



Public Policy Agenda 2024 -2026

Message from Leadership



Dr. Trude Haecker
Chair, National Board of Directors

Reach Out and Read stands at the cusp of a new moment. For 35 years, we have been a beacon of family support in pediatric health care, fostering caregiver-child relationships through the transformative power of children’s books and shared reading. We’ve grown from a single Boston hospital to a national network that annually serves 4.4 million children. It’s time to capitalize on our model, reach, and expertise to bridge the gap between child health and early education.

From the beginning of life, children deserve equitable access to opportunities for growth, development, and learning. Through deep partnerships with clinicians nationwide, Reach Out and Read uses pediatric well-child visits as a platform to support healthy early relationships and literacy. Through providing diverse, age-appropriate books and medical providers’ guidance about reading aloud, we have become a proven primary health care model, one with the potential to scale to a population-level intervention.

The Reach Out and Read Public Policy Agenda outlines priorities and evidence-backed recommendations that leverage public investments to address the myriad needs of young children and their families. We advocate for policies that support the healthy development and education of children and amplify programs — like ours — that do so, eliminate structural inequities, and foster improvements to crucial systems for public health and early literacy.

As champions for children 5 and under, we invite you to join us in using this agenda to inform efforts that support healthy early relationships, early literacy and education, and maternal and child health.

With 8.8 million annual face-to-face interactions with children and families, Reach Out and Read stands as a unique, vital component of the early childhood ecosystem. Together, let us continue to champion the cause of equitable access to opportunities for all children, ensuring a strong start in life for every child.

Sincerely,



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CEO

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Chair, National Board of Directors
Reach Out and Read
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From infancy, all children need support and nurturing, and all families need equitable access to opportunities and resources that can help their children grow, develop, and learn.

In deep partnership with clinicians, Reach Out and Read leverages the near-universal reach of the pediatric health check-up using children’s books and reading aloud to support parents and caregivers in fostering healthy relationships with their infants and young children. A proven primary health care model, Reach Out and Read is ready to apply its 30-plus years of experience to amplifying kindergarten readiness efforts and improving public health.

Now is the time to put forward a public policy agenda designed to address the needs of all young children and their families through evidence-backed models that have demonstrated the ability to make effective use of public investments. Policies at all levels and sectors of government are needed to remove and prevent structural inequities, as well as to expand and sustain approaches — like Reach Out and Read — that advance child health and development, promote early learning, strengthen families, and produce systems improvements.

This document presents Reach Out and Read’s policy priorities and recommendations for moving ahead.

Introduction

Investing in efforts to support all children in reaching their full potential has clear and convincing benefits for the health and well-being of our society. When early brain development and critical familial bonds are nurtured during the most rapid and vital period of growth — birth through age 5 — young children get the support they need to be “wired” for language, literacy, learning, and emotional health. Optimal child development relies on the intimate parent-child interactions that strengthen early relationships and cultivate the social and language skills that help to prepare children for school.¹ Reading aloud each day with their infants and young children is one important and practical way parents and caregivers can contribute to their child’s healthy development, helping to provide them with a strong start in life.

Yet, many families face barriers that prevent their children from fully benefiting. The public health framework, often called the “social drivers (or determinants) of health,” helps to explain why some families consistently encounter such barriers and others do not.

The “social drivers” or the social and economic conditions under which families live and work — including access to quality health care and education, stable employment, adequate nutritious food, safe housing, and a clean environment — can have a substantial and enduring effect on child health, development, and early learning. That people of color and those with persistently low incomes face outsized barriers and reduced opportunities indicate that racism and poverty are themselves profound social drivers. When laws, policies, and “accepted” practices — the structures of society — reinforce longstanding racial and economic disparities, structural inequities are clearly at work.²

The good news is that targeted public policies can be effective in disrupting systemic inequities. Supporting families and enriching home environments can enhance healthy development, literacy, and education early in children’s lives, redirecting the trajectories and bolstering life prospects for many young children and families.

The National Survey of Children’s Health found that only 37 percent of parents (fewer than two in five) reported being able to read with their infants or toddlers every day. Parents of color and those with low incomes report daily reading with their infants and toddlers at lower rates — ranging from just 23 percent to 35 percent.

