A national, evidenced-based early literacy initiative that assists healthcare providers in promoting a love of books and reading to advance every child’s healthy development and preparation for school success.

Literacy Disparities:
- At 36 months, a child of a college-educated parent averages a 1,200-word vocabulary vs. a child of a welfare parent averages a 300-word vocabulary. *(Source: Hart, Meaningful Diff Amer Child, 1995)*
- Almost 1 in 4 low-income Black children has <10 books of any kind in home. *(Source: High, Pediatrics 1999)*. The White and Black reading achievement gap for 4th & 8th grade students in Wisconsin was the worst in the nation. *(Source: US Dept of Education, 2007)*
- Half of all parents have difficulty reading and understanding patient education materials, and many struggle to comprehend medical advice that is critical to the care of their child. *(Cheng et al; Pediatrics Volume 124, Supplement 3, November 2009)*

Health Literacy:
Health literacy is the degree to which individuals have the capacity to obtain, process & understand basic health information & the services needed to make appropriate health decisions *(Institute of Medicine. Health Literacy: A Prescription to End Confusion National Academies Press, 2004)*

In January 2007, the *Fry Formula* was used to assess individual readability levels for 106 patient education materials at one of our sites. A sixth grade and below reading level was designated as the marker for appropriate patient education material based on national recommendations.
- 85% were above 6th grade (47% were 6-8th grade and 38% were 9th grade and above)
- 15% were 6th grade or below (low literacy)

Parents’ health literacy levels are critical for effective pediatric care and health care providers should strive to distribute education materials that are complementary to parents’ health literacy levels. Our pediatric clinic sites need further examination to delineate the true health literacy levels of its parents & to adapt educational materials to their literacy levels. *(Mendelsohn, Curr Probl Pediadtr Adolesc 32:183-202. 2002)*

Goal of Reach Out and Read-Milwaukee: To improve the reading proficiency of low-income children in Milwaukee by promoting clinic-based early literacy at routine pediatric visits.

Impact:
Since 1989, Reach Out and Read (ROR) National has distribute more than 25 million books and serves 3.8 million children nationwide, including more than 25% of all children living in poverty.
- ROR improves children’s access to books, increases their listening and expressive vocabularies, & positively impacts school readiness. *(Source: Needleman, Effectiveness Primary Care Invention, Ambu Peds 2005)*
- ROR-M parents are twice as likely to report reading as a favorite parent-child activity. *(Source: Willis, Early Literacy Interventions: Reach Out and Read. Clinics of N America, 2007)*

Since 1998, ROR-Milwaukee trained 249 local healthcare providers to advise about the benefits of reading aloud to children across five pediatric outpatient health centers.

1. Downtown Health Center
   1020 N. 12th Street

2. Sixteenth Street Community Health Center Clinics
   2. 1032 S. Cesar Chavez Drive
   3. 2906 S. 20th St

3. Milwaukee Health Services, Inc:
   4. Issac Coggs Heritage Health Center
      8200 W. Silver Spring Dr

4. Martin Luther King Heritage Health Center
   2555 N. Martin Luther King Drive
Amongst all five ROR-M sites, we have:
- Distributed >107,000 new and gently used books
- Distributed 559 reading glasses to adult readers since 2008
- Positioned volunteers in waiting rooms of health centers to model effective reading practices
  - 331 Volunteers trained as readers
  - 14,743 Volunteer hours
- 33,669 Children benefitting from ROR-M Milwaukee

**Our children:**
Annually, our medical providers distribute books at each of the 24,532 well child visits. A diversity of Milwaukee’s families benefit from receiving literacy guidance and a brand new book to build their home libraries. Distribution across the five health center sites are as follows:
- 53% Hispanic
- 39% Black
- 4% White
- 3% Multi-racial
- 1% Hmong

**Leverage of Funding:**
Major funding of Reach Out and Read Milwaukee graciously bestowed from WE Energy Foundation and Betty Brinn Foundation secures personnel and programmatic efforts. We purchase new books in bulk as low as two dollars a book. We leverage funding by soliciting new and gently used books from community groups (i.e. book collection drives, Next Door Foundation Books for Kids) and bookstore vendors. Reach Out and Read National donate 25% of the books distributed annually to our program. Other resources are locally raised to support all aspects of the programs.

**Annual Reach Out and Read Milwaukee Operational Expenditures**

| Personnel Salaries and Fringe Benefits | $48,778 |
| Program Supplies | $1,380 |
| Books (24,532) | $49,064 |
| Eyeglasses (1,500) | $1,105 |
| In-kind | $50,853 |
| **Total** | **$151,180** |

**Future Directions:**
- In 2002, the Institute of Medicine released the report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, which identified health literacy as an important cross-cutting theme to address in any efforts to reduce ethnic and racial health disparities.
  - Still, children of parents with higher literacy skills and adolescents with higher literacy skills are more likely to have better outcomes in child health promotion and disease prevention.
- Health literacy may be a critical and modifiable factor for improving preventive care and reducing health disparities. Children of parents with higher literacy skills are more likely to have better outcomes in child health promotion and disease prevention.
  - Future initiatives to reduce child health inequities should include health-promotion strategies that meet the health literacy needs of children, adolescents, and their caregivers. (*Pediatrics* 2009; 124:5306-5314)
- This consideration of Freire, Piaget, and Vygotsky suggests that even the youngest child is able to gain the necessary skills on a path toward health literacy.
  - Those between the ages of 3 and 18 years old can seek, comprehend, evaluate and use health information, especially if materials are presented in ways at age appropriate literacy levels, culturally relevant and socially supported.
  - The development of health literacy among children and adolescents can empower this vulnerable and “marginalized” group to be more engaged, more productive and healthier. (*Pediatrics* 2009; 124:S282-S288)