



# JOAN BALLWEG

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WISCONSIN STATE REPRESENTATIVE

41<sup>ST</sup> ASSEMBLY DISTRICT

Assembly Bill 541: Funding for Reach Out and Read Wisconsin  
Testimony of State Representative Joan Ballweg  
Assembly Committee on Children and Families  
November 15<sup>th</sup>, 2017

Thank you, Chair Kitchens, and members of the Committee on Children and Families for holding this public hearing on AB 541. This bill invests \$500,000 GPR over the biennium to assist in the sustainability and project program expansion of the Reach Out and Read (ROR) Wisconsin program to close the “word gap” between children in poverty and their higher-income peers. The program benefits all children and families, but it is specifically targeted to children in poverty.

Research indicates the more words children hear from parents and caregivers, the more they learn. Yet, by age 4, children in poverty may hear 30 million fewer words than their higher-income peers, resulting in dramatic learning disadvantages that go into adulthood, also known as the “word gap”. At the last Children’s Caucus meeting on November 8<sup>th</sup>, the presenter shared data from the latest Kids Count data that shows 63% of Wisconsin children by 4<sup>th</sup> grade are not proficient in reading, and Wisconsin has one of the largest gaps in child wellbeing by race. The 4<sup>th</sup> grade benchmark is important because the research suggests that children before 4<sup>th</sup> grade learn to read, and after 4<sup>th</sup> grade they read to learn. It is clear from the data that reading proficiency is linked to a child’s wellbeing, and Wisconsin has work to do in both of those areas.

ROR Wisconsin is an early literacy initiative of Children’s Health Alliance of Wisconsin, which is a child health and advocacy program affiliated with Children’s Hospital of Wisconsin. ROR Wisconsin is the statewide affiliate of the national, evidence-based program that gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together.

In October 2017, there were 208 clinics across 51 counties. The program serves 94,000 children in Wisconsin each year and distributes 165,000 books each year. By 2020, the program is projected to reach 54,000 new children and add about 120 new clinics. The additional funding will allow the program to expand broader and faster to benefit more children. Sixteen independent academic studies have found that the ROR model improves children’s reading and language outcomes, parental attitudes and practices, and the primary care that the family receives. Because of ROR’s impact on children across the state, ROR received a 2017 Friends of Education Award this September.

Reach Out and Read is a proven program with proven benefits, so I encourage you to support this investment into this program to encourage reading proficiency and child wellbeing.

The Children’s Health Alliance of Wisconsin, Children’s Hospital of Wisconsin, Greater Milwaukee Foundation, Gunderson Health System, Milwaukee Public Schools, Wisconsin Academy of Family Physicians and the Wisconsin Primary Health Care Association support this bill.

Thank you for your consideration of AB 541. I am happy to answer any questions that you may have.