Reasons may stem from inflexible work hours or limited access to books at home or in libraries. Parents and caregivers may have their own literacy struggles or may not be familiar with the value of reading (or singing or telling stories) with infants.

Source: Zero to Three, State of Babies Yearbook 2022, Appendix B, p.126-127.

¹Klass P, Navsaria D. Creating Practical Primary Care Supports for Parent-Child Relationships — Language, Literacy, and Love. *JAMA Pediatr.* 2021; 175(5):452–453. doi:10.1001/jamapediatrics.2020.5706

²Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Social Determinants of Health and Paula Braveman, et al (Feb. 2022). *Systemic and Structural Racism: Definitions, Examples, Health Damages, and Approaches to Dismantling*. Health Affairs, Vol 41. No. 2.

Social Drivers and Early Childhood Development

While the “social drivers” influence health and well-being throughout life, understanding how specific conditions may affect infants and young children can provide guidance for designing and promoting policies to help assure a healthy and productive future.³ For example:

- **Serious economic adversity and persistent poverty** compound families’ efforts to provide basic needs, including nutrition and shelter. Food insecurity can compromise a child’s growth and development, and unsafe housing can contribute to debilitating chronic illnesses, such as asthma and the effects of lead exposure. Since pregnant individuals are also vulnerable, the conditions that undercut a child’s health and development can take a serious toll even before birth.
- **Access to quality health care** supports the physical and mental health of young children and their caregivers, which are tightly intertwined. Routine screenings performed during primary care check-ups help to identify possible risks or early signs of concern, such as depression in caregivers or developmental delays in young children, that can be addressed before they take hold or worsen.
- **Access to quality educational opportunities** begins with strong parent-infant relationships, supported and nurtured through positive, language-rich interactions that are central to early learning and literacy.

COVID-19 Casts a Spotlight

The COVID-19 public health emergency upset routine life for all, leaving many to contend with daunting health and financial challenges. For families with the youngest children, the impact was even more compelling, since the critical first three years of childhood overlapped with this societal upheaval. Infants and young children were subject to unusual stress and isolation that resulted in increased developmental delays, especially in language and social development, as well as an unprecedented and rising infant and early childhood mental health crisis. At the height of the pandemic, worries about safeguarding children from exposure to the virus prompted a precipitous drop in attendance rates at regular check-ups, which were slow to recover. As a result, many young children missed out on critical preventive care, including routine immunizations and screenings.

The magnitude of the COVID-19 fallout cast a sharp spotlight on *previously existing* forces underlying glaring gaps in health and well-being. The individuals and communities bearing the brunt of the most serious consequences are the same that have faced severely limited access to education, employment, nutritious food, safe housing, and other opportunities for better health, well-being, and quality of life.

SOURCES: Teasdale, C.A., et al, *Missed routine pediatric care and vaccinations in US children during the first year of the COVID-19 pandemic*, National Library of Medicine, NIH Prev Med. 2022 May; 158:107025.; Anne Malinowski, *Pandemic Pitfalls: What to know about developmental delays in children*, San Diego Family.

³Keating, K., Ekyalongo, Y., Sapp, A., Heinemeier, S., and Cole, P. (2022). *Using the State of Babies Yearbook to Illuminate the Social Determinants of Health for Infants and Toddlers*. Washington, DC: ZERO TO THREE and Bethesda, MD: Child Trends.

Reach Out and Read and our medical providers address (directly or indirectly) many of the conditions, described above, that can have an impact on the health and development of infants, young children, and their parents, demonstrating the model's alignment with the "social drivers of health" framework. Embedding early literacy promotion in pediatric well-visits, considered a best practice by the American Academy of Pediatrics (AAP),⁴ is a powerful way to foster healthy early relationships, which are key to attaining optimal child health and development, mental health, and school readiness.



The Reach Out and Read Model

During routine well-child check-ups, birth through age 5, trained primary care medical providers use age-appropriate, language-accessible, culturally relevant children's books to promote early literacy and foster early relational health. Books are used as tools for understanding parent-child relationships, assessing child development, and providing assurance on child health concerns and upcoming child development milestones. Medical providers also coach, model, and affirm positive behaviors and effective book-sharing techniques. The child takes the book home, helping the parent or caregiver to establish a daily reading routine with the child and adding to a literacy-rich home environment. Through our partnership with clinicians, Reach Out and Read helps to build trust between families and health care providers, with families reporting more positive feelings about their experience with clinicians who adhere to the Reach Out and Read model.

