

# Reach Out and Read

## SCALING PLAN OVERVIEW

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### Key Factor: Early Childhood Education

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#### Headline

Reach Out and Read Georgia partners with pediatricians to help build the reading skills of future students in metro Atlanta school districts by engaging parents as their child's first and most important teacher and that the home is the child's first school.

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#### Project description

- By integrating literacy into standard well-child pediatric visits, pediatricians promote the acquisition of spoken and written language skills in young children, thereby increasing the likelihood of eventual school success.
  - Pediatricians in the metro area will be enrolled in the program and receive training to reinforce literacy in the home.
  - Children will receive an average of 10 new books by the time they enter kindergarten through their local pediatrician's office.
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#### 1] How do you measure effectiveness?

- Reach Out and Read is an evidence-based intervention. 15 peer-reviewed published studies show the program's effectiveness.
- When pediatricians promote early literacy according to the Reach Out and Read model, there is a significant effect on parental behavior and attitudes toward reading aloud, as well as improvements in the language scores of young children who participate. These effects have been found in ethnically and economically diverse families nationwide. The body of published research supporting the efficacy of the Reach Out and Read model is more extensive than for any other psychosocial intervention in general pediatrics.
- Additional studies that address language outcomes in children are in progress. To read the complete studies, visit <http://reachoutandread.org/our-impact/reach-out-and-read-the-evidence/>
- Our Site Quality Classification System (SQCS) collects data at on-site visits and captures adherence to best practices for program administration and the model. The SQCS groups clinics into four categories: 0) New Program; 1) Below Average Implementation (red light); 2) Average Implementation (yellow light); and 3) Strong Implementation (green light).
- Additionally, bi-annual progress reports, an annual medical survey, and CME (continuing medical education) training further evaluate fidelity to the model. The core course covers Reach Out and Read's evidence-based program model, research, video clips of providers in the exam room modeling the Reach Out and Read intervention, book choice, and ties literacy anticipatory guidance to Bright Futures guidelines. Free Continuing Medical Education (CME) credits (1.25) are awarded to eligible providers upon completing both the course (with a score of at least 70 percent) and the required evaluation.

## 2] What results have been achieved in the past 12 months?

- We continue to show major accomplishments in four areas: 1) evidence of impact; 2) scalability and cost efficiency; 3) increased access; and 4) increased visibility.
- January 2016 Progress Report data showed 72,247 children were served and 56,852 books distributed and in January 2017 85,695 children and 68,654 books; an increase of 18.61% children served and 20% increase in books distributed. In January 2013 52,570 children were served and 32,058 books were distributed – since 2013 the program has experienced a 63% growth in children served and 114% increase in books distributed.
- Using the Site Quality Classification System (SQCS) assessment tool 94 medical sites received a green rating, 4 a yellow rating and 24 sites were not classified due to implementing program less than six months. The SQCS measures the overall effectiveness and fidelity to the model at each clinic.
- ED serves on the National Reach Out and Read Senior Leadership Council and Marketing Committee.
- Organization aligns intervention with state systems of care and like-minded partner organizations to integrate services to impoverished children and their families.

## 3] How do you collect population data?

- Bi-annual progress reports are submitted by medical program sites implementing the intervention and then aggregated through the myROR.org organizational web portal. These reports capture Ethnicity Demographics, Income Demographics, Insurance Demographics, and Language Demographics of the children served by our program.
- Data is collected from Neighborhood Nexus, Kids Count database and other public sources to help prioritize our expansion strategy

## 4] Scaling Targets

Type of Barrier	2018	2019	2020	2021	2022
Number of Practices	122	125	135	140	145
Books Distributed	130,000	172,500	187,500	210,000	232,500
Children Served	107,045	115,000	125,000	140,000	155,000

## 5] Barriers that limit growth?

Barrier	Description	Impact	Strategy
Financial	Reach Out and Read is a proven replicable model. Funding is the barrier that will limit our growth.	We have been able to sustain and grow our existing program sites to reach more children. We want to reach the 250,000 children who live in poverty under the age of 5 in Georgia. We are only limited by funding. There is no shortage of interest through the pediatric community in GA.	Continue to plan our activities to align with our strategic plan, submit grant applications and identify corporate support while engaging individual donors.

Internal Capacity	We are leanly staffed and need to continue to build our staff to match our growth.	To maintain program fidelity sites and providers need to be supported and engaged. To diversify our funding portfolio we need to be able to continue to support our part time grant writer and communications consultant while elevating our individual donor pipeline.	Focus on meeting deliverables in existing grants while integrating program in state systems and with partner organizations while simultaneously identifying new funding streams to build infrastructure to match growth.
Access to pediatricians	By implementing our communications plan to heighten awareness we are able to connect with pediatricians and community stakeholders.	Through our relationships with the GA AAP and our 26-year history implementing the program in Georgia we have grown organically through residents and pediatricians.	Continue to provide technical assistance and training to continue to build the brand to engage new providers and support existing ones. This is possible when we have general operating support to fund our outreach strategy and sustain oversight for our organizational activities and capacity.

**6] List of Milestones – TO BE DECIDED**

Type of Barrier	Goal	Milestone	Due Date	On Track?	Next Steps
Financial					
Internal Capacity					
Access to pediatricians					

**7] Key Talking Points: What are the three-to-six most important things we should say or show?**

- Reach Out and Read Georgia is helping to build the pipeline of future students in metro Atlanta school districts by engaging parents as their child’s first and most important teacher and that the home is the child’s first school.
- Doctors give books to children during the well visit checkup, and use the book as a developmental assessment tool to then provide feedback and recommendations about reading to the family.

**8] Deliverables/Schedule**

- August 2017: Detailed scaling plan begins
- September 2017: Schedule created
- January 2018: Deploy