# WISCONSIN

DOMAIN RANK

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HEALTH



DOMAIN RANK

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FAMILY AND COMMUNITY



WISCONSIN

UNITED STATES

## LOW-BIRTHWEIGHT BABIES

		7.0% 2010	7.3% 2015	8.1% 2010	8.1% 2015
NUMBER OF BABIES	US 320,869	WORSE		SAME	
WI 4,870					

## CHILDREN WITHOUT HEALTH INSURANCE

		5% 2010	4% 2015	8% 2010	5% 2015
NUMBER OF CHILDREN	US 3,534,000	BETTER		BETTER	
WI 46,000					

## CHILD AND TEEN DEATHS PER 100,000

		24 2010	23 2015	26 2010	25 2015
NUMBER OF DEATHS	US 19,562	BETTER		BETTER	
WI 314					

## TEENS WHO ABUSE ALCOHOL OR DRUGS

		8% 2009-10	6% 2013-14	7% 2009-10	5% 2013-14
NUMBER OF TEENS	US 1,276,000	BETTER		BETTER	
WI 28,000					

## CHILDREN IN SINGLE-PARENT FAMILIES

		31% 2010	32% 2015	34% 2010	35% 2015
NUMBER OF CHILDREN	US 24,444,000	WORSE		WORSE	
WI 396,000					

## CHILDREN IN FAMILIES WHERE THE HOUSEHOLD HEAD LACKS A HIGH SCHOOL DIPLOMA

		10% 2010	9% 2015	15% 2010	14% 2015
NUMBER OF CHILDREN	US 10,137,000	BETTER		BETTER	
WI 112,000					

## CHILDREN LIVING IN HIGH-POVERTY AREAS

		9% 2008-12	10% 2011-15	13% 2008-12	14% 2011-15
NUMBER OF CHILDREN	US 10,032,000	WORSE		WORSE	
WI 125,000					

## TEEN BIRTHS PER 1,000


		26 2010	16 2015	34 2010	22 2015
NUMBER OF BIRTHS	US 229,715	BETTER		BETTER	
WI 3,040					

# WISCONSIN

DOMAIN RANK

**8**


ECONOMIC WELL-BEING



DOMAIN RANK

**9**

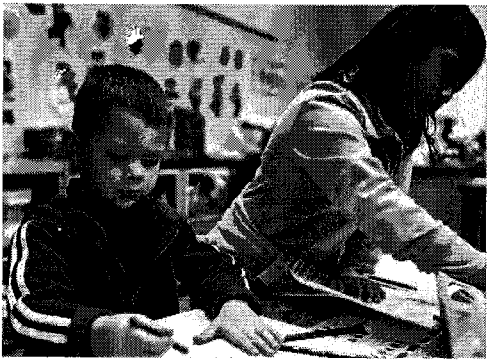
EDUCATION



		WISCONSIN		UNITED STATES	
<b>CHILDREN IN POVERTY</b>		19%	16%	22%	21%
		2010	2015	2010	2015
NUMBER OF CHILDREN	US 15,000,000	BETTER		BETTER	
WI 207,000					
<b>CHILDREN WHOSE PARENTS LACK SECURE EMPLOYMENT</b>		30%	25%	33%	29%
		2010	2015	2010	2015
NUMBER OF CHILDREN	US 21,363,000	BETTER		BETTER	
WI 322,000					
<b>CHILDREN LIVING IN HOUSEHOLDS WITH A HIGH HOUSING COST BURDEN</b>		36%	25%	41%	33%
		2010	2015	2010	2015
NUMBER OF CHILDREN	US 24,646,000	BETTER		BETTER	
WI 328,000					
<b>TEENS NOT IN SCHOOL AND NOT WORKING</b>		7%	5%	9%	7%
		2010	2015	2010	2015
NUMBER OF TEENS	US 1,191,000	BETTER		BETTER	
WI 14,000					
<b>YOUNG CHILDREN NOT IN SCHOOL</b>		56%	56%	52%	53%
		2009-11	2013-15	2009-11	2013-15
NUMBER OF CHILDREN	US 4,344,000	SAME		WORSE	
WI 80,000					
<b>FOURTH GRADERS NOT PROFICIENT IN READING</b>		67%	63%	68%	65%
		2009	2015	2009	2015
NUMBER OF CHILDREN	US N.A.	BETTER		BETTER	
WI N.A.					
<b>EIGHTH GRADERS NOT PROFICIENT IN MATH</b>		61%	59%	67%	68%
		2009	2015	2009	2015
NUMBER OF CHILDREN	US N.A.	BETTER		WORSE	
WI N.A.					
<b>HIGH SCHOOL STUDENTS NOT GRADUATING ON TIME</b>		13%	12%	21%	17%
		2010/11	2014/15	2010/11	2014/15
NUMBER OF TEENS	US N.A.	BETTER		BETTER	
WI N.A.					

## Reach Out and Read Wisconsin


Reach Out and Read Wisconsin Revenues	2017-2018	2018-2019
<b>Infrastructure and operational support</b>		
Health System Support: Children's Hospital of Wisconsin, American Family Children's Hospital, Aurora Health Care & Aspirus	\$200,000	\$200,000
<b>Donations, grants and annual appeal</b>		
Foundation support (committed)	\$32,500	\$10,000
Additional Foundation/Corporate support (expected)	\$20,000	\$35,000
Individual donations (expected)	\$40,000	\$50,000
Additional fundraising efforts	\$10,000	\$25,000
Annual Meeting	\$4,000	\$4,000
<b>Total Revenues</b>	<b>\$306,500</b>	<b>\$324,000</b>
<b>Reach Out and Read Wisconsin Expenses</b>		
ROR WI Staff (3.0 FTE salary and benefits)	\$199,000	\$203,700
Alliance supervisory staff (0.15 FTE)	\$16,850	\$17,300
Office (rent, phone, supplies, travel)	\$26,700	\$27,500
Professional Meetings (hosting)	\$9,000	\$9,800
Staff development	\$2,000	\$2,200
Books support to clinics	\$34,000	\$42,000
Program supplies	\$7,500	\$8,500
Fundraising expenses	\$2,000	\$4,000
Other direct expenses	\$6,750	\$7,700
<b>Total Expenses</b>	<b>\$303,800</b>	<b>\$322,700</b>
<b>State of Wisconsin Budget Request</b>		
Staff: medical advisory and infrastructure expansion support	\$132,600	\$192,500
<b>State of Wisconsin Personnel Subtotal</b>	<b>\$132,600</b>	<b>\$192,500</b>
Office expenses new staff (rent, computers, phone, travel)	\$17,400	\$24,500
Book support to new and participating Reach Out and Read programs	\$50,000	\$83,000
<b>State of Wisconsin Program Support</b>	<b>\$67,400</b>	<b>\$107,500</b>
<b>Personnel Subtotal</b>	<b>\$132,600</b>	<b>\$192,500</b>
<b>Total State of Wisconsin Budget Request</b>	<b>\$200,000</b>	<b>\$300,000</b>



## early warning confirmed



A RESEARCH UPDATE ON THIRD-GRADE READING

 THE ANNIE E. CASEY FOUNDATION

### Executive Summary

In May 2010, the Annie E. Casey Foundation published a KIDS COUNT special report, *Early Warning: Why Reading by the End of Third Grade Matters*, to launch the national Campaign for Grade-Level Reading. *Early Warning* summarized the research basis for focusing on grade-level reading proficiency as an essential step toward increasing the number of children who succeed academically, graduate from high school on time and do well in life and the workforce. In 2013, we revisited the issues and arguments raised in that report to see whether newer research continues to support the Campaign's assumptions and whether other findings have emerged that refine our understanding of what it will take to get more children, especially those from low-income families, reading at grade level by the end of third grade. Our report by Leila Fiester, *Early Warning Confirmed: A Research Update on Third-Grade Reading*, found that the newest research reaffirms *Early Warning's* premises and heightens the sense of urgency around third-grade reading proficiency.

