



INNOVATION BRIEF

The Campaign for
GRADE-LEVEL
READING

Healthy Readers >

Healthy development from birth onward greatly affects children's ability to learn: Children who are on track in their physical and social and emotional development are more successful learners from their earliest years and more likely to become proficient readers.

Since 2012, the “Healthy Readers” initiative has steadily risen to the center of the Campaign agenda.

This is why the [Campaign for Grade-Level Reading](#) (GLR) promotes the important connections between health and learning — which it calls “the health determinants of early school success” — on two fronts: working to broaden public awareness and understanding; and encouraging GLR communities nationwide to move from talk to action.

Since 2012, the “[Healthy Readers](#)” initiative has steadily risen to the center of the Campaign agenda, with early support from two Robert Wood Johnson Foundation (RWJF) planning grants. That funding fueled work to flesh out initial ideas which, in turn, spurred robust conversation and informed health efforts launched in GLR communities.

En route to increased prominence, Healthy Readers crystallized from a gut instinct that “health matters” into to a core conviction, clearly articulated. The health determinants spelled out why and how GLR communities should and could integrate health into their work.

With invaluable guidance from a [12-member](#) advisory committee, the framing and messaging sharpened. Outreach and technical assistance increased. And Healthy Readers became more visible and defined — as a critical cross-cutting issue to address in order to move the needle on the Campaign’s three community solutions areas designed to increase reading proficiency by the end

of third grade: school readiness, attendance and summer learning.

“The Campaign needed to tie health to the community solutions — that was pivotal,” says Osula Evadne Rushing, vice president for program and strategy at Grantmakers In Health (GIH), an advisory committee member. “They also needed to develop something to give communities more information and more ability to act.”

Toward that end, several efforts were launched including:

- Healthy Readers resource guides organized around the health determinants. The guides identify key priorities and link them to readiness, attendance and summer learning. This was done to produce more succinct, focused and user-friendly materials including a one-page infographic.
- A set of webinars, a health-focused peer-learning project involving Connecticut GLR communities and presentations made at state and regional gatherings.
- A self-assessment tool that GLR communities used in 2014 to evaluate their progress on many fronts — including progress integrating health strategies into their campaigns.

To develop the [resource guides](#), the priorities chosen were prenatal care/infant development; comprehensive screenings, follow-up and early intervention including social-emotional development; oral health; asthma management; and nutrition/physical activity.

“Many factors influence a child’s health and well-being,” explains Judith Meyers, president and CEO, Child Health and Development Institute of Connecticut, another advisory committee member. “To be most



effective, however, we chose to narrow in on those that the research indicated were most relevant to the goals and objectives of the Campaign.”

This included key research by [Dr. Charles Basch](#) of Columbia University, chronicling evidence of the connection between specific health conditions and learning, including early-grade reading.

“Healthy Readers honed in on those health determinants so local communities could see the connection and why they should do something about it,” says Matthew E. Ammon, deputy director of the Office of Healthy Homes and Lead Hazard Control, U. S. Department of Housing and Urban Development, an advisory committee member.

Early thinking on the health determinants of early school success, as articulated in a [speech](#) by Campaign Managing Director Ralph Smith at a GIH meeting, also has been shared with RWJF’s [Commission to Build a Healthier America](#) and with the Institute of Medicine, the National Academy of Sciences’ health arm.

Within the GLR Campaign, efforts to win attention and action on health from GLR communities intensified after the first gathering of communities in summer 2012, during the annual gathering of the [National Civic](#)

[League All-America City Awards](#) in Denver, which featured presentations by health experts.

“The presenters were happy that an education outcomes-oriented initiative was taking on health. And it was powerful, knowing that the Campaign had a potentially visible and strong group of national partners, that we didn’t have to reinvent this or do this alone,” says Janet L. Collins, an advisory committee member who is director of the Division of Nutrition, Physical Activity and Obesity at the Centers for Disease Control and Prevention.

“Communities had done a great deal to develop their action plans but needed more resources to flesh out their health work. That’s why the team produced other supports like the resource guides.”

Ninety-six percent of the 76 GLR communities that completed the self-assessment, reported implementing strategies to address the health determinants of early school success. Here are some examples of that work.



readiness

Des Moines, Iowa

Encouraging school readiness through early detection of developmental delays

Too many children enter kindergarten with unidentified developmental delays that hamper their ability to start school ready to learn and to read at grade level by the end of third grade.

