

## **Books Build Better Brains: Sharing Books as a Public Health Intervention**

**Dr. Dipesh Navsaria, MD, MSLIS, MPH**

**April 6, 2021 – Center for Children’s Books’ 75<sup>th</sup> Anniversary Speaker Series**

**Sara Schwebel:**

Welcome to the Center for Children’s Books’ 75<sup>th</sup> anniversary lecture series!

This is the final lecture in our 4-part series. If you missed the earlier ones, they are now up on our website and will soon be archived on our 75<sup>th</sup> anniversary online exhibit. Huge thanks to CCB GAs Josh Altshuler, Alexandra Byerly, and Helen Salkeld for making that possible. Thank you, too, to Diana Stroud, who connected me, as a new director, to the iSchool’s fabulous alums, including to today’s speaker.

In a moment, a survey will pop up on your screen: please complete it to help us learn about the people gathered with us today.

Today I have the great pleasure of introducing iSchool alum Dr. Dipesh Navsaria. An associate professor of pediatrics at the University of Wisconsin *School of Medicine and Public Health* and the Medical Director of Reach Out and Read Wisconsin, an initiative that integrates literacy promotion into pediatric primary care, Dr. Navsaria is a nationally-recognized pediatrician and early literacy expert.

I don’t have to tell you how rare it is to find someone with the combination of academic credentials Dr. Navsaria holds: a Master’s in Public Health, a Master’s in Human Services, a Master’s in Library and Information Science, and an MD. But this combination of expertise makes perfect sense given Dr. Navsaria’s interest in and commitment to early childhood development. The well-being of babies, toddlers, grade schoolers, and adolescents is, of course, inextricably linked to the well-being of the adults in their lives. Good public health and medical practice for youth, then, must encompass public policy in addition to knowledge of neuroscience, psychology, and child development. Dr. Navarsia underscores early literacy’s importance to early brain development and places both at the center of his practice and teaching. The signature line from his Reach out and Read podcast is “Books build better brains, better family relationships, and happier, healthier, children and societies.”

In positioning literacy as a public health issue, Dr. Navsaria captures an important strand of the CCB’s history in advocacy and public outreach. It’s an honor to have him here to help us mark the Center’s 75<sup>th</sup> anniversary.

## Dipesh Navsaria:

Thank you so much. It's a delight to be here, and I'll just start off by saying it would not be a pandemic presentation without at least a few tech snags here and there. It's all good. It's really wonderful to be here and spend time with all of you today and to be able to talk about the work that actually led me originally to the library school and being able to combine these elements of what I've been working on over time. So, my slides should be visible at this point. Great, I'm seeing some informative nods. Glad to hear it.

You know, I could spend time talking about reading and how important that is to health and well-being as the way that we often think about it. But the thing is I think everyone here knows that. We know about the importance to education, we know about how having an education is important to your own overall health and well-being across the life course and so on. And that's all true. That's absolutely the case. However, I want to really move us to thinking about reading and shared reading as an intervention more than anything else. That there are other ways in which shared reading and how we encourage it, how we talk about it, do make a difference in so many different ways.

So, of course in the medical world we have to have a disclosure slide. Although I always point out that I don't think the FDA has ever formally approved mouthing as a use of board books. So, that is an off-label use. This is my son, who was all of...he was a toddler. He wasn't even two years old I guess when I started my Master's in Library Science. He is now a college freshman. So, he's happily mouthing to my first book of sushi in this image here. He's very embarrassed that I show this.

So, this is the thing. When I talk about how as a pediatrician I spend a lot of time talking about the importance of shared reading and books and all in the lives of children and families, this is often the response I get: "Oh, that's so nice." And the irony is that if I was a full-time practicing librarian and I said this, no one would think this is at all surprising, but apparently when a pediatrician says it that it's somehow more important. I don't actually understand that. That's kind of weird to me. But the thing is I want to move us all beyond this idea that this is a "nice" thing. That what we're doing is absolutely critical when we say these sorts of things and when we give the right kind of advice and targeted well because of how shared reading is so important in our world, in our society, and how we think and talk about it in so many different ways.

So, I want to spend just a few moments talking about some really basic ideas around brain and child development in the way that we've been thinking about it over probably really the last 20 to 30 years. Not in the sense of Piaget and all those things, which are important, but in the sense of how do we think about how brains really

develop in a very applied sort of way. And I'm going to share with you five key points that have come out through work that's been out there, including this 2007 report from the National Scientific Council on the Developing Child, which everything in that report is still absolutely true. The reason they haven't updated it is because it's all still true. And hence why I still continue to use it and share it.

One is that the brain is wiring at a crazy fast pace. The number they use is 700 new neural connections happening per second in the developing brain in infancy and toddlerhood. And you know what, there's even one now that's claiming it's more like billions, whatever 700 billion, I don't care, it's a lot. There's a lot of neurons wiring together, and the body knows how to connect one neuron to another. What it doesn't know is which neuron to connect to which other neuron for what purpose, and that's where again the environment around children really comes in and makes a difference.