**Early-grade reading proficiency in the United States continues to be unacceptably low for students from low-income families and children of color.** In 2011, 82 percent of fourth-graders from low-income families — and 84 percent of low-income students who attend high-poverty schools — failed to reach the “proficient”

level in reading on the National Assessment of Educational Progress (NAEP). Although the poverty/achievement gap narrowed in four states (Arizona, New Hampshire, New York and Pennsylvania), it widened in six states (Colorado, Maine, Oregon, Vermont, Washington and West Virginia) and the District of Columbia. The share of low-income black, Hispanic, and Native American students who scored below proficient on the NAEP reading test was very high (88, 86 and 87 percent, respectively) and much larger than the share of low-income white or Asian/Pacific Islander students (74 and 72 percent).

**New research has helped quantify and reinforce the correlations that *Early Warning* drew between poverty, failure to read proficiently and failure to graduate from high school.** Sociologist Donald Hernandez found that children who do not read proficiently by the end of third grade are four times more likely to leave school without a diploma than proficient readers. Black and Hispanic children who are not reading proficiently in third grade are twice as likely as similar white children not to graduate from high school (about 25 vs. 13 percent).

When we add poverty to the analysis, the findings are even more sobering. Hernandez found that the graduation failure rate for children who cannot read

proficiently and are poor for at least one year is 26 percent, or more than six times the rate for all proficient readers. Overall, 22 percent of children who have lived in poverty do not graduate from high school, a figure about three times greater than the rate for children with no family poverty experience.

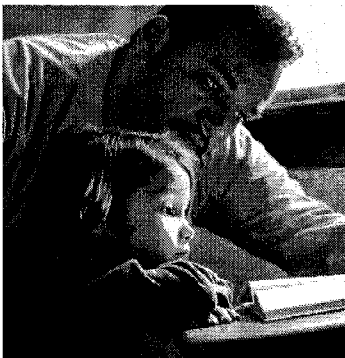
Other researchers of the poverty/achievement connection have quantified the gap between children from low-income and wealthier families and tracked the gap's growth over time. An analysis of data from 19 nationally representative studies found that the gap between children of families from the lowest and highest quartiles of socioeconomic status is equal to roughly three to six years of learning on reading tests. The analysis further found that the academic achievement gap between children from high- and low-income families is nearly twice as large as the black-white achievement gap.

One way that poverty affects academic outcomes is by suppressing children's genetic potential for cognitive achievement, new research suggests. A study of 1,500 children found that, while children from wealthier families may not be genetically "smarter" than children from poorer families, they have more opportunities to reach their potential — and the differences in cognitive

development that stem from socioeconomic disparities begin to appear very early in a child's life.

**"Place" has been confirmed as an important factor in the interaction among poverty, reading proficiency and academic achievement.** In 2012, Donald Hernandez reported that "living in a high-poverty neighborhood exacerbates the effects of poor reading skills and family poverty." More than one-third of children who can't read, are poor and live in a poor neighborhood fail to finish high school. Even being a good reader cannot fully compensate for the risk that comes from living in a high-poverty neighborhood: 14 percent of good readers from high-poverty communities fail to graduate, compared to only 2 to 4 percent of good readers from affluent or middle-income neighborhoods.

**Trends in the nation's demographic composition reinforce both the challenge, and the necessity, for children from low-income families and children of color to read proficiently so they can succeed in (and graduate from) school.** KIDS COUNT data show that the number of children living in areas of concentrated poverty is growing, and the population of students taking the 2011 NAEP was poorer in 2011 than in previous assessment years. These trends are troublesome, given new findings that mass layoffs of working parents can cause children's NAEP scores to decrease.



## Factors That Contribute To Third-Grade Reading Proficiency

- **School readiness** Research continues to show that fewer children from low-income families (less than half) are ready for school at kindergarten entry, compared to three-quarters of children from families with moderate or high incomes. For children from low-income families, preschool attendance is one of the strongest factors in school readiness; attending a high-quality early childhood program also predicts higher levels of achievement at age 11. A follow-up study of the Abecedarian Project found that by age 30, participants were four times more likely to obtain a college degree than nonparticipants. Entering school ready to learn can improve one's chances of reaching middle-class status by age 40. And a study of the Child-Parent Center program found a long-term return to society of \$8.24 for every dollar invested during the first four to six years of school, including prekindergarten.
- **School attendance** A report by Johns Hopkins University researchers suggested that the national rate of chronic absenteeism is 10 to 15 percent, meaning that 5 million to 7.5 million students miss at least 10 percent of their school days every year. The premise that schools fail to detect high levels of chronic absence because of data issues was confirmed by a study conducted jointly by the Child and Family Policy Center and Attendance Works. Other studies confirmed that chronic absence has a negative effect on students' academic performance and cognitive development, especially for children from low-income families, and several new reports and evaluations measured the quality and effectiveness of chronic absence interventions.
- **Summer learning** Studies of summer learning programs in several different contexts all confirmed that high-quality summer programs can disrupt learning loss. Research on children from low-income families also offered new evidence that having access to books can ameliorate the summer learning slide and significantly improve scores on state reading assessments; the largest effects were for the most economically disadvantaged children.
- **Family support** Research published right before *Early Warning* helped explain how environmental factors like hunger, housing insecurity, parental depression and abuse influence the epigenome (the human "operating system"), making it more likely that specific genes will or will not be expressed. Other new research draws a link between the stress of poverty, hormonal changes and impaired learning ability. However, new research reveals that even after the epigenome has been modified by extreme childhood stress, the damage may be reversed. Furthermore, positive social-emotional experiences for young children, along with supportive family and community environments, reduce the likelihood of negative modifications to the epigenome that might impair learning.
- **High-quality teaching in home, community and school settings** New research underscores the importance of enriched home learning environments and parent engagement in preparing children from low-income families to succeed in school. A five-year study of more than 1,850 children and their mothers found that children whose learning environments were of consistently low quality were much more likely to have language and literacy delays before kindergarten, while supportive home learning experiences could help close the school readiness gap. Classroom

