

Books Build Better Brains: How Promoting Literacy Is Key to Early Brain and Child Development Q&A Log

Questions from Live Demco Webinar, as answered by Dr. Dipesh Navsaria, MPH, MSLIS, MD and Liz Bowie, Demco Content Strategy Manager

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Q: I would be interested to know if Dr. Navsaria has developed a CME for physicians on this topic. I am also an RN and a past public health nurse.

Dr. Navsaria: A number of my presentations have had CME attached to them, applied for by the sponsoring organization or conference. There are also some CME offerings around the early brain material from a variety of places, including the American Academy of Pediatrics. Finally, the Reach Out and Read Training Module has 1.25 hours of CME attached to it.

Q: Do you have suggestions for libraries to get started partnering with clinics/health care?

Liz Bowie: Thanks to a grant from IMLS, Reach Out and Read has put together a toolkit to help foster partnerships between provider sites and libraries and museums. You can find the toolkit, which features tips and success stories, here: <http://www.reachoutandread.org/resource-center/prescription-for-success-toolkit>.

Upstart's April Early Literacy Newsletter will also feature an article from Reach Out and Read, which will detail success stories and tips for getting started. Check back on ideas.demco.com in early April, or [sign up for Upstart emails](#) to make sure you receive our monthly Early Literacy Newsletter.

Dr. Navsaria: I'll also add that the best conversations start with a phone call or e-mail. Sometimes it's hard to find "the right person," but that's why it helps to have Reach Out and Read — the clinic coordinator or the medical director might be more receptive to a conversation.

Q: Is the program Reach Out and Read nationwide or only currently in Wisconsin?

Dr. Navsaria: In all 50 states, DC and beyond! Visit www.reachoutandread.org for a directory.

Q: I am interested to know how to cold-call a clinic that might not have the program in place.

Dr. Navsaria: If a clinic already has Reach Out and Read, call the clinic and ask to speak to whoever runs the program. There's usually two people, a doctor and staff member. Talk to either one and say, "We're your local library; we'd love to help you." Whether they need book advice or help with a display, a simple cold call is usually all you need.

Q: What is the best motivator for a provider's office to get involved in this program? How do we beat down the "I don't have time" excuse or reason, as most offices are in a revenue-based model of care?

Dr. Navsaria: From a factual perspective, most clinicians view it as a time-saver once they implement it well. "The Elephant in the Clinic" paper talks about this. Also, a research study a medical student and I did last summer (not yet published) indicated clinics that hadn't yet implemented Reach Out and Read named concerns about time as one of their anxieties — although they still planned to apply. However, those that had been doing Reach Out and Read for at least a year didn't mention time at all!

It may be more of an issue of getting people to listen; human nature means many people will take those "like themselves" seriously, particularly around professional challenges. This is why I often start my talks to clinics by pointing out that I'm a primary-care pediatrician in a busy community health center, so I completely understand what their lives are like, because I live that as well. Finding a clinician messenger might be important in some situations!

Q: How are the books that are given in the physician's office financed?

Dr. Navsaria: Each clinic is different. Some build it into their budgets as a cost of providing high-quality care. Others get grant or foundation funding. Others hold bake sales.

Q: Is there a concern about passing germs by sharing books in a doctor's office?

Dr. Navsaria: No. For one thing, with the Reach Out and Read model, each child is getting a new book to take home and keep. However, with waiting room books, a study we did last summer (not yet published) showed virtually no recovery of viable viral particles from board books in a clinic setting. I'd be more worried about elevator buttons and door handles in general public settings than I would be a board book in a doctor's office.

Q: I go to WIC once a month to provide a storytime. I never see any children's books in the waiting room.

Liz Bowie: This sounds like a perfect opportunity to not only promote the library but to help another organization create a literacy-rich waiting room! You might be interested in Upstart's Early Literacy Newsletter for March 2016, which will feature an interview with Sharon Grover, retired Head of Youth Service at Hedberg (WI) Public Library. In her interview, she talks about partnering with community agencies, including WIC, to do library card sign-up, promote the library's 1,000 Books Before Kindergarten program, and even do storytimes in their waiting rooms. Check back on ideas.demco.com in early March, or [sign up for Upstart emails](#) to make sure you receive our monthly Early Literacy Newsletter.

Q: Where do kids with dyslexia fall into this?

Dr. Navsaria: Great question. Reach Out and Read isn't intended to address or screen for dyslexia. Dyslexia is often identified after school entry, so it falls later on. Reach Out and Read is trying to prevent the large problem of reading problems that occur because of environmental factors in the early years. Dyslexia isn't an issue of environmental stimulation.

Q: I find that smartphones interfere with good social skills. I see parents in all socio-economic levels more responsive to the phone than to the child. Your thoughts?

Dr. Navsaria: Agreed — anything that frequently interferes with responsive relationships (whether that's the parent on a smartphone, the child on a screen, or a TV in the environment) will cut down on the "serve and return" stimulation we discussed. It's important to approach the topic in a non-judgmental way.

Q: There is always a debate about screen time for the youngest learners. What is the current thinking about computer screens, iPads and television for babies' eyes?