We know there's a big issue in terms of equity. That by 18 months we're actually able to measure disparities in vocabulary, and this is not to point fingers and say, "Oh, different socio-economic groups are not doing it right." This is a problem for us as a society. We're creating the conditions that result in this graph. That your socio-economic status predicts your cumulative receptive vocabulary, your ability to understand words. That by 18 months the kids in the richest families are pulling away from those in the middle and lower groups and by 24 months you're seeing a split there. This is not a kindergarten issue. This graph, the right end of it is at age three. Okay, this isn't even preschool. This is just right up to the beginning of preschool. So, if we think about reading and reading challenges as solely being a K-12 issue, we're not going to solve a lot of it. That's not to argue that we shouldn't be thinking about it in K through 12. Of course we should be. And there's other things that pop up later like the various learning disabilities and so on that are not easily identified early on. But there's also a lot of kids who have no learning disabilities or other issues getting in the way whose main challenge is exposure to books and print in a productive way at an early age. So, we need to think about this early, early, early, and this graph starts at 10 months. Yeah, whatever. We should be starting this at birth. We actually have ample evidence for that.

Also that it's not just about the biological stuff. I talked to you about neurons and how they connect and all that stuff. And it's great and people like it when we wave around graphs and essays and numbers and words that people can barely pronounce. But the reality is that there's a lot of elements that are actually just as critical that are very much in our wheelhouse. Okay, we got the biological factors and those matter, but we also recognize that socio-economic environment, as I just pointed out to you, matters. That a zip code is more determinative than a genetic code when it comes to children's long term outcomes.

But then the third piece, and this is really where the last 2030 years have gone at least in medicine and the hard sciences, the lab sciences, because I would argue that we've known this in so many other fields for so long we just didn't listen hard enough, is that it's the attachment and relationship patterns in families that are the third leg of the stool. That how children interact with those in their environment is just as important as these other things. And if we don't pay attention to that, we are missing a huge, huge portion of what can really change their trajectories in so many ways. And that brings me to the fourth point. That if you remember nothing else about the science, this is the key thing, that the two things to shape the architecture of the developing brain are the genes that I mentioned earlier but then the other part is experiences. There's this idea sometimes that it's all biologic, it's genetic. There is some genetic influence but actually more of it is experience, and you got to have both. You can't have one without the other. It's like thinking about a campfire. You need to have wood and you need to have a spark in order to get that flame going. You can't have just one of them. So, we can't modify genes so much. I'm so not going to talk about epigenetics today. But let's talk about experiences because we do this all the time. How do we manipulate experiences? We do it through policies we set up at a societal level. At a community level, we do it through programs that we set up. And at an individual level, it's through advice, modeling, and coaching.

And if you said to me, "Okay, what's the thing we should be focusing on whether it's advice, whether it's programs, whether it's big policies? What is the thing that matters the most that we need to make sure it works right?" It's this here, this back and forth that children have to serve in return interaction with loving, caring adults in their environment. This is it, this the thing to remember from today. That it's children's engagement in strong, supportive, safe, nurturing relationships with caring adults in their environment. That is what drives development forward. Okay, that is it. There is no magic DVD, there is no toy. There is no app that is going to do that on its own. And as one of my colleagues has said, "There is no app to replace your lap." T-shirts available in the lobby. No, kidding. Because here's the thing. Parents are getting bombarded with these messages: put your child in front of this, it's good for their brain; make sure you show them this that will help them learn; please implant this iPhone in utero, so they can start learning. Ok, we're not quite there yet, although I worry that we're getting there. None of these things actually have an evidence base in very young children. When I say very young, I mean under age two. A lot of ideas, a lot of suppositions, but when you ask for the evidence: "Oh, we don't have that." Really, why not? "Oh, it's too hard to do." Well, I know, but it's important that you do it.

But what we do know works is when loving, caring adults interact back and forth with their children. We have ample, ample tons of evidence going back many, many years on

this. So, we need to support that to the extent possible and smooth it to make sure that it's happening whenever it can.

So, I think there's a lot of different ways one can think about this, but let's also remember to the fifth point, what Frederick Douglass told us long ago, which was that it is easier to build strong children than to repair broken men. He understood the idea of prevention. He understood exactly what was going on there. And he was beautiful at articulating this in a clear way.

I do see a question popping up to what I just said - does the research also correlate higher FCS with better or more children's engagement in relationships? Not necessarily. Some of it actually comes down to how we prepare children in terms of how we interact with them. In terms of how we prepare them for school. If a child is socialized as they go through their kindergarten existence to eventually be able to sit quietly and listen to a story, well, that prepares them well for school where talking out of turn and interrupting is not necessarily something that we value. And if you grow up in a dynamic or an environment where there's more of a back and forth, a call and response, interruption with a storyteller, etc., as part of the expectation, well, that leads to a child who often is speaking up and so on. So, there's all sorts of different elements there. So, it's not necessarily that it's better engagement in relationships. It's different, and I think this is really important from a cultural and inclusivity lens to think about that as well.