and community strategies to improve children's literacy continue to draw attention, while the research base grows to support the "seamless continuum" of education that *Early Warning* called for. To name just a few: The Alliance for Early Success (formerly the Birth to Five Policy Alliance) published a policy framework tool that provides options for improving learning, health and family support for children from birth through age 8, with a priority on children from low-income families and other vulnerable populations; a U.S. Department of Education guide for educators recommended strategies to help students in kindergarten through third grade understand what they read; the American Federation of Teachers published a summary of strategies for improving the transition from child care, preschool and home settings to school; and a report by the Center for American Progress proposed reforms to boost the effectiveness and efficiency of public investments in early childhood education.

## Conclusions

Three years after the publication of *Early Warning* and the start of the Campaign for Grade-Level Reading, a wealth of new research supports the GLR Campaign's goal and sense of urgency. It reaffirms the hypothesis that third-grade reading proficiency is crucial for continued academic success and to break the cycle of inter-generational poverty, and the key factors in addressing the problem. The knowledge base continues to grow. And with each new finding, we gain more insight, resources and confidence for the challenge of helping more children, especially those from low-income families, read at grade level by the end of third grade.

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The full report, *Early Warning Confirmed: A Research Update on Third-Grade Reading* (with citations and more data), is available online at [www.aecf.org](http://www.aecf.org).

The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation's children by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow. For more information, visit [www.aecf.org](http://www.aecf.org).

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## Luther S. Olsen

State Senator

14th District

**TO:** Assembly Committee on Children and Families

**FROM:** Senator Luther Olsen

**DATE:** 11-15-17

**SUBJECT:** Testimony in favor of Assembly Bill 541

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Thank you Chairman Kitchens and the Assembly Committee on Children and Families for holding a hearing and allowing me to testify on Assembly Bill 541.

This legislation invests \$500,000 GPR over the biennium to assist in the sustainability and expansion of the Reach Out and Read (ROR) Wisconsin program to close the “word gap” between children. Research indicates the more words children hear from parents and caregivers, the more they learn. Yet, by age 4, children in poverty may hear 30 million fewer words than their higher-income peers resulting in dramatic learning disadvantages that go into adulthood (aka the “word gap”).

ROR Wisconsin is an early literacy initiative of Children’s Health Alliance of Wisconsin, a child health and advocacy program affiliated with Children’s Hospital of Wisconsin. ROR Wisconsin is the statewide affiliate of the national, evidence-based program that gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together.

In April 2017, there were 193 clinics across 51 counties, and the program serves 86,000 children in Wisconsin each year and distributes 152,000 books each year. By 2020, the program is projected to reach 54,000 new children and add about 120 new clinics. Sixteen independent academic studies have found that the ROR model improves children’s reading and language outcomes, parental attitudes and practices, and the primary care that the family receives. Because of ROR’s impact on children across the state, ROR received a 2017 Friends of Education Award on September 21<sup>st</sup>, 2017.

Thank you, members. I ask for your support and would be more than happy to answer any questions.

**Reach Out and Read Wisconsin**  
**Dipesh Navsaria, MPH, MSLIS, MD**  
**Medical Director**

**G**ood morning and thank you for this opportunity to provide some insight into the Reach Out and Read program. I am Dr Dipesh Navsaria, a primary-care pediatrician and founding medical director of Reach Out and Read Wisconsin. I also serve on the Board of Directors and Medical Leadership Committee for Reach Out and Read National Center. My history with Reach Out and Read is long, and it is in fact the reason I chose to pursue a master's degree in children's librarianship in the middle of medical school.

As many know, the first thousand days of a child's life are critical for responsive, nurturing interactions that help build brain circuitry which offers capacity for lifelong educational success. While there are many messaging initiatives telling parents to talk, read, play, and sing to their child, that is only half of the job — parents also need help with *how* to do these things well, and with confidence. This type of intentional skill-building can only be done with advice, modeling, and coaching, even in brief opportunities.

Reach Out and Read is a national program which trains primary care clinicians — physicians, nurse practitioners, and physician assistants — who care for children to routinely incorporate elements of early literacy promotion into the standard “checkups”. This near-universal, non-stigmatized, already-existing framework represents a remarkable opportunity to engage parents.

The clinician walks into the room with the book *in their hand* and gives it directly to the child. We train them to skillfully and intentionally observe what happens — what does the child do with the book? How do they handle it? Do they speak or vocalize? What is the parents' response? It lets us do our developmental assessment, learn about relational health, and offer necessary advice and demonstrations right then and there.

Quite honestly, in a well-child visit in which there is no other identified concern, I learn more from watching the child and family with a book than I would from my stethoscope. And whatever I can do to place a child on the path to long-term educational success means a happy, healthy, thriving, and contributing adult to our society — which means we all benefit. The reality is that while this may appear to merely be a book giveaway program, it's really secretly a parenting program, delivered in an efficient, engaging, and education-bolstering format.