Reach Out and Read is intentional and selective about the books recommended for participating clinics. Books that reflect a wide diversity of children, families, and experiences and feature engag-

ing stories that foster self-esteem and empathy are key to developing healthy relationships, kindness, and generosity. Reach Out and Read takes special care to choose books that are representative of the communities served, helping to ensure that children and families across the country can see themselves and their lived experience.

A strong and growing body of evidence demonstrates Reach Out and Read's effect on strengthening the positive connections between parents and their infants, toddlers, and preschoolers, as well as its significant impact on young children's language development and other skills central to kindergarten readiness. Studies also suggest that implementation of Reach Out and Read increases attendance at well-child visits, which is essential to identifying preventive health needs and boosting health outcomes for children and, potentially, for caregivers. Practices with Reach Out and Read are more likely to perform child development screenings and to administer routine childhood vaccines — both hallmarks of quality care. Reach Out and Read also has advantages for the health care workforce, with research finding higher job satisfaction ratings for clinicians using the model.

SOURCE: [Reach Out and Read.org/why-we-matter/the-evidence](https://reachoutandread.org/why-we-matter/the-evidence).

⁴High PC, Klass P. Literacy promotion: an essential component of primary care pediatric practice. *Pediatrics*. 2014 Aug; 134(2):404-9. doi: 10.1542/peds.2014-1384. Epub 2014 Jun 23. PMID: 24962987.



A Unique Player in the Ecosystem of Early Childhood Services

As a pediatric primary care model delivered by trained medical providers in clinical settings, Reach Out and Read plays an unusual and critically important role in the ecosystem of early childhood services and institutions, which is more commonly centered on the childcare and preschool settings. Operating within the health care system, Reach Out and Read can tackle policy opportunities focused on improving early child health, literacy, and learning from a different, complementary vantage point.

About 90 percent of young children, birth through age 5, attend well-child check-ups, giving Reach Out and Read near-universal reach at the earliest point in the development of the child.⁵ And, with 14 visits recommended by the AAP in the first five years of a child’s life, Reach Out and Read is well-positioned to serve as a bridge between child health and early education.⁶

⁵ National Survey of Children’s Health, U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), 2020-2021.

⁶ <https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>

The Breadth of Medicaid and CHIP Coverage Gives Reach Out and Read an Edge

Reach Out and Read's longstanding, respected role in the nation's pediatric primary health care system facilitates opportunities to leverage the policy and financing mechanisms available through Medicaid and the Children's Health Insurance Program (CHIP).

Medicaid, the dominant form of health coverage for children in the U.S., has broad reach, covering more than 40 percent of all children and three-fourths of low-income children 5 and under in 2021.⁷ Medicaid's comprehensive Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit covers the range of well-child visits that include preventive and needed early intervention services, as well as health promotions such as support for healthy early relationships and early literacy, which is where Reach Out and Read aligns.

Most state Medicaid agencies contract with managed care organizations (MCOs) to provide care to enrollees, including a large majority of young children.⁸ Increasingly, states are requiring MCOs to conduct quality improvement activities, address health-related social needs (the social drivers of health), and take steps to reduce health disparities and advance health equity.⁹ Such provisions make the Medicaid managed care contract a powerful tool for establishing the state's health care priorities and setting expectations for high-quality delivery of pediatric primary care.

Recent Medicaid and CHIP policy developments present new opportunities for Reach Out and Read to demonstrate its value in health care settings and with medical providers. Such opportunities can help to support and sustain Reach Out and Read.



Medicaid-CHIP policy opportunities include:

- **Medicaid Postpartum Coverage Extension:** Under federal law, states must provide pregnancy-related coverage through 60 days postpartum. The American Rescue Plan Act of 2021 offered states a new, temporary option to extend postpartum Medicaid coverage from 60 days to a full 12 months. This option is now made permanent by the Consolidated Appropriations Act 2023, and almost all states have either implemented the option or have plans in place to do so.¹⁰ Federal guidance¹¹ describes how this extension improves maternal health by

⁷ Georgetown University Center for Children and Families analysis of US Census Bureau 2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS).