I want to say a few words about the past year because you can't talk about these sorts of things without talking about the incredible societal upheavals that we have been dealing with all throughout the last year that has affected all of us in one way, shape, or form. Families face a lot of different challenges that are out there, and some of the challenges are the things that we can easily put a number on. Don't squint at this screenshot too closely. This is ancient data. But you know, yes, you can count up the number of COVID infections, and you can count deaths, and you can count hospitalizations and wave around numbers and all that sort of stuff. Sure. But you look at the time that this screenshot was taken, there was about a million cases in the US. We are obviously well past that. But here's the thing. People who have never ever, ever, ever been infected by the virus, or at least that we know of, have also been affected by the pandemic because of what shutdowns have meant, because of what has happened to the economy, and so forth. That if you look at how many families there are in the United States, there are over 83 million families. So, there's this ripple effect that is not simply about testing and ICU beds and immunizations and all those sorts of things. There's even more people that have been affected in different ways, necessarily so, because of what those viruses has meant. But, again, it creates massive challenges throughout our society on a level that we haven't seen in a long time. Okay, this is not unprecedented, but it's unprecedented in the memory of many in so many ways.

So, the reality is that while it's up close and personal for so many, I'll also say struggles have always been present for so many families. They faced so many different challenges over time. And the issue is that they're now being laid bare that we're seeing it anew.

Early childhood centers have struggled for so many, so many years and not been adequately funded or adequately supported and suddenly, when they had to briefly go away, people realized, oh my goodness, this is propping up our society. Yes, and we still don't pay for it you know. So, at least there is attention that's coming there. The other "pandemic" that I would be remiss if we didn't talk about is what's been recognized around racism and discrimination. Again it's been there for so long, but our national dialogue has changed I hope for the better, and I hope it remains changed for the better to talk about this. And if you haven't read the American Academy of Pediatrics' statement on racism's impact on the health of children and adolescents, just Google [this](#) and it comes right up. This is very readable, very practical, and very important in making the case for how this is actually a health issue in so many ways.

So, there's a writer, Anatole Broyard, who wrote about his chronic illness and in his book he talked about what he wanted from a health care practitioner, and he likened it to Dante's *The Divine Comedy*, to the journey through hell, purgatory and, eventually, heaven. And in it Dante is led through by the Roman poet Virgil, and he (Broyard) says, "My ideal doctor would be like Virgil leading me through purgatory or Inferno and pointing things out. That we would wrestle with my fate together." I think about this in all the work we do in "the helping professions," which is so many of us. Whether it's in healthcare or early childhood or home visiting or in librarianship or in schools, we're trying to help make a difference in so many different ways in the lives of people that, in a sense, one of our jobs always, but even more so in this pandemic, has been how can we be a guide, how can we be that support at a time when things are so bewildering and confusing for so many. So, if you bear with me, just a couple of Renaissance paintings to help make this point.

This is Koch's *Dante and Virgil in the Second Circle of Hell*. You can always tell Virgil because he's conveniently identified with the poet's laurel wreath on his head there, and Dante is usually in the red. They're both in the lower right corner. And you can see Dante is looking at the scene ahead of him and how Virgil has his arm outstretched, explaining, guiding, what you are seeing in front of you. And I think probably we've all felt a bit like this in some way. How do we help others understand what's going on?

This one by Delacroix. There's a misspelling in my auto-correct that changed it to *Dante and Virgin* instead of *Virgil* there. You can see here they're on this boat amid foundering in the seas, and you can see Dante there again in the red. The look of horror on his face as he's losing his balance. He's leaned over, his arms up. He just can't understand what's going on around them. I think we've all felt that at some point in this last year. What is

going on around us? But Virgil is there. He's holding his hand, and he's acting as a support. He's that guy there. And I think that's so much of what we do.

So coming back to thinking about how we can make the lives of children and families better. If we want to have successful, happy adults, there's a few things we need. They become that through high-quality reading instruction and support. Okay fine, well how do they get there? Well, we want to make sure they have no physical impediments, so their vision, their hearing, all that works. Okay. But do they have access to a ready supply of diverse, high-quality books? Those books aren't going to magically jump into kids' laps on their own. Do we have adults who are comfortable, confident, and capable of sharing books well with young children? And that's a lot of "ifs" there. And that means, do we have families who have their basic needs well-met? It doesn't do me a whole lot of good to talk to families about the importance of sharing books every day if they themselves are struggling with depression or homelessness or food insecurity or whatever the case may be. If we don't address basic needs, then [inaudible, 21:02] isn't going to get across there as well as it could.

So, how do we influence all that? Again, it's through programs, it's through policies, and it's through advice. And not all families have the same needs. But all families have needs. We just need to articulate what they are and what they need. So, I like to think if we are thinking about building healthy brains, (then) kind of thinking about children in kind of a multi-layered approach. And you might have seen this actually around pandemics, thinking about how you protect. That it's not a single thing that we do; it's multiple layers of things in different ways. We have children that are going to fall. Okay, so how do we help catch those children? Well, we haul out our big net. Our big net is a prevention net. It's got some big holes in it. But it's a big net, it's going to catch a lot of those kids. And this is where we're thinking about what can we do to keep things from becoming a problem. That builds strong children, rather than trying to fix the broken men part that Frederick Douglass talked about. All of these make a difference. It's going to catch an awful lot of these kids. The thing is we got those holes still. It's impossible to have that have a net at that size without holes of some sort. So, you got kids who are going to fall through those holes.