Reach Out and Read is supported by an evidence base of 16 peer-reviewed, scientific journal-published studies. This approach to literacy promotion is strongly endorsed by the American Academy of Pediatrics in a policy statement, and it is highlighted in the Bright Futures Health Supervision Guidelines for how to “do checkups” effectively.

When I moved to Wisconsin 11 years ago, we had about 30 clinics participating in Reach Out and Read in the state. That had moved that up to about 55 by late 2010, when we founded Reach Out and Read Wisconsin, funded by contributions from health systems, led by UW Health American Family Children’s Hospital and Children’s Hospital of Wisconsin and housed as a program within the Children’s Health Alliance of Wisconsin. We now have 208 clinics in 51 counties, serving 94,000 children through 1,500 clinicians giving out 165,000 books per year.

Despite the fact that we do not pay clinics to participate, they are seeking us out — which, I might add, is extraordinary given the pressures being placed on primary care clinicians, who are definitely not looking for more work. We offer them site visits, technical assistance, connections for community collaborations, further training, and quality review to ensure they remain in line with our evidence-based, proven model.

We need help in order to continue to meet this growing demand for a program that speaks deeply to a statewide need that our doctors are seeing in their patients everywhere. While we’ve enjoyed success via health system and grant funding, we ask for the support of the legislature in assisting us with meeting the demand placed on us. We appreciate your consideration of this bill which would do exactly that.



November 15, 2017

Members of the Assembly Committee on Children and Families  
State Capitol  
2 East Main Street  
Madison, WI 53702

**Subject:** Testimony in support of AB541, providing funding for Reach Out and Read Wisconsin

Dear Chairman Kitchens and members of the Assembly Committee on Children and Families,

My name is Karin Mahony and I am the project manager of Reach Out and Read (ROR) Wisconsin. ROR Wisconsin, founded in 2010, is the early literacy initiative of Children's Health Alliance of Wisconsin, a child health advocacy and policy organization affiliated with Children's Hospital of Wisconsin. Our organization, along with many of our statewide partners listed below, urge your support of AB541. AB541 would provide \$500,000 of General Purpose Revenue in this biennium budget (\$200,000 in year 1 and \$300,000 in year 2) for ROR Wisconsin. This funding would provide infrastructure and book support to ROR Wisconsin's current network of more than 210 clinics and accommodate anticipated growth. Put simply, it will allow ROR Wisconsin to hire additional staff to support clinics implementing the ROR model during this time of rapid growth.

ROR Wisconsin is the state affiliate of the national, evidence-based ROR program. ROR Wisconsin's mission is to give young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together. The first five years of life offer a critical window for learning, with rapid brain development that does not occur at any other time. Many children in Wisconsin, especially from low-income families, are not read to from birth. Studies show children from low-income families hear as many as 30 million fewer words than their more affluent peers before age 4. Children who hear fewer words start school developmentally behind their peers and may never catch up.

The medical community provides an almost universal contact point with children. More than 90 percent of all children younger than age 5 see a medical provider each year. There are few professionals whom are more trusted by parents than their medical provider. When medical providers tell parents how important it is to talk, sing, play and read with their infants, starting at birth – they listen. Most parents do not know how important they are in fostering their child's developmental path. ROR parents take more personal responsibility in their role as their child's first teacher.

Parents involved with ROR are 2.5 times more likely to read aloud with their children and their children's preschool language development is improved by three to six months.

During the well-child visit, medical providers give a book to the child, starting at the 6 month visit through age 5. Over these critical years the child will build a library of more than 10 books. The book acts as a tool for the medical provider to assess the child's development. Watching how a parent interacts with a child around the book gives the provider insight into family dynamics. Medical providers also use the book to

coach and mentor parents on how to engage appropriately with their child at each developmental stage. The family takes the book home, to enjoy again and again.

The growth of ROR Wisconsin has been astonishing. The number of participating clinics has nearly quadrupled in seven years, with more than 210 clinics now involved. ROR Wisconsin is engaged with a quarter of all clinics providing primary care to children in the state, in 56 health systems and 51 counties. Medical providers and other clinic staff volunteer their time to develop and maintain their ROR programs. They embrace ROR as a simple and effective prevention model that can decrease the need for more intensive and expensive services later.

Reach Out and Read Wisconsin was initially founded through a partnership between UW Health American Family Children's Hospital in Madison and Children's Hospital of Wisconsin in Milwaukee. ROR Wisconsin receives additional infrastructure and programmatic support from several other health systems, foundations and individual donations. State funding would create a public private partnership in a low-cost, highly-scalable prevention model. This early intervention model is unique in how it harnesses the power of the medical community in engaging parents in supporting their child's development and supporting children in achieving their personal best.

ROR Wisconsin has grown from one of the smallest state affiliates, to one of the largest and is recognized as a leader in quality and medical provider engagement. ROR Wisconsin clinics serve 94,000 children each year, or 1 in 5 children younger than age 6 in the state. ROR Wisconsin prides itself on its efficiency and lean budget structure. However, ROR Wisconsin does not currently have the staffing capacity to meet demand.

Thank you for your consideration and for all your committee does to support Wisconsin's children. . If you have questions, please contact Karin Mahony at [kmahony@chw.org](mailto:kmahony@chw.org) or 608-442-4160.

