lowcountry Region had the highest percentage of adults who reported experiencing 4 or more ACEs.



21% of adults in South Carolina have experienced **4 or more ACEs.**



Data Source: SC Behavioral Risk Factor Surveillance System, 2021.

ACEs in South Carolina

The Impact of ACEs on Health and Wellbeing

Compared to those with no ACEs, those with 4 or more ACEs have:



4.3 times higher prevalence of not being able to afford a doctor



4.0 times higher prevalence of depression



2.8 times higher prevalence of current cigarette smoking



2.0 times higher prevalence of binge drinking

Positive Childhood Experiences and Adult Mental Health

2015 Wisconsin Behavioral Risk Factor Survey of Adults (by phone, n=6188), looked at 7 Positive Childhood Experiences (PCE).

In the study, participants were asked if, as a child, they had:

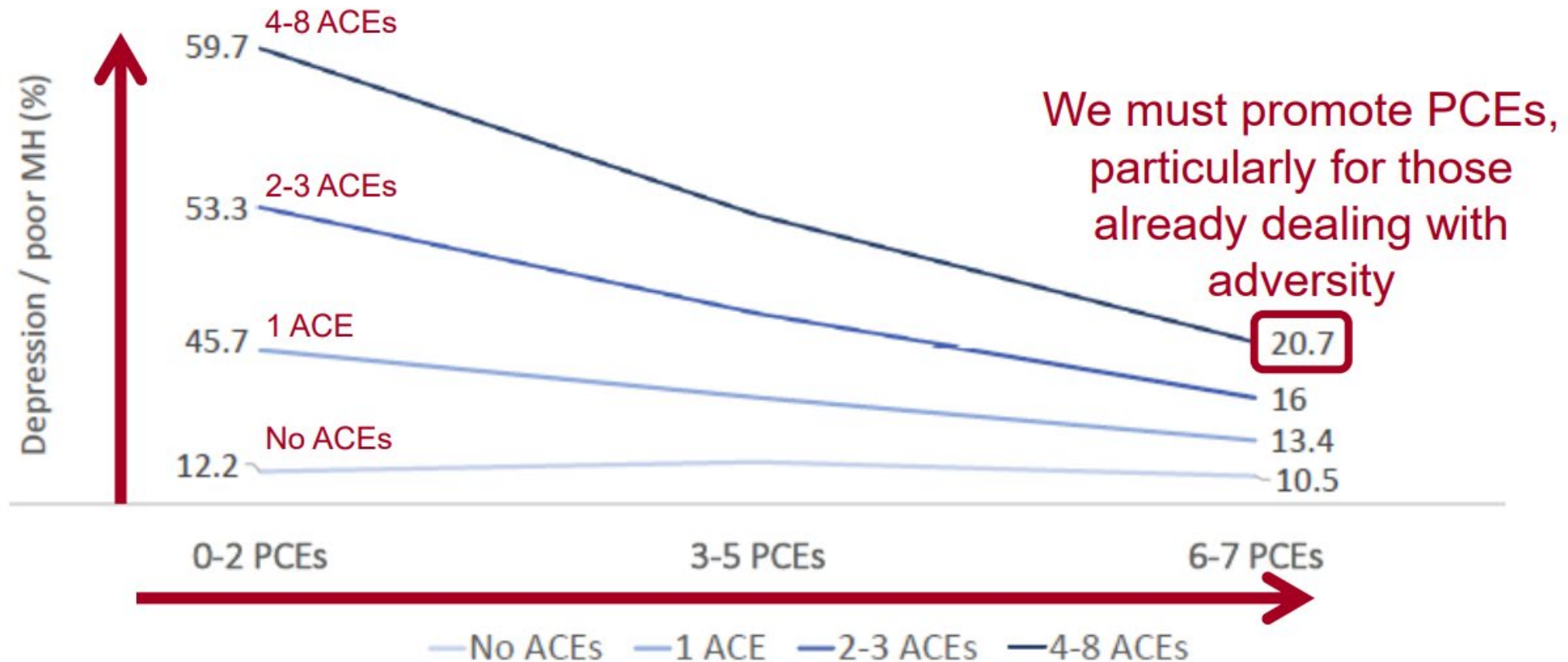
1. felt able to **talk about their feelings**
2. felt their **family stood by them** during difficult times
3. enjoyed **participating in community traditions**
4. felt a **sense of belonging** in high school
5. felt **supported by friends**
6. had at least **2 non-parental adults** who took an interest in them
7. felt **safe and protected** by an adult in their home