Okay. You bring out your second net. This is a smaller net. It has smaller holes, but it can't hold as many kids. This is where you do your screening. This is where you do your targeted interventions. I would love for home visiting to be available to every single family in the United States. Yeah, not going to happen even if we quintuple funding for it. So how do we target it to the people who need it most? How do we make sure that we still expand that pot but make sure that those who really need it are the ones that are getting it and so on and so forth? Still, we got some holes in that net though.

And this is where you bring out your last net. This is your treatment net. We don't do this very well in our society. We wait till things get really terrible, and then we go to treatment. This is unfortunately the American way, particularly in healthcare. We are terrible at prevention. As I have pointed out frequently in the last year, when people have been going on and on about face shields and masks and blah, blah, blah, and I said, "You know, the absolute best personal protective equipment is a well-functioning, well-heeded, and properly funded public health system." I would rather have that than any mask. Obviously the horse is out of the barn on that one, but we need to be thinking about this from a prevention perspective and not just chase it once there are symptoms that are out there.

So, then you say, "Okay, this is great. But this sounds a lot like a public health talk. What the heck does reading have to do with all this?"

Well, reading offers a whole bunch of things. First of all, as I pointed out, it's the fundamental skill for learning. We live in a text heavy society. Text is everywhere and, even with the pretty slides that I'm showing you, a lot of what I'm conveying to you is text. If we develop good reading fluency, we are more likely to succeed in the educational system that's out there. When you have young children, there's a few things that being aware of books brings. When they're around books, when they're being read to, all these things happen. There are things that come along with that, various different types of skills.

The first is this idea of print awareness. We adults have all forgotten that there was ever a time that we didn't understand that print conveyed meaning. The young child doesn't actually know that. When you read a lot from a picture book, they think you the reader are reading aloud from the book purely based on the pictures and, wow, you use the exact same words every single time. How did you do that? They don't understand that those funny black marks at the bottom of the page actually are telling you what to say. Until they get closer to this notion of print awareness, which happens around two or three years of age, and they say, "Wait a minute. There's something going on here." That there's a decoding that you're doing as an adult and that's telling you what's going on. And this is really a watershed moment, this idea of emergent literacy. That a child understands, wait a minute, this print is conveying information.

Okay, and it brings in all sorts of things: their oral language development, early scribbling, etc. It all starts to come together, and they start to get it - "Hey, hang on this is conveying something to me." And this is a really important moment as they get there and say, "Hang on. There's a code here, there's something going on." And, again, if we do this right, a kid will then take on that task of saying, "I need to decode this; I need to figure this out." I remember when my son was three and my daughter was two I had them both up in my lap. I was reading aloud from a picture book, and my thumb was

over the words on the right hand side page because I was reading the left hand side page. And my daughter of course hadn't reached the stage yet. She was just listening. And I remember my son reaching down, and he shoved my thumb out of the way. He was looking at those black marks on the page and (thought), "Hang on. What's going on here? There's something happening here that's making a difference."

Second piece that comes along with this is that children learn from context. They can fill in words that they might not have otherwise understood or that they can figure out in some way, shape, or form. So, "In the great green room, there was a picture of a cow jumping over the..." And, hopefully, you're all in your heads or maybe even out loud saying the word "moon!" Though I got to tell you, when I give talks to medical audiences, there is often a weird, awkward silence, and I'm like, okay, do I need to refer you all for remedial *Goodnight Moon*? Like come on. Seriously people, really? Now, how does a child know that they should fill in the word "moon?" Well, maybe they've heard this book 82,000 times or demanded that it be read 82,000 times. Or maybe they remember the rhyme. They go back to their fund of knowledge about the cow jumping over the moon. Or they know none of that, but they're looking at this image, and they see a picture in the corner, and they say, "Cow jumping over...(well, that looks like a moon to me)." And they fill in the word. And all of these are strategies that get them to that word, and we use these our whole lives to basically fill in things - "I don't know what that word quite meant" or "I don't quite understand this concept but, from context, I can get this."

And then finally the more you look at text and print, you become a fluent reader. You're able to quickly decode, and the act of decoding, hopefully, does not become a challenge. It is for some, and that's where we start to get into issues around different types of reading instruction as well as the various learning disabilities as well as, of course, vision or hearing [indistinct, 28:09] types of issues. The other concept, and this gets back to what I said about relationships, is this notion of dialogic reading. If a parent has this idea that reading to a child is actually reading at the child and not reading with the child, (or) if they're thinking about the classic grade school reading aloud, where the teacher tells a child to read a paragraph, that identified child reads what's on there, and everyone else is quietly listening with their hands folded listening, well, that might work well in third grade or fourth grade or whatever. It doesn't work so well for an 18 month old, who has an attention span of 0.82 seconds. And that is a normal thing.