Sincerely,



Karin Mahony, MEd, MSW  
Project Manager  
Reach Out and Read Wisconsin  
Children's Health Alliance of  
Wisconsin



Karen Ordians  
Executive Director  
Children's Health Alliance of  
Wisconsin

#### **ADDITIONAL ORGANIZATIONS IN SUPPORT OF AB541**

*Appleton Public Library*  
*Aurora Health Care*  
*Children's Hospital of Wisconsin*  
*Family Health Center of Marshfield, Inc.*  
*Gundersen Health System*  
*Greater Milwaukee Foundation*  
*HSHS St. Vincent Children's Hospital*  
*Marshfield Clinic*  
*Milwaukee Succeeds*  
*Prevea Health*  
*Reach Dane*  
*SSM Health Dean Medical Group*  
*SSM Health Wisconsin*

*Taylor County Literacy Council*  
*ThedaCare*  
*United Way Fox Cities*  
*United Way of Dane County*  
*United Way Manitowoc County*  
*UW Health American Family Children's Hospital*  
*Wisconsin Academy of Family Physicians*  
*Wisconsin Academy of Pediatrics*  
*Wisconsin Early Childhood Association*  
*Wisconsin Library Association*  
*Wisconsin Literacy, Inc.*  
*Wisconsin Medical Society*  
*Wisconsin Primary Health Care Association*



## REACH OUT AND READ WISCONSIN

### PARTICIPATING CLINICS IN DISTRICTS OF COMMITTEE ON CHILDREN AND FAMILIES

**Representative Joel Kitchens (Chair)**

Door County Medical Center Clinics, Sturgeon Bay Children's Center

**Representative Patrick Snyder**

Aspirus Wausau Family Medicine  
Aspirus Wausau Pediatrics  
Bridge Community Health Clinic, Wausau  
Marshfield Clinics Wausau Center Pediatrics

**Representative Tyler Vorpapel**

Aurora Health Center Plymouth

**Representative Samantha Kerkman**

No participating clinics

**Representative Joan Ballweg**

Agnesian HealthCare, Fond du Lac Regional Clinic Ripon Medical Center  
Mile Bluff Medical Center Delton Family Medical Center

**Representative Treig Pronschinske**

Gundersen Health System Ashley Wellness Center  
Gundersen Health System Galesville Clinic  
Gundersen Tri-County Hospital and Clinics, Whitehall Clinic

**Representative Scott Krug**

Aspirus Doctors Clinic, Wisconsin Rapids

**Representative Chris Taylor**

Group Health Cooperative of South Central Wisconsin, Capitol Clinic, Madison  
UW Health 20 South Park Street, Madison  
UW Health Union Corners Clinic, Madison

**Representative Jill Billings**

Gundersen Health System La Crosse Pediatrics  
Gundersen Health System La Crosse Family Medicine  
Gundersen Health System La Crosse Family Medicine Residency Clinic  
Mayo Clinic Health System La Crosse Family Health Clinic  
Riverside Corporate Wellness, La Crosse

**Representative Lisa Subeck**

Group Health Cooperative of South Central Wisconsin, Sauk Trails Clinic, Madison  
UW Health Odana Atrium Clinic, Madison  
UW Health West Clinic, Madison  
UW Health West Towne Clinic, Madison

**Representative David Bowen**

No participating clinics



# REACH OUT AND READ WISCONSIN

## THE NEED



**66%** of children grow up in families that are **NOT** read aloud to daily.

Reach Out and Read gives young children a foundation for **success** by incorporating **books** into **pediatric care** and encouraging **families** to **read aloud** together.



**80%** of brain growth occurs before **age 3**.

By the age of **3**, low-income children have heard **30 million fewer** words than their more affluent peers.

## OUR SOLUTION

The Reach Out and Read Model is endorsed by the American Academy of Pediatrics and the American Academy of Family Physicians.

### 1 EDUCATION

Pediatricians trained in our model of early literacy development provide parents with age-appropriate guidance about books and reading at regular pediatric visits.



### 2 BOOKS

From infancy through five years, the child is given a brand new book to take home.

### 3 ENGAGEMENT

Parents incorporate advice received from pediatric visits and make reading aloud part of their daily routines.



### 4 SCREENING

The book is given at the beginning of the visit and used as a developmental surveillance tool.



## WHY DOCTORS?



Medical providers are a trusted source of information.

91% of children under age 5 see their doctor at least once a year.



By embedding our model in the existing healthcare system, we keep costs down.

## OUR OUTCOMES



Parents are **2.5x** more likely to read to their children.



Children's language development is improved by **3-6 months**.



We reach more than **94,000** children & families each year.



# REACH OUT AND READ WISCONSIN GROWTH AND SUSTAINABILITY PLAN

*Thank you for taking the opportunity to learn how you can play a key role in the growth and sustainability of Reach Out and Read (ROR) Wisconsin. Founded in 2010, ROR Wisconsin is the early literacy initiative of Children's Health Alliance of Wisconsin (Alliance), a child health advocacy and policy organization affiliated with the Children's Hospital of Wisconsin.*

*ROR Wisconsin is a statewide affiliate of the national, evidence-based program that gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together. Medical providers talk with families about the importance of talking, singing, reading aloud with babies from birth, providing modeling when needed. Children ages 6 months to 5 years leave the exam room with a new, developmentally- and culturally-appropriate book. The first five years of a child's life offers a critical window for brain development and ROR Wisconsin seizes this opportunity.*

