

**L'Hôpital de Montréal pour enfants  
The Montreal Children's Hospital**



**l'enfant avant tout | where kids come first**

**Centre universitaire de santé McGill  
McGill University Health Centre**

**Making a case to health providers**

**-- *Imagine: Lire/Read***

**A pilot literacy promotion project in 4  
pediatric clinics**



Health and Literacy Curriculum  
Institute L. Shohet October 2008

# Why make a case to health care providers?

- The link between literacy and health is not self-evident to most health care providers
- Health care providers face overwhelming demands and balance competing priorities
- Health care providers like to see evidence
- They have little time to read research non-medical research

# How to make a case to health care providers

- Have a clear proposal with objectives and budget
- Know the research that supports it
- Summarize the research in plain language
- Interweave short local examples & stories  
(almost every provider recognizes that they have seen literacy issues without having known)

This PPT outlines the components of the case developed for a literacy promotion project at the Montreal Children's Hospital by a champion health care provider inside the hospital with input from The Centre for Literacy. It was presented to colleagues at the hospital by the health care provider.

## **Vision: A literacy promotion project that requires active participation of physicians & nurses**

- All children aged 0-6 who visit the hospital will be given a book in their mother tongue to take home, a bookmark and information for the parents that explains the importance of reading for cognitive development, encourages families to visit local library and/or bookstores, and to continue a habit of reading.

## Vision

- Books will be given at generally accepted times for “well child” visits: 2-4 months, 6, 9, 12, 18, and 24 months, and then annually until the child is 5 years old
- The health care professional will screen the family for literacy orientation (i.e. is reading an important activity; do parents have reading difficulties) and refer the parent to adult services, if appropriate.

# Vision

- All outpatient waiting rooms, including the emergency department, test centre and outpatient departments will have a “reading corner”.
- Volunteers will read to waiting children to model reading for parents, and to help decrease the stress of waiting.
- All wards will have a similar program with time set aside when children can gather for communal reading when possible, or volunteers will read to individual children if desired.



# Making the case to administration/pediatric units

## Rationale

### Appeal to authority

Canadian Pediatric Society (CPS)

- *Statements on promoting literacy (2002, 2006)*

“...literacy starts in early childhood. Research shows a strong relationship between early positive experiences and improved brain development. Books are powerful promoters of optimal childhood development. The economic and social costs of illiteracy make literacy promotion an important part of preventive medicine.”

- *Special issue of Canadian Pediatric Society (CPS) journal November 2006*  
informs pediatric health care professionals about importance of giving families information about the value of reading to and with their children on a daily basis
- *Launch of new CPS literacy promotion initiative -- “Read, Speak, Sing”*  
including suggestions on how to promote reading in the pediatrician’s office

# Making the case to administration

## Rationale

### Research

- *Early child and brain studies* – Development is affected by the quality of care-giving and support in the first years of life.
- *Family literacy* – Parental role in offering experiences, including reading to their children, which lay the foundation for later reading skills
  - Literature shows families with low literacy skills are least likely to have primary medical care

# Making the case to administration

## Rationale

### Research

- *Literacy* – Statistics from IALSS - Canada and Quebec
  - More than a dozen peer-reviewed studies of clinic-based literacy interventions in the US and UK using Reach Out and Read (ROR) model – mainly low-income families

# Making the case to administration

## Rationale

### Research

Canadian Pediatric Society summaries of ROR studies:

- Parents want information from physicians about reading and literacy - believe it would be helpful for physicians to discuss literacy with them.
- Parents who receive the literacy intervention are 4-10 times more likely to routinely read to their children than those who do not.

# Making the case to administration

## Rationale

### ROR research, cont'd

- Programs that include distribution of books to families are more successful than anticipatory guidance about the benefits of reading alone.
- Preschoolers who received the intervention had higher perceptive and expressive scores on standardized tests.