⁸ Elizabeth Hinton and Jada Raphael, [10 Things to Know about Medicaid Managed Care](#). KFF, March 1, 2023. Fig.3

⁹ *ibid*

¹⁰ [Medicaid Postpartum Coverage Extension Tracker](#), KFF, as of November 14, 2023.

¹¹ [Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program \(CHIP\)](#), SHO# 21-007, Centers for Medicare & Medicaid Services, CMCS, December 7, 2021.

providing more-stable health coverage and addressing racial disparities in maternal health outcomes. The overlap in maternity and infant well-care is an opportunity for Reach Out and Read to extend and solidify its relationships with maternity care providers, to formalize the Building Connections Begins at Birth initiative, and to care for the physical, mental, and behavioral health of caregivers and children.

- **Improve Health Care Quality:** Beginning in 2024, reporting to the Centers for Medicare & Medicaid Services on all Medicaid and CHIP Core Set of Children’s Health Care Quality Measures will be mandatory for states. The new requirement may encourage investments by state Medicaid agencies and/or MCOs in strategies associated with increased child health care quality. On several of the measures, Reach Out and Read may be considered a “health care quality facilitator.” For example, research finds that Reach Out and Read Oklahoma clinics were more likely to perform

child development screenings at well-child visits than other pediatric health care settings.¹²

- **Medicaid MCOs Community Investment Requirements or Incentives:** Federal Medicaid regulations require MCOs to spend at least 85 percent of their total revenue from capitation payments (per member per month payments) on activities to improve health outcomes and quality. State Medicaid agencies can incentivize MCOs to collaborate with nonprofits by permitting the MCOs to count a portion of expenditures associated with such collaborations towards the 85 percent minimum, if the organizations provide services backed by evidence. Some states have increased the minimum percentage that must be spent improving health and health care and will allow a portion of the additional expense to be invested in community organizations that help improve quality care and better health outcomes. In this way, Medicaid MCOs may support Reach Out and Read with infrastructure, training, books, and materials.



¹²GDunlap, M., et al. Reach Out and Read and developmental screening: using federal dollars through a health services initiative. *J Investig Med* 221;0:1–4. doi:10.1136/jim-2020-001629

The Reach Out and Read Public Policy Agenda



This **Public Policy Agenda** identifies Reach Out and Read’s top policy priorities and presents recommendations for public policies and investments aimed at expanding and sustaining the Reach Out and Read model, as well as facilitating systems improvements over the long term.

Over the past three decades, Reach Out and Read has operated as a respected primary care strategy that helps strengthen caregiver-child relationships using children’s books and reading aloud together as a fundamental positive childhood experience. The principles that have fueled Reach Out and Read’s ongoing work, and now help to define

its policy priorities, stem from the core value that all children require equitable access to the opportunities vital for a strong start in life. These opportunities include support for the positive nurturing relationships that set the foundation for healthy development and education beginning at birth. While Reach Out and Read has made great strides operating from within the health care system, no single sector or system has the capacity — or responsibility — on its own to address all aspects of healthy development for young children. Robust cross-sector investments are needed to connect the worlds of primary health care, early learning, and public health.

Reach Out and Read Public Policy Priorities

- **Promote universal reach** by integrating the Reach Out and Read model into pediatric primary care for every child, birth through age 5.
- **Advocate for a family-focused approach** (sometimes called a “two-generation” approach) to improve the overall health of the family, including maternal and child health to support early relationships and literacy, using the Reach Out and Read “shared reading” strategy to address the physical, developmental, and behavioral health needs of parents and caregivers and their young children.
- **Establish consistent, holistic well-child support** through early childhood care teams in family-centered medical homes that extend Reach Out and Read beyond the clinic to enhance care for and impact on young children and their families, support workforce development, and strengthen community connections.
- **Advance equity** as a key force inherent in supporting the healthy development of all children, including efforts to ensure access to the advantages of pediatric primary care and early childhood best practices, transcending barriers some families face because of race, ethnicity, language, and income.