Then, they were asked if, as an adult, they had:

1. ever been **told they had depression** by a health professional
2. had 14+ days in the past month when their **mental health was not good**



PCEs Mitigate Effects of ACEs



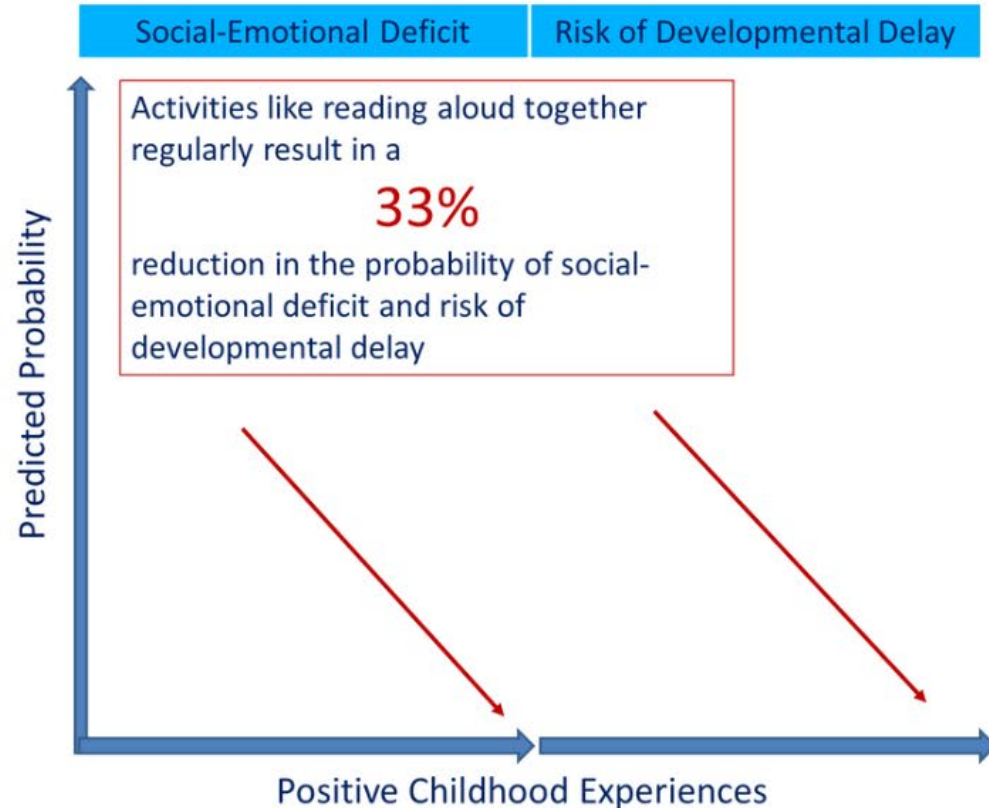
Bethell , Jones, Gombojav Linkenbach and Sege. *Positive Childhood Experiences . . .* JAMA Pediatrics 2019

PCEs Mitigate Effects of ACEs

Reading Aloud is a Positive Parenting Activity

Positive Parenting Practices ≥ 4 x/week

- Reading a book together
- Storytelling/Singing
- Playing with peer
- Family outing
- Family meal
- TV watching ≤ 2 hrs/day



Yui Yamaoka, MD, PhD, David E. Bard, PhD <https://doi.org/10.1016/j.amepre.2018.11.018>

How can Social Workers use ROR Concepts?