But this may soon change in Des Moines, Iowa, where work is underway to create a community-wide system ensuring that all children receive a series of developmental screenings during their first five years to detect potential issues and all children who need help get it.

The goal is to offer screenings at many places serving young children and families — from doctor's offices, health clinics and child care centers to possibly WIC clinics and free tax preparation sites. A coordinated system of care will provide referrals for services and follow-up.

"The earlier delays are identified and remediation or services provided, the better," says Sarah Black, family outreach manager for Visiting Nurse Services of Iowa, which is overseeing the project's design. "We want to support the adults in the child's life, so they can help the child."

To gauge, for example, whether a child's language skills are developing typically over time, screenings will assess a

child's progression from cooing baby to a child responding to sounds, then pronouncing syllables, then words and phrases. Intervention ranges from giving parents information on how to support speech and language development to speech therapy.

Begun in fall 2014, the project's design may be completed in mid-2015. "It's a critical strategy for us," says Kate Bennett, community impact officer for education at United Way of Central Iowa, which oversees the local GLR campaign. "Part of our school readiness agenda, it ultimately will impact grade-level reading and our overall 2020 United Way goal around high school graduation."

The project also will ensure that the many professionals and sites offering screenings can share the results in order to best help a child. "While it's a simple premise, it's a complex platform to build," says Black. "We are doing very intentional, incremental system building."

Designing a well-coordinated and sustainable system involves selecting screening tools as well as addressing cost, training, data collection and information sharing. It also involves aligning with related efforts already underway, such as [1st Five](#), a statewide Iowa public health initiative.



Working within the health care sector, 1st Five focuses on the healthy mental development of young children. 1st Five offers a public-private partnership between primary care providers and maternal and child public health providers designed to conduct surveillance and screening as well as to connect children and their families to programs and resources. A primary care provider refers a child or family to a 1st Five care coordinator who links the family with services and regularly follows up with the family and primary care provider.

Many parties are interested in supporting the growth and development of young children.

Between 2007 and 2014, 1st Five operated in 11 sites in 49 counties. Primary care providers referred thousands of families to 1st Five. The program reached 118,461 children, 126 health practices and 462 providers. For the last half of 2014, the reasons for referrals were 31 percent for child development concerns, 23 percent for speech/hearing, 39 percent for family stress and 6 percent for caregiver depression. Seventy-nine percent were families with an annual income of less than \$25,000.

Unlike 1st Five, the Des Moines project will be county-wide, address a broad range of developmental areas and enlist a broad range of professionals, beyond health care. “Many parties are interested in supporting the growth and development of young children and making sure they are ready to go to school and be successful,” says Black.

attendance

Providence, Rhode Island

Tackling chronic absence by factoring in health issues

Health issues disproportionately affecting young children from low-income families, such as asthma and lead poisoning, often have educational consequences too, including lost learning due to school absences.

With this in mind, work by Providence, Rhode Island's GLR campaign to reduce the number of students who are chronically absent — missing 10 percent or more of school days — includes partnering with the health community to address the physical and mental well-being of children from birth to age 8.

Furthering this work is a Rhode Island Health Department grant of up to \$1 million over four years. It will be used to implement evidence-based programs addressing root causes of chronic absence, anxiety, depression and delinquency for children in low-income neighborhoods.

“Newsflash: This is one of our most substantial and earliest large grant awards and it's coming out of health,” says Rebecca Boxx, director of [Providence Children and Youth Cabinet](#) (CYC), a coalition of more than 60 organizations that oversees GLR work, a cradle-to-career effort and [Evidence2Success](#), an initiative helping children in low-income neighborhoods.

“The grant recognizes that chronic absenteeism is not just a school issue but a community health issue. Children who experience health issues are more likely to miss school. Because absenteeism is closely linked to low academic performance, a coordinated, system-wide effort that addresses its multiple causes is a priority.”

Including a health focus and health partners in birth-to-8 work was a natural, given the Providence GLR campaign's longstanding birth-to-3 work which is “very health focused,” says Boxx. And Providence's GLR emphasis on chronic absence, a community-wide effort and data-driven work also helped win the grant.

Providence's data dive began by looking for the percentage of third-grade students reading proficiently, then looked at why that percentage was so low. This led to data showing many struggling readers are chronically absent, have asthma and live in old housing, which is associated with asthma and elevated blood lead levels.