So, how do we show families this back and forth, a dialogue over the book? You can go backwards in the book, you can pick out random pages, you can talk about the pictures and never even read the text. It is all okay! I'm not going to make you write an essay on the book. When we give parents that permission, it helps them say, "Oh, this is developmentally normal, and this is okay as a style of reading to a young child," and

they don't walk away with what they unfortunately often walk away: *My kid won't sit still for a book, they don't like reading.* And what else are they thinking often? *Yeah, I don't like reading either. He's going to be just like me, isn't he?* And you kind of get that sense of inevitability that isn't true, but the parent is talking themselves out of it. And, by the way, it takes a great deal of trust for that parent to say, "My kid doesn't like reading." So, this is what we always counsel people: don't say, "You read to your child every day, right?" because the correct answer is "Yes." You're just going to say that because you don't want to say, "Well, no, I don't." There's that social desirability bias that we have to be really careful with.

So remember that reading to children may not be a natural skill for adults. Also, adults may be functionally illiterate themselves. This is actually one of the last great shames in our society. People will not tell their health care provider that they themselves can't read. They will come in and tell us about their substance use, about their sexual behaviors, all sorts of things. They will not tell us that they can't read because that is something that they're still ashamed of. So, you need to watch for clues and listen carefully and, again, try to make sure that they have the ability to reveal that or at least comfortably answer the question honestly if it comes up, so you can of course refer them if need be. And this can be a multigenerational issue; this is something that unfortunately crosses generations in many ways. Again, not because of some biological or medical problem but honestly because of the environments that people grow up in. And how can we help break that cycle? Because reading is hard. It takes a lot. We're not actually hardwired to do this thing we call reading. We're actually amalgamating a lot of different circuits together in order to be able to do the scan and decoding work, which takes a lot of energy and effort.

But when it works, it works so well, and it enables us to transfer information in such an efficient way between human beings. As my colleague, Perri Klass said, "Reading is a triumph of the early brain." It's this ability to take that malleable set of neurons and build them for something that is really a product of civilization, this idea of writing and how we can convey information in a fairly solid and durable form between human beings, sometimes even across millennia depending on how old whatever you're looking at is. But this is the message I often try to send because I worry that people say, "Oh well, we need to make sure our child is reading this, and they're doing it right, and they meet this milestone and this and this and this." I'd like reading to be fun because you're more likely to do it if it's actually enjoyable. And if shared reading is fun, then all that makes a key difference.

So, this is where the program Reach Out and Read comes in, and I want to highlight I did not think of it. This is now an over 30 year old program. People way smarter than me thought of it. I heard about it when I was an undergrad. I was a research assistant in

Boston City Hospital working on parent-child interaction research projects. I was coding videotapes and all that. And I heard about this program down the hall at the clinic in Boston City Hospital, where they were giving books at checkups and talking to families about the importance of reading together, and that was where Reach Out and Read started. And my interest got piqued, but of course I didn't have any healthcare training at that point, so I had no opportunity to do anything there. When I went to physician assistant school in DC, they had just started Reach Out and Read, so I actually got to do some of the interactions in checkups, and then started a Reach Out and Read clinic when I moved to East Central Illinois and worked as a PA in pediatrics for a few years.

I then, as an aside, realized that I knew a fair deal about the back and forth, the interaction piece, etc., and I didn't know enough about children's books themselves.

I was an English major as an undergrad, but it was all Shakespeare and Milton and Dickens and so on and not children's books. And I got on the Google and looked up where I could find out more about children's literature and found this place only a mile and a half from my home in Champaign called the Center for Children's Books, and I stumbled into the library school at that point and ended up talking to Curt McKay, who then talked me into trying out a course. I was now a second-year medical student at this point and, before I knew it, I showed up for a year and change to do a Master's in Library Science. And that is how I stumbled into the library school, totally by accident, totally by a random Google and have never regretted it for a moment. Also, my daughter was born just before that year, so I was sometimes slightly half asleep in classes, not because of the content of the material, but because of having been up feeding her at night and so on. So, I got to not only work on projects but also live the early reading and literacy. Although I will tell you it did make my head explode when I was finishing a project about the importance of reading to young children, and my son toddled up with a book wanting to be read to, and I was like no, no, I don't have time to read to you right now. I have to finish this project on how I should be reading to you, and now I'm just going to have all sorts of parental guilt. So, there you go.

So, Reach Out and Read fundamentally takes the regular checkups that we have with young kids, and this is how I describe it in a single graphic: the "Prescription to Read." I actually have these printed up and hand these out in clinic. We take that opportunity to talk to families about shared reading. We take this opportunity to ask about it, to support it, to model, the coach, to problem solve, etc., in different ways. We train our clinicians to do this. We have an evidence based model, etc. All these different things. We are not trying to teach kids to read early. I'm not impressed by someone who comes in and says that their two-year-old is reading Harry Potter on their own. It's really about learning to love books and to make the shared reading so much of a regular part

and feature of their lives. Because here's the thing in healthcare we have great access to young kids. Believe it or not, only a third of kids under age two are necessarily in formal childcare settings. The number varies from place to place. But virtually everyone brings their kid in for a checkup. I have homeless families living in shelters coming in for checkups. It's short periods of time, it's not long, but it's powerful moments where we can talk about this and have that interaction and have that connection and hopefully build things in different ways.