*While ROR Wisconsin has seen great interest and participation, the program's current infrastructure is unable to meet expected demand and projected growth. Supporting early childhood development impacts the future success of Wisconsin's children. Please join ROR Wisconsin today in inspiring a love of reading to last a lifetime.*



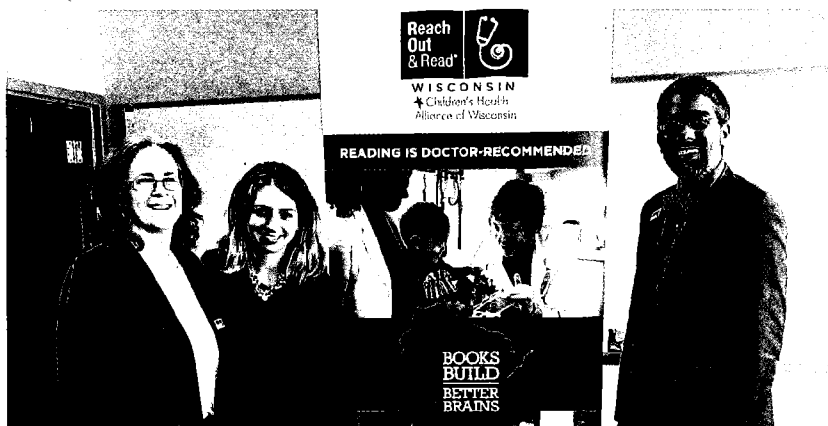
Karin Mahony, MEd, MSW  
Project Manager



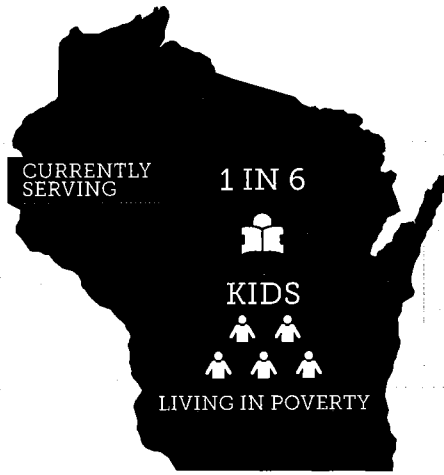
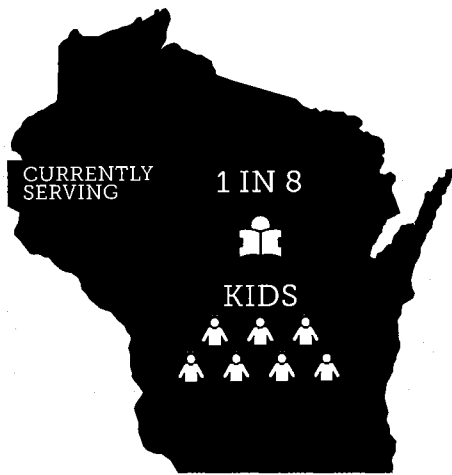
Alexandria Rogers  
Project Coordinator



Dipesh Navsaria, MD, MPH, MSLIS  
Medical Director



*At the heart of Reach Out and Read  
is the child who learns to love books.*



## Our role

Clinics count on ROR Wisconsin staff for resources to develop and manage successful programs. Our on-site clinic visits provide an opportunity for clinic personnel to discuss and brainstorm ways to strengthen their programs, engage colleagues in creating a culture of literacy promotion, and develop community collaborations to further support family literacy efforts.

## What we do

- Oversee program implementation to ensure high quality early literacy promotion that remains true to our evidence-based model
- Utilize quality assurance tools to engage clinics in adopting best practices
- Provide regular communication on program management, best practices, research, and state and national activities
- Develop strategic alliances with organizations to promote state and community collaborations
- Raise funds to purchase books for clinics in need
- Convene clinic representatives annually to provide education, offer networking opportunities, promote best practices and recognize accomplishments
- Support clinicians to become early literacy advocates at the community and state level

## Current staff

ROR Wisconsin currently has two full-time staff members, a project manager and a project coordinator, who work directly with clinics. In addition, The Alliance provides administrative, graphic design and communication support in-kind.

## Current funding

ROR Wisconsin primarily is funded through a partnership with American Family Children's Hospital and Children's Hospital of Wisconsin. These institutions provide both financial and in-kind support. Aspirus Health Foundation, Aurora Health Care and Gundersen Health Foundation also contribute to our program.

Additional funding is provided by an annual appeal, individual donations, and honoraria stipends of our state medical director. Staff are actively seeking additional funds to increase our capacity to assist our growing network of clinics in developing and managing high quality programs. Potential new revenue sources include special events and funding from the state of Wisconsin. Foundations, grants and other fundraising efforts provide book support to clinics in need and fund special projects.