Dr. Navsaria: There's actually no convincing evidence that screens and electronic media do anything for young children under age 3 and especially under age 2. Some shows are actually designed for 4 year olds, such as *Mr. Rogers' Neighborhood*, and studies show the benefits. But between 18 to 30 months, kids don't learn well from a video. It's almost like Pavlov's dog, a stimulus-and-response — that's what Baby Einstein videos do. The child is not actually gaining anything useful.

The problem is when a parent thinks, "I struggled in school; isn't my child better off learning from an educational show?" For example, a YouTube video of the alphabet. They really believe they're doing the best thing for their child. But this is actually reducing the amount of time the child has face to face with the parent. Parents need to hear that more and more.

Many apps claim to be educational but no studies at this time prove that. Someday we'll see better actual evidence for these things. Baby Einstein and Your Baby Can Read were actually successfully sued by the FTC for deceptive advertising. Please hold these companies to a high standard and ask, "Does this do this better than a parent?" The benefits of face-to-face interaction with a parent are incredibly hard to replicate in any electronic device.

Q: I often get asked about electronic and audio books versus reading to your child. What is the latest research on that?

Dr. Navsaria: Audio books are probably fine, although clearly they can't be responsive in the same way you are. E-books: text is text, more or less, but if the e-book has a lot of bells and whistles, it can actually distract from the narrative flow.

Q: How do you get parents to be involved?

Dr. Navsaria: It's not hard to get parents involved with their child — almost every parent is interested in hearing about things that will help their child have a better future. I've only very rarely encountered a parent who doesn't want to listen. The issue is often the ability to follow through on the advice, whether it's due to their own reading skills, available time or the like.

Q: If I have just 10 minutes to talk to a group of new moms and dads, what would be the best outline for me to use to explain this information to them?

Dr. Navsaria: It may depend on the education level of the parents, but I'd use motivational interviewing:

"What do you imagine your baby to be like in 20 years?"

(Assuming they're imagining them educated, happy, etc.)

"So what do you think you do now (or could do now) to help them reach that goal?"

(Then bring in how books help build the brain circuitry for school success, which will help them reach that goal.)

That's what I would do ... and what I do do in the clinic!

Q: I would like a copy of the map of Wisconsin that outlined the counties that had programs in place. Where can I get a copy of that slide?

Dr. Navsaria: <http://www.chawisconsin.org/documents/EL2RORMap.pdf>

Q: Do you have book lists I can recommend to parents in my community?

Dr. Navsaria: I usually send people to their local library. I shy away from book recommendations, because I don't spend as much time looking at newer children's books as I'd like. Also, I don't want there to be a seal of approval from pediatricians, because a lot of things go into a good book. The Growing Wisconsin Readers website is a good resource — a brochure format translated into a webpage. I consulted on this. It offers names of authors to give some guidance, but particularly if you're looking for a certain type of book, I think you should talk to a professional who can really help you. Academic children's literature libraries, such as the Center for Children's Books at the University of Illinois or the Cooperative Children's Book Center in Madison, have tons of bibliography lists around specific themes.

Liz Bowie: You can find links to the resources Dr. Navsaria mentioned above, along with the archived webinar, [here](#).

Q: As librarians, what is the best way to reach kids who may not visit the library because of some of the barriers you mentioned? I teach early literacy skills in Toddler Storytime, but many of the parents that might need it most are working, etc.

Liz Bowie: That's a great question and a concern for many libraries. As I mentioned above, we have an upcoming article by Sharon Grover that will be featured on our blog in early March about Hedberg (WI) Public Library's 1,000 Books Before Kindergarten program and their partnerships with community organizations. May's Early Literacy Newsletter will feature an article from Iowa Public Libraries on their outreach efforts to daycares and early childhood centers. Another great resource is our post [How Redwood City Public Library Is Impacting Early Literacy in Its Community](#), which details Redwood's Traveling Storytime program.

[Sign up for Upstart emails](#) to make sure you receive our monthly Early Literacy Newsletter that covers more great topics like these. You can also find past articles here: <http://ideas.demco.com/?s=early+literacy>

Q: You showed a map of the saturation of your reading program in one state but mentioned that it was in other states. I would love to see a map of the US with more details. When I looked at your website, I saw that there is a branch in Richmond, VA, but am curious about the northern Virginia and DC metro areas.

Dr. Navsaria: Take a peek at www.reachoutandread.org. Should be plenty of programs in NoVA and DC. In fact, the first time I ever participated in a Reach Out and Read encounter was in a practice in DC, where I was rotating as a PA student!

Q: What is the link for the free online book?

Liz Bowie: “[The Elephant in the Clinic](#)” report can be found here:

<http://ascend.aspeninstitute.org/pages/the-elephant-in-the-clinic-early-literacy-and-family-well-being>. You can find links to all the resources Dr. Navsaria mentioned [on the Resources document](#), along with the archived webinar.

Q: Can you provide links to the studies cited in this lecture?

Liz Bowie: The links for the studies are listed on the slides, and they are also listed on [the Resources document with the archived webinar](#). You’ll also find links to the videos featured in the slides. Dr. Navsaria was unable to run the videos during the program because of lag time with the webinar system. We encourage you to visit the links and view these powerful videos.