The Reach Out and Read model – it's interesting because people say, "Oh, you're giving away books. That's so nice." I say yes. You know what, we're doing a lot of things, and I think of it as being like the story of the blind men feeling the elephant, and they all feel different parts of the elephant and have different impressions. Reach Out and Read is sort of that elephant. Some people say, "Oh, you're giving away books, that's so great." Yep. But we're also an early educational intervention because I'd rather be working on it when that kid is a few months old than when they're in eighth grade and they're flunking out of school and I don't have a whole lot to offer them and, sadly, I know what a risk that is to their health and well-being when they're not doing well. Prevention, prevention, prevention.

It's a chance to do developmental surveillance. I could go on for hours about this, and I have with a lot of audiences. I won't with you. But when that child takes that book from me, when I walk in and hand the book directly to them and they toddle over to their parent, and they hold it out in that beautiful read to me gesture, they've just told me volumes, haven't they. They're saying I know what this is. This is that thing that if I bring it to you, I hope that you're going to pull me into your lap and that we're going to open it and we're going to look at it and talk about it together, and I want you to do that. If that isn't an assessment of relational health, of what's happening in the home, than I don't know what is. It tells me volumes about what that child is used to and what they do and what their expectations are. The five-year-old who exclaims about a book and grabs it for me and is turning pages: I've learned about fine motor skills and oral language and all sorts of things. This is actually a really great tool for me. I learn more from that book and handing it to the child and watching what happens than I do from my stethoscope. I'm not kidding about that. It's actually a higher yield for me in a checkup than it is listening to their heart and lungs because the kid is running around, their lungs and heart are likely fine. I still listen, it's not that I don't. But that book actually is an invaluable tool for me.

It builds parental capacities because when we model and we coach and we say, "Yes, you're doing it right," "Oh, I liked how you did that," "Oh, I like that when your child pointed at that picture, you responded." We're building their capacity to do this back and forth interaction that the science tells us is so important. We're buffering something

called “toxic stress” that I didn't get into. That these brief moments of connection with the child are actually powerfully protective even when there's huge challenges around them in some really significant ways. We're assessing the health of relationships. We're taking a public health approach. And, yes, this is a scalable, evidence-based model. Ultimately, Reach Out and Read is not only one or two or three of these things. It's actually all of these things when it comes down to it. And a few years ago, if you want to read more about this, a colleague and I wrote a piece called, “The Elephant in the Clinic.” Just type that into Google. It's an easy download, and it talks about those different eight dimensions, has all sorts of references, etc. But it's not a long read at all.

So, I highlight that we're not just giving advice at people. We're all too good at this in healthcare like let's give them a brochure, a pamphlet, and then we think we've done our job. We're not doing this as a book giveaway thing. But we're actually secretly a parenting support program. We're doing this careful, intentional skill building. We're supporting them because of the big, big ways in which it makes a difference. And we're using an existing network, which makes this dirt cheap. I actually joked to funders, if you pay for the books and for the training and technical systems and administration, we will throw the doctors in for free. Because we don't pay them a dime to do this, and they don't ask for a dime, and they do it anyway. I will tell you we have 262 clinics doing this in Wisconsin that was 30-something when I got here in 2006. And we have 30 clinics on a waitlist because we don't have enough funding for staff to be able to add 30 more. These clinics, 15 of them asked to join in the middle of the pandemic. That's how important they viewed this, that's how important it was to make this difference.

And this was mentioned in the introduction, as of last July, we have the Reach Out and Read podcast, which is at this [URL](#). I am the host, so it could be that you're completely sick of hearing my voice at this point and don't want to listen to me more but if you do. We've been doing this since last July. In fact, in another 45 minutes, I'm recording our next episode with a guest. And it's a wonderful romp. I actually have to say I am so thrilled to be able to have this opportunity to tell stories about children's books, about reading, about parenting, about diversity and inclusion, about dialogic reading, about policy. There's so many different directions that we can go all around the world of reading, and we've gotten to explore that in the podcast, and it's been great fun, and we're not giving up anytime soon. There's way more material than anyone can ever get to of course.

So, I would argue that this is all, in a sense, a solution for now. That families need these supports, they need someone to be able to help, to be able to guide and do all these things. And if we can support the health of relationships, it does make such a key difference. A program that I've been associated with as well, the Pediatrics Supporting Parents Initiative, talks about how we can remake primary care, the regular checkups,

to think about social and emotional health. And we looked at 13 programs of which, yes, Reach Out and Read is one that provide varying levels of support for families. And the goal was not to say you should do these 13 programs. The goal was to say what it is about these programs that make a difference. I won't read all the bullet points here, but the three key common practices, which I would argue we do when we talk to families and help support them and shared reading, whether it's in education or early childhood or social work or home visiting or anything: How do we **nurture parents' competence and confidence**? It's there, we just need to sometimes uncover it and bolster it. How do we **connect families to the supports they need and address their stressors**? And then how do we **help make ourselves actually address it**? The healthcare system is actually kind of awful at this. We are really good at quick visits, procedures, and prescriptions. We are not so good at actually talking to people because the system does not allow that. So, how do we remake the system on a policy level to do that as well? And, again, I would argue that active shared reading is a scaffold for being able to offer that kind of support.