“As that was unpacked, it shifted our conversation,” says Boxx. “More partners see themselves in this work. Our health department very much has come to play. Now we're looking at how housing plays a role in achieving grade-level reading.”

Other data on Providence public school prekindergarten through fifth graders show that:

- 52 percent of third graders read proficiently, a 6 percent increase from the previous year.
- 25 percent are chronically absent, including 32 percent of kindergartners.
- Almost 17 percent (2,253 children) have asthma and of those, 16 percent (365 children) visited an emergency department or were hospitalized due to asthma. About 15 percent of students from low-income families have asthma.
- 33 percent of Providence kindergartners have lead exposure vs. the Rhode Island average of 21 percent. Almost 27 percent of Providence kindergartners from low-income families are exposed to lead.

With advocacy from housing groups, lead abatement programs and other safe-and-healthy home efforts have helped. But work remains. “It’s our priority to make sure people understand the chronic absence issue and how it correlates to housing issues,” says Matthew Billings, CYC project manager.

“Citywide, we have a chronic absence crisis” but it is more acute in struggling neighborhoods with crumbling homes, he adds. “Our kids live there, the asthma comes from there, the lead comes from the pipes, soil and water.”



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summer

Fresno, California

Combating summer learning loss and boosting nutritional health

In the summer, many children lose easy access to free school meals that support their nutritional health and, as a result, their learning capacity. Many children also lose some of what they have learned during the school year.

To address both summer hunger and summer learning loss in California, more than 75 public libraries in 25 library systems are expected to offer a summer program in 2015, serving an anticipated 100,000 free nutritious meals and literacy activities to children and teens during the summer months.

In the GLR community of Fresno, where over 90 percent of children qualify for free or reduced-price school lunches, the county library system expects to serve about 6,000 lunches in summer 2015 at six libraries, including downtown Fresno and several small struggling rural communities — double the amount served at four libraries in 2014.

“That’s feeding a lot of children,” says Kari Johnson of the Fresno County Public Library, which started the effort in 2013. “It’s really taken off.”

Most children also join library summer reading programs and other activities to prevent summer learning

loss and encourage reading, which Fresno has enhanced with help from new partners.

“We’re also targeting specific children for enrichment experiences who might not otherwise have them during the summer,” says Johnson. “We’re seeing families who’ve never walked into a library visit.”

At least 6,000 free books will be distributed to participating children, thanks to support from [First Book](#) and Disney Corporation, through the local ABC network affiliate Channel 30.

In 2013, Fresno County was one of four California library systems that piloted a summer meal and literacy effort, with help from [Lunch at the Library](#) — a program of the California Library Association (CLA) and the California Summer Meal Coalition — which received support from the David and Lucile Packard Foundation.

“The program brings new families to the library and engages them with the summer reading programs, which creates communities of readers and library users,” says Natalie Cole, CLA associate executive director.

Lunch at the Library provides technical support, including online resources, to other library systems offering similar programs in California [and beyond](#).



© Fresno County Public Library



In 2014, 65 California libraries in 21 library systems — including in Fresno County, Los Angeles, Sacramento, San Diego County, San Francisco, Oakland and beyond — served over 85,000 meals.

Enrichment activities included writing workshops, storytelling, an “app academy,” STEAM (science, technology, engineering, arts, math) stations, art programs, zumba, container gardening and nutrition classes. Librarians reported more sign-ups for summer reading programs and more library cards issued, plus children with improved behavior and attentiveness.

In California, Lunch at the Library’s particulars vary by community. The meal sponsor, for example, in Fresno County is the Economic Opportunities Commission, a community action agency. In Sacramento, it was a school district and in Los Angeles, a food bank.

In Fresno County, library staff serve meals, aided by four paid interns, some from the Boys & Girls Club, and 12 volunteers, many teens, who also will provide tutoring and reading intervention services.

“We anticipated a lot more issues and we didn’t have many,” says Johnson. “It really helps give children the physical foundation — healthy mind, healthy body — to keep them reading during the summer. It fueled their brain power.”

For more information about the Campaign for Grade-Level Reading, visit gradelevelreading.net. Follow us on Twitter @readingby3rd. For more information about Healthy Readers, visit gradelevelreading.net/our-work/healthyreaders.