# Making the case to administration

## Rationale

### Research from field of Communications

- Many new technologies: satellite and high definition television, video games, cell phones, and computers
- Ability to read critically more important than ever.
- Parents and children busy with work, school and activities
- Fewer children and adults say that reading is a regular activity

# **Making the case to administration**

## **Rationale**

### **Research re Social dimensions – Access**

- Many families do not have pediatric primary care – difficult to find a pediatrician
- Many receive primary care services from the hospital – need linguistic translation services or coordination of complex care
- Significant percentage of these families – disadvantaged financially and educationally, at risk to have lower literacy skills and engage in fewer literacy activities.

# Research

## **Social dimensions**

- Some families may not have a tradition of reading books
- Some cannot afford to buy books
- Literacy is strongly linked to health.



# The Pilot Project

Where:

- 4 primary pediatric clinics of the MCH:
- pediatric consultation clinic
- residents' continuity clinic
- multicultural clinic
- neonatal clinic – follows children at risk for developmental delays after an admission to the Neonatal Intensive Care Unit

Who and what:

- **Parents and children** visiting these clinics for well-child visits will receive a book in their mother tongue as well as
  - A Literacy Promotion bookmark
  - Information about age-appropriate reading and library resources
  - Information about adult literacy or FSL/ESL programs, if appropriate

## Who and what

- **Volunteer readers** will be available in waiting rooms to model reading
- **Staff** training will be done at the start of the project and will be targeted to different groups through monthly workshops and information sessions

# Objectives of pilot project

:

- Develop and implement training workshops, protocols and tools to support effective literacy promotion by all staff
- Create a hospital orientation to literacy and health, and build community resources to support such a program
- Evaluate the program during and at the end of Year
- Develop a sustainability plan to maintain and extend the program

# Collaboration

**Multidisciplinary Team** involves:

- the child life department
- family resource library
- volunteer department
- quality management
- pediatric medical staff
- all staff of the hospital
- The Centre for Literacy of Quebec

# Desired Outcomes

## General:

- Staff and families will have increased awareness of the importance of literacy and its link to health, and of the individual and societal implications of poor literacy.
- Health care professionals will be informed about their important role in encouraging literacy practices in the families with whom they have contact
- Trainees who go into private or public health practice will develop effective literacy promotion skills that will translate to their practice

# Selected References

- *Pediatrics & Child Health*, November, 2006, 11(9), 553-618.
- Atkinson et al, (2002) Reach out and read: A pediatric clinic-based approach to early literacy promotion. *Journal of Pediatric Health Care* 16(1), 10-15
- High P. et al, (2000) Literacy Promotion in Primary Care Pediatrics: Can we make a difference? *Pediatrics*, 105, 927-933.
- Klass, P. (2002) Pediatrics by the book: pediatricians and literacy promotion. *Pediatrics*, 110:989-995
- Needleman, R, et al, (1991) Clinic-based intervention to promote literacy. *American Journal of Diseases of Children*, 145, (8), 881-884
- Needleman, R et al, (2004) Pediatric interventions to support reading aloud: how good is the evidence? A review article, *Developmental and Behavior Pediatrics*, 25, 352-363
- The Centre for Literacy of Quebec, Montreal, Quebec, [www.centreforliteracy.qc.ca](http://www.centreforliteracy.qc.ca)
- The Canadian Pediatric Society Statement “Promoting reading in the physician’s office” (2002), *Paediatrics and Child Health*, 2002; 7(6): 398-403
- Report on the pilot of the *Read to Me! Reading Program* at the IWK Health Centre, Halifax, Nova Scotia, 2005

A huge acknowledgment to Jan Larivière, Neo-Natology nurse at the Montreal Children's Hospital, who conceived of this project, developed a personal research study with premature infants, and searched the medical literature to make this case. Thanks as well to the engaged volunteer multi-disciplinary committee who supported the project to inception.

Information: <http://www.centreforliteracy.qc.ca/projects/children.htm>