For time because I want to make sure I get to questions people might have, on Reach Out and Read's web page, there's a YouTube channel. If you do "Reach Out and Read" and "telehealth," there's a lovely video that we actually did at the beginning of the pandemic with everyone socially isolated, no camera crews visited anyone – I'm amazed how we pulled this one off – that talked about how do you do this across a telehealth visit and how do you address and provide support. I encourage you to take a look at that.

But I want to, as I come to a close here, add two more pieces of Renaissance art to really think about the promise of what's there. Because Virgil and Dante also early in their journey met some of the great poets of history, an opportunity he would not have had because of course they were long since dead. And you can see how he's (Virgil) again the outstretched arm, learning and understanding there. And then this image from Gustave Doré, which I love; they're in the ninth circle of hell, the lowest one. And you can see the look on Virgil's face, the sadness this comes through the screen at you here in this one. Even he can't take it anymore. But you notice what's happening here in this one. It is Dante who has his arm on Virgil and not the other way around. He's the support. And I would argue that, I don't know about you but for me, I've managed to in this last year take so much support and nurture from those that I'm serving as well from listening to how they're coping, how they're being creative, how they're being inventive, and the sense that we know we're all going to get through this together. And I think that is so key and so important, and this image really brought that out for me in so many ways.

And then the photo I almost always end presentations with. This is my wife reading to my son, way back when, lost in a book together. It reminds me of how parents are their child's first and best teachers but also how children are made readers in the laps of their parents. So, if we can support this, if we can make sure this happens and that parents not only hear that they're supposed to do this but they're comfortable and confident that they're doing it right, that's when we're going to see the big payoff, and that's what's going to make such a big difference in so many different ways.

My public facing social media if anyone wishes to follow along there in different ways. My email address as well if you have questions afterwards that we don't manage to get to.

And with that, thank you so, so, so very much for what I learned from the library school, from what I learned from the Center for Children's Books, from what I've learned from some of you who I'm looking at right now on the screen who taught me so much. Because it's given me this opportunity to really tell the world that story of how it's not about medicine, it's not about health, it's not about children's books. It's about the well-being, the thriving, and the flourishing of children and the families that they're around, and we all have a part to play in that in so many different ways. So, with that, thank you so much and please put your questions in the chat, and I'll be happy to address them.

And I will stop sharing my screen so that I can see everything a little bit better here.

**Sara Schwebel:**

Thank you. It's so inspiring to hear about your work, Dr. Navsaria. Please go ahead and enter any questions you might have into the chat.

**Dipesh Navsaria:**

And I see a couple here. Thank you, Sarah, for the comment on Reach Out and Read Minnesota. You know we have a rivalry going on with Reach Out and Read Minnesota. You know we're neck and neck with them in terms of number of clinics. The former medical director there is a good friend of mine as well, and he's still on the board and is now actually the Medicaid Director, so he's able to integrate the policy world with thinking about the psychosocial context of children as well. So, that's a delight there as well.

Yes, a lot of reading families use Amazon as their library. "Do you talk to families about public library support?" Yes, we refer people to the library as much as possible. In fact, when we set up Reach Out and Read, when a new clinic comes on board, we ask them, "Have you talked to your local public library?" If not, this is a great excuse to talk to them because often their public librarians have heard about Reach Out and Read when I

go and speak at the Wisconsin Library Association or wherever that may be able to try to connect them.

There's also a lot of really interesting work now about digital reading, reading on screen, etc. In fact the person I'm interviewing in about half an hour and change is Naomi Baron. This is her new book, *How We Read Now*, which has been really fascinating as a roundup of the science and the evidence that's out there. I'm almost completely done. I won't tell her that when I interview her this afternoon. But there's so much that's out there about how we can think about this in different ways, about things that are clear pros about print matter versus digital. But then let's also not go crazy. There's some awfully hysterical people out there about screen media that's just like, okay, I largely agree with you but let's not go a little too nuts here. There's some interesting evidence that they cite, including those who are convinced it's going to melt kids' retinas. I still don't understand that.

"Has the Reach Out and Read model been replicated in any other states?" We are in all 50 states. Some more than others. So, we have 262 clinics in Wisconsin; that's more clinics than in Texas, believe it or not. This has to do with how organically things evolved. Our goal would be to have this be a routine part of care for all children at all checkups everywhere in the US and beyond. There's actually some international models. Italy and the Philippines are actually the key ones where it's really grown. So, yes, it's in all states, and if you go on Reach Out and Read's main national website, you can actually find lists of each state and every clinic.

"Could you speak more about working with caregivers who might have low standard levels of standard literacy themselves." Yeah, this is something we talk about in our training because, as I said, it's that shame aspect that's still so key that you have to be really careful about not inadvertently making a parent feel like yet another failure or their kid if they can't read to them. So, in those cases, one, talking about dialogic reading is great because, hey, talk about the pictures! It's fine. You don't need to read the words that are on there. You can also offer wordless picture books. There's many of them out there. David Weisner of course is the one that comes to mind the most but there are other authors as well. You're taking away the stigma because there's no text to read, yet they're still rich, beautiful stories and narrative in all of those. And I think that's really key and really important.

