



Integrating the Observation and Promotion of Emotional Connection into Pediatric Primary Care

Reach Out and Read is collaborating with the Center for the Study of Social Policy and Columbia University to create an evidence-based protocol that can be scaled to promote emotional connection effectively and equitably for all families and their young children through pediatric care.

The Contribution of Reach Out and Read to Promotion of Early Relational Health

Recent scientific advances have demonstrated that healthy early childhood development that leads to long-term health and well-being is dependent on a young child's relational experiences with the adults that care for them, referred to here as Early Relational Health (ERH).

In 2019, Reach Out and Read (ROR) recognized its value in the promotion of ERH and launched our Next Chapter strategy with the mission of **maximizing the potential of pediatric primary care to promote the positive interactions that foster healthy development during the critical early years of a child's life.**

Recognizing that support for ERH through pediatric care plays a critical role in a larger movement, we also committed to partnering with others to collectively transform our communities, systems, policies, and programs to understand and promote ERH bringing:

- Our simple, evidence-based model of promoting positive, language-rich parent/caregiver-child interactions through early literacy, which has been successfully integrated into millions of pediatric well-child visits across the country.
- Our deep connections and broad reach to tens of thousands of pediatricians, family physicians and nurse practitioners within pediatric primary care.
- Our infrastructure of local connection with thousands of medical clinics that supports scalability with fidelity.



Incorporating Observation and Promotion of Emotional Connection into Pediatric Primary Care

Moments of Emotional Connection, when a parent/caregiver and child are tuned into one another, are the building blocks of ERH. Emotional Connection is a “state”, not a “trait” – meaning that parents/caregivers and their young children are not constantly emotionally connected. Instead, it is the everyday moments that families find to build and repair connection with one another that support ERH.

In 2020, ROR joined together with the Pediatrics Department at Columbia University and the Center for the Study of Social Policy to explore with pediatric care providers and parent leaders the opportunity of incorporating the observation and promotion of emotional connection, as defined by Dr Martha Welch and the Nurture Science Program at Columbia University, into pediatric primary care.

As our “learning collaborative” tested out various strategies for observing and promoting emotional connection between parents/caregivers and their infants and toddlers during well-child care, they collectively recognized the transformative value of focusing on emotional connection in their pediatric practice.

“Noticing and supporting the emotional connection between infants and their caregivers has completely transformed the way that I practice pediatrics – I can’t imagine not doing this with my young pediatric patients any more. I also find that these conversations often strengthen my own connection with the family. ”

Dr. Usha Ramachandran, Associate Professor of Pediatrics, Rutgers Robert Wood Johnson Medical School, NJ

This encouraged our collaborative to embark on a 5-year project to design an evidence-based protocol that can be scaled to promote emotional connection effectively and equitably for all families and their young children through pediatric care.

Our Approach

For the first two years of the project, we will implement an Emotional Connection Curriculum for Pediatric Care Providers at 2-3 sites in each of three ROR affiliate-supported geographies: North Carolina, New Jersey, and Florida. In each of these areas, we will conduct evaluation that will collectively allow us to answer questions about the feasibility, efficacy, impact, and scalability of the protocol in preparation for the next phase of the project. Questions include:

- Are pediatric primary clinicians receptive to the Emotional Connection protocol?
- Does the training support high-quality delivery of the protocol?
- How is the delivery of the protocol in well-child visits experienced by families?
- Does the protocol work in clinic settings with diverse communities?
- Does the protocol enable clinicians to effectively partner with families to build ERH?
- Is observation of Emotional Connection predictive of child development outcomes?
- Does promotion of Emotional Connection improve family relationships and consequent child and parent/caregiver outcomes?

In the following three years of the project we will refine the protocol according to our research findings and further expand and evaluate the impact of the Emotional Connection protocol.

Our research will be conducted by skilled academic researchers using an equity lens and implementation science – a methodology designed to evaluate the real-world application of protocols arising from the laboratory. We will co-develop evaluation in concert with pediatric care providers and families, so that the protocol strengthens trusted clinician-family relationships and offers a new experience that is desired and meaningful for families.