## CURRENT BUDGET - \$210,500

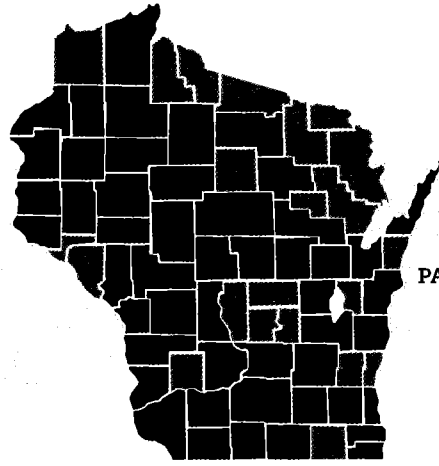
### Funding sources



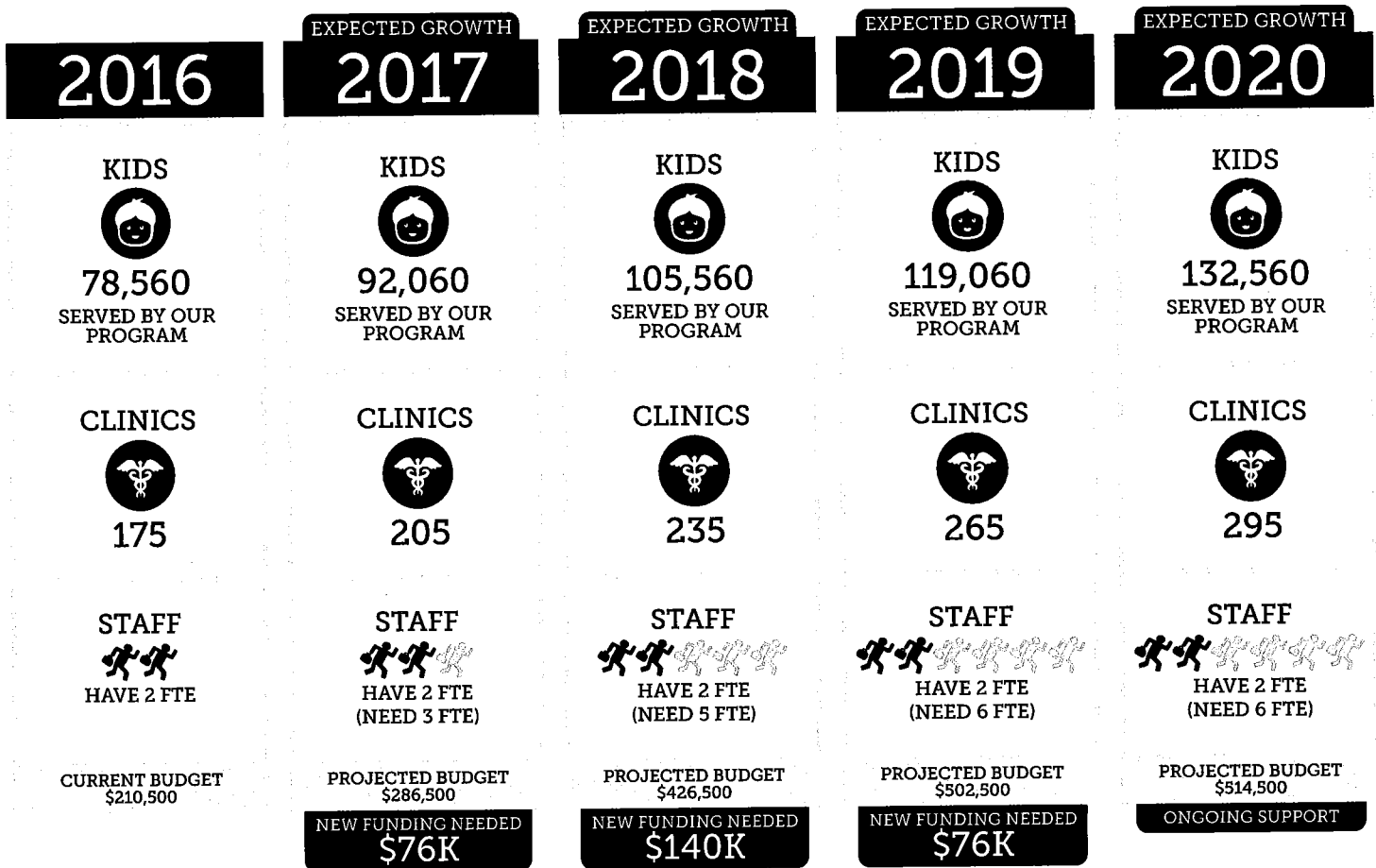
55  
PARTICIPATING  
CLINICS  
(2010)



175  
PARTICIPATING  
CLINICS  
(2016)



*Projected growth and sustainability strategy*



*Our expansion plan*

- Assist clinics that have expressed an interest in establishing a ROR program
- Connect with remaining tribal community clinics and federally qualified health centers without a ROR program
- Increase our presence in communities and regions of the state where participation is low

Current funding will not support the expected demand for the program over the next few years. ROR Wisconsin's goal is for every clinic providing well-care to children to implement our program as a standard of clinical care. **By the end of 2020, ROR Wisconsin estimates reaching 132,560 children, 30 percent of Wisconsin children ages 6 months to 5 years and 39 percent of potential clinics.** ROR Wisconsin hopes to add additional staff to meet the needs of this projected growth.

# BOOKS BUILD BETTER BRAINS

"I have been involved with Reach Out and Read since my residency. I can't imagine seeing pediatric patients without providing a book. Giving out the book and guidance on the importance of reading aloud is as important as vaccines."

—Wendy Molaska, MD, FAAFP  
Wisconsin Family Physician

"We received 28 unsolicited applications in the first eight months of 2016. Wisconsin doctors are clamoring for this program."

—Dipesh Navsaria, MD, MPH, MSLIS  
Medical Director  
Reach Out and Read Wisconsin

Invest in our future by supporting early literacy.  
Help us reach our goal of serving Wisconsin's children.



WISCONSIN  
★ Children's Health  
Alliance of Wisconsin

[chawisconsin.org](http://chawisconsin.org)