"Can you talk about the importance of early literacy and social emotional development, especially in the pandemic where children might be struggling?" So, to the first part of the question, early literacy offers a lot of elements to be able to connect. It also offers the ability to talk about different emotions. "Do you think that boy is sad right now in the story? He looks sad. Hmm. How do think we could help him?" Again, that's where the dialogic elements really come in and really help us talk to kids, particularly about

things that they might not have experienced yet or may not be able to experience in different ways. This also gets to the mirrors and windows concepts around diversity and inclusion of course. About allowing people to see windows into worlds they might not explore but also to have the mirror seeing themselves.

I want to say about pandemic and social distancing, there is a lot of conversation about whether social distancing and, by the way, mask wearing, etc., may negatively affect children's development. I think it's fine to have those conversations. The evidence so far is that it probably isn't a huge deal. I think some children, particularly older children, and adults mind you, are going to find it really weird to be around people again. We'll get over it pretty quick. I think there's still (going to be that) shorter like "yikes, that person was really close to me" sort of thing. That's going to be there. There's a lot of talk about children that aren't going to develop properly if they see adults with their faces covered. Well, first of all, I hope their parents aren't wearing masks at home. We don't recommend that happening within households. Number two, every single researcher out there who studies infant face recognition is utterly puzzled by the question because there's no evidence supporting it. We've been on calls with them and there's not an issue. In fact, they think young children will do fine. They'll probably learn to pick up more subtle cues. Much like how a deaf child often has greater ability to pick up subtle visual cues because they have to. I think as you get into older kids there's a lot of issues around different levels of anxiety and so on, and that's another issue there. But I wouldn't be surprised if there already may be books about how you reintegrate children into society, particularly if they're anxious about it and so on.

Prenatal and new parent education might be complementary to support in early childhood. I would love for us to start having these conversations prenatally. There's a few OBs out there who've heard about Reach Out and Read in the talk. We are thrilled to work with them. It is also famously hard to get OBs who aren't already bought in to do other things. I remember when we started doing Hepatitis B vaccine in the newborn nursery. You would have thought we were asking people to do chemo or something like crazy like that: "We're going to give shots in the newborn nursery, we can't do that!" So, reading to a child? My goodness! OB strangely is a very technical field, and pediatrics is a less technical field and more cognitive and relationally base. And that's not to say there aren't people on both ends of that spectrum in both fields, but they're extremely different even though people think, "Oh, but you're all about bringing little kids into the world." Yes, sort of but...

So, Sarah notes about the library card application. I had this dream that never quite happened that we were actually going to provide blank library cards branded with Reach Out and Read's name locally here in Madison, and we got partway down the road on this and then some personnel changes, etc., and it all went off the rails and

whatever. Because I got to tell you, I worked in a federally-qualified health center. Once on a "prescription to read" I wrote a book recommendation on the back of one and gave it to the family for their kid. I thought, yeah, whatever. Maybe they'll listen, maybe they won't. I got an email from the children's librarian at the library down the block from us who I knew well, and she said, "Oh yeah, your young patient came in." And she told me later they came in clutching this prescription as if it was a magic talisman, and they insisted on speaking to Ruth because I'd said, "Ruth is the librarian, and she'll get you connected." They would not talk to anyone else, it had to be Ruth, and they were clutching this and when they finally connected with her they said, "Doctor told us to get this!" And it was like oh my god, yikes! So, yes, that connection is so important.

And then the question: when should I start reading to my child? As soon as possible. Reach Out and Read traditionally started doing the books at the six month visit. Part of that was practicality - we don't want to dump too much on parents early when you know sleepless nights, etc. All that. And also it's partly we needed to get the medical world to accept us. And over the years, more and more people have been saying, "Why aren't we doing this from birth?" We're like well, actually. So, we now have back to birth initiative that says at least start the conversations because we don't want to add the book costs, that's a 30% increase in everyone's book cost if we mandate it. But we want to at least start the conversation and really go from there. We also want to work with true book giveaway programs. I'm also going to tell you that there's a lot of programs out there, mail a book to every newborn in the state and, yes, Dolly Parton's Imagination Library. They are lovely, except they have almost no evidence that they make a difference on their own.

But if we can create this desire to do shared reading, then that book comes off the shelf and it does its magic when it's open in the hands of the reader and the child. So, we actually make those programs effective, in a sense, and this is not to say, don't fund them, fund us. This is to say, we need to fund all these things: ready, excellent access to books and advice but also making sure that people are bought in and feel comfortable and confident in their ability to be that reader to a young child.

**Sara Schwebel:**

Thank you so much. It's so wonderful to learn more about this program. I know many of us are going to be doing more research and Googling after this call. We really appreciate you taking time today to spend this afternoon lunch hour with us to share your research, and I look forward to staying in touch.

**Dipesh Navsaria:**

You are welcome. And if any of you are in places where you want to learn more about Reach Out and Read and you're having any trouble finding anything, just literally reach

out. I am also Vice Chair of the Board of Directors for Reach Out and Read National Center. So, if we are not in a location, I can find out what's going on with that conversation. Or if you want to help us locally. Thank you so much!

**Sara Schwebel:**

Thank you again! Take care everyone!