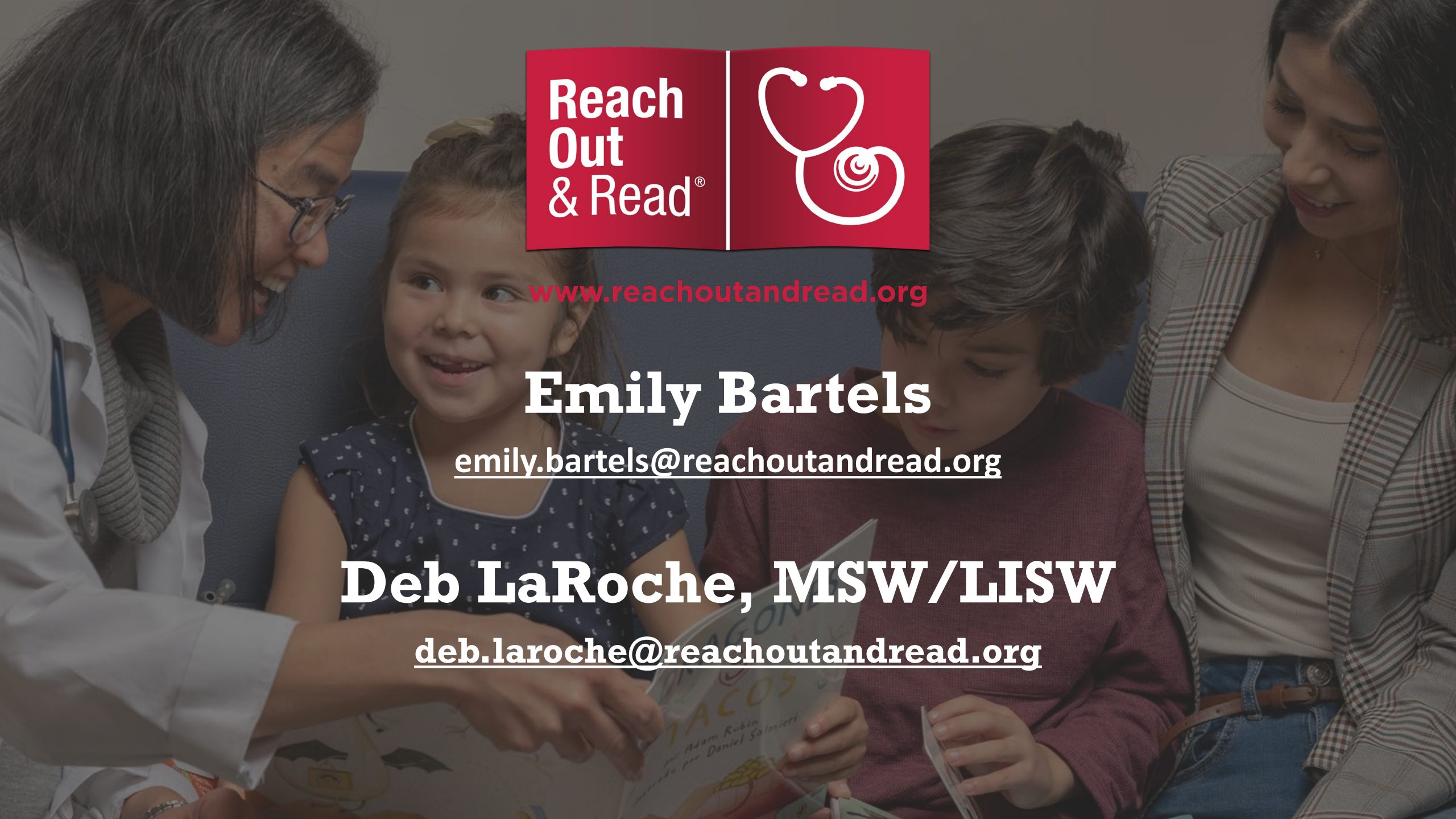
- Lessen anxiety when working with young children (“peace offering”)
- Use books as “bridges” for difficult conversations
- Modeling shared reading with new parents
- Can be used as teaching tools for practical skills (hygiene habits, healthy eating) as well as more conceptual topics (anxiety, grief)
- Educate parents/caregivers about importance of early brain development
- Encouraging other similar activities, like singing, playing games, talking together
- Reading to baby in utero can help lessen post-partum depression and develop parent-child bonds



Questions? Comments?

“The conversations the book opens with families are critical to the child’s development and learning.”

– Dr. Amy Harden, Pediatrician



**Reach
Out
& Read®**



www.reachoutandread.org

Emily Bartels

emily.bartels@reachoutandread.org

Deb LaRoche, MSW/LISW

deb.laroche@reachoutandread.org