Recommendations and Strategies

The following policy recommendations elevate strategies that can work to advance one or more of the Reach Out and Read policy priorities.

- Target public funding to where it is needed most, using state data (stratified by race and ethnicity, income, etc.) to create access to Reach Out and Read in unserved and underserved areas.
- Leverage Medicaid and CHIP financing mechanisms to expand and sustain Reach Out and Read, including incentive payments for improving well-child visits and the enrollee experience.
- Build the capacity of community clinics and other early childhood and child health organizations by incentivizing managed care organizations or nonprofit hospitals to reinvest in the communities they serve, including by establishing or expanding Reach Out and Read sites or Affiliates.
- Ensure programs and practices that have been shown to be effective for improving healthy early relationships, like Reach Out and Read, are at the core of services for all children 3 and under.
- Improve and enhance strength-based techniques for primary-care-based literacy promotion with diverse and multilingual families, emphasizing positive childhood experiences, social-emotional development, and early learning outcomes such as kindergarten readiness, grade-level reading proficiency, and other issues.
- Demonstrate the value of Reach Out and Read in improving health care quality measures, such as immunization rates, well-child visit attendance, child development screening, and links to needed services. Strengthen the delivery of pediatric primary care by strengthening the relationship between provider and family.
- Support partnerships in the existing ecosystem of organizations that work to strengthen healthy early relationships and improve the social, economic and emotional well-being of families with young children.
- Continue the credentialing and support of doctors, community health workers, peer navigators, home visitors, and others to include topics related to promotion of early relational health and early literacy, as well as the benefits of Reach Out and Read.

How You Can Help

As champions for children 5 and under, you can use this Public Policy Agenda to inform efforts to support healthy early relationships; early literacy and education; and maternal and child health through advocacy, program development, resource allocation, and public awareness, among others.

WAYS TO USE THIS AGENDA

Clinicians can:

- Shape decisions around implementing or expanding programs and practices that promote early literacy, education, and relationships; and maternal and child health.
- Translate the research and insights from your clinical work into advocacy, promoting programs like Reach Out and Read that align with your commitment to patient care.
- Collaborate with medical associations, research organizations, and community health initiatives that share a common vision for promoting the health and well-being of children 5 and under.

Policymakers can:

- Build a foundation for creating new or improving existing policies and legislation that support early literacy, education, relationships, and health.
- Inform decisions around allocating resources. Prioritize funding based on these recommendations, supporting Reach Out and Read and other programs and services that align with these objectives.
- Identify synergies with existing legislative initiatives and collaborate with fellow lawmakers to bridge gaps in early childhood policies. Seek opportunities for collaboration with organizations and issues important to you to advance shared priorities in raising healthy children.



Early-childhood champions can:

- Align messages and strategies to amplify our collective voice and influence decision-makers to prioritize early relationships, literacy, and education.
- Offer expertise, research, and practical insights to help shape policy decisions and provide guidance on implementation of Reach Out and Read's strategies or programs. Actively engage in advocacy efforts to support Reach Out and Read and these recommendations.
- Recognize the interconnectedness of early childhood programs and social issues, such as poverty and DEI. Collaborate with other champions and advocacy groups that share your passion for ensuring the well-being of our youngest citizens.



Moving Forward

Reach Out and Read is highly regarded as an effective model that benefits young children and their families throughout the nation; however, a large untapped potential exists, given national, state, and local interest in addressing inequities that drive child health, development, and early learning disparities. The model's near-universal reach and documented success in supporting families and strengthening early relationships through the pediatric primary care visit gives Reach Out and Read a platform from which to connect to broader efforts aimed at improving health and educational trajectories for all children. Reach Out and Read's experience illustrates how leveraging policy and financing options can achieve substantial improvements in health and education access and outcomes, not only for individual children and families, but also to advance public health.

We are living and operating in a complicated moment in time in which a politically charged and ever-changing social environment often makes it challenging to identify common ground. The Reach Out and Read model offers an opportunity to embrace the common goal of ensuring all children a strong start in life by supporting the vital early relationships through which children learn, develop, and grow, moving forward toward their full potential.