

Title: Ready and Healthy for Kindergarten: A Bilingual Family Health and Literacy Program
Literacy and Health Readiness Program for Students Entering Kindergarten

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Abstract

Ready and Healthy for Kindergarten is a Spanish/English bilingual family health and literacy program. The program aims to prepare preschoolers and their families for kindergarten, and beyond, by using health topics to introduce foundational literacy and social-emotional skills. The program is made up of 8, one-hour virtual sessions that are intended to engage both children and their families through active participation in learning. The program highlights how parents, educators, and pediatricians can come together to align their expertise and impact family knowledge around child development needs. Through designing and implementing the Ready and Healthy for Kindergarten program we were able to successfully provide guidance and support for families to help establish routines that promote health and wellbeing along with home literacy skills.

Keywords: kindergarten readiness, early literacy, health routines, family involvement, bilingual education, Spanish speaking, child health

Teaser Text: This article shares lessons learned from implementing Ready and Healthy for Kindergarten as a partnership-centered program to support the literacy and health routines of Latino families in their homes.

A father looks puzzled as the online class begins. This is his first time participating in the session. His preschool-aged son, aware that his father has never attended before, reassures him not to worry, he will explain everything. Based on the sessions he attended with his mother, he explains the activities that will happen. He leads his father through the session, and they share these joyful moments.

Like this father and son, every week, for 8 weeks, children and a family member log in to a Zoom session with their teacher ready to discuss a new health topic, listen to a related story, and learn corresponding letters/sounds and words together. Each session follows a predictable structure to ensure the children and families are confident and engaged in learning. Usually, the children attend the sessions consistently with the same parents, but even when a new parent attends as in this vignette, the children are ready to guide the parent through the experience.

Intentional outreach engages and empowers families early in children's academic journeys. Cross-sector partnerships offer an important opportunity to build relationships with families (Morrow, 1995). Pediatric healthcare professionals and educators both identify school readiness as a priority. In fact, the American Academy of Pediatrics prioritizes school readiness as a focus for the 4- and 5-year-old well child visits, because it is a critical upstream determinant of health (Hagan, Shaw, & Duncan, 2017). Primary care has near-universal access to young children before age 5 and frequent contact with their families, which offers opportunities to build trusted relationships (Williams et al., 2019). Reach Out and Read is a model pediatric intervention that seeks to ensure every family receives a book and information about literacy development during well child visits (Needlman et al., 2005). These opportunities make pediatric professionals an ideal partner for educators. However, cross-sector education-healthcare partnerships are relatively uncommon.

We designed a program that builds partnerships between educators, pediatric professionals, and families, and draws on their unique expertise to support children holistically. Ready and Healthy for Kindergarten (RHFK) is a Spanish/English bilingual family health and literacy program that prepares preschoolers and their families for their Kindergarten year and beyond, by using health topics to introduce foundational literacy and social-emotional skills. The program consists of 8, one-hour sessions that can be virtual or in-person and engage both children and families through active participation. The sessions follow a predictable routine to maximize time use, learning, and ease of participation. RHFK is designed to support both heritage language maintenance and acquisition of the majority language. Families engage in read alouds, songs, movement, discussion to learn targeted letters, sounds, and vocabulary words using the health themes: exercise, nutrition, bedtime routines, and social/emotional development. The program and materials reflect parent, educator, and pediatric professional involvement.

Instructional Context

Participants' Background

The RHFK participants include Latino children between the ages of four and six years old who are entering kindergarten and their families.

Instructional Setting

We initially designed RH4K as an in-person program (Shelton et al., 2021) but then transitioned to an online format during the COVID-19 pandemic (Choi et al., 2023). Currently, sessions are held online once per week for eight weeks. Each session lasts approximately one hour. Children and their caregivers participate together. The facilitator, a local bilingual Kindergarten teacher, leads the children and adults through predictable instructional routines, using visual supports and resources that are sent home. Facilitators use families' native language

to establish connections with them and foster inclusivity and engagement. Teachers receive a manual and professional development before delivering the sessions.

Parents receive text messages and emails with the link to join the sessions. They also receive support if they experience technical issues connecting to the sessions and guidance on how to set up an area in their home for optimal learning (e.g., ensuring that the child is seated at a table or other surface, that the room is as distraction free as possible). Adults are physically present and sitting next to the child, and the child has all their materials ready.

Program Components

The program follows a thematic approach to teaching and learning for young children. Thematic instruction provides one of the best vehicles for integrating content and developing skills in a way that makes sense to children, helps them make connections, and apply learning in meaningful ways (Morrow, 2020). The themes focus on exercise, nutrition, bedtime routines, and social/emotional development to engage children and their families in learning, and encourage them to discover literacy-promoting activities in everyday health routines.

Theme Content

The sessions encourage active participation and contributions from the children and their families. Families are encouraged to share their existing routines related to each theme, since the intention is to empower families by building on their existing strengths. The sessions help them to discover literacy and language promoting activities already embedded in their existing routines (e.g., meal preparation) and offer suggestions on how to further promote academic readiness and family wellbeing concurrently (e.g., shared reading).

Exercise theme. Families discuss various forms of physical activity and set goals to get moving together daily. They learn how physical activity improves attention and alertness and fosters new cells and connections in important areas of the brain (Ratey, 2008).

Nutrition theme. Families discuss the value of sharing meals together (even snacks if work schedules conflict with traditional meals) and the importance of fruits and vegetables. They set goals for sitting down to eat together and aim for 2-3 servings of fruit and vegetables. Families are encouraged to include children in meal preparation (e.g., choosing ingredients for family meals) and given information on where to find affordable produce.

Bedtime routine theme. Families discuss the importance of predictable bedtime activities like brushing teeth and reading a book before bed. The sessions review the important role sleep plays in cognitive development and offer guidance on how many hours of sleep their children need. Dental hygiene and routine visits to the dentist are also highlighted.

Social/emotional theme. Families discuss strategies for teaching children how to manage big feelings. Children and adults discuss self-regulation and are introduced to breathing exercises they can do together. This theme also focuses on the role identity plays in social/emotional well-being. Families discuss the importance of their heritage language and cultural customs, and the advantages of being bilingual.

These health themes serve as the content for the sessions and are supported through thematic literature and activities. Predictable structures such as the outline of the session activities, intentional child/parent interactions, and movement breaks offer families a hands-on understanding of the importance of routines and structures for young children.

Literacy Skills

The program focuses on phonemic awareness, phonics, learning the alphabet, vocabulary development, and writing. Reading and listening comprehension are addressed through interactive read alouds with discussion and the explicit teaching of story retelling. The books support the four health themes and provide families with examples of quality, age-appropriate literature. The picture books selected include bicultural authors, popular children's book series, and classics with rich language and story structure in addition to alignment with the health themes. When selecting books, we considered availability in both English and Spanish. During the interactive read aloud, the teacher models concepts about books and print, asks and answers questions, and reinforces story retelling. The families actively participate by retelling the story with their children using specific transitions words and prompts (e.g., "first", "next", "then", "after that", "finally"). Encouraging families and children to retell stories offers active participation that helps develop language structures, comprehension, and sense of story structure (Morrow, 2005). Families are encouraged to retell in either Spanish or English, to best support their children with the literacy skill and language use.

Children practice letters and sounds using selected thematic vocabulary. For example, **wave** is a word in the exercise unit so "w" is the letter taught, as well as its sound. There is a picture card to represent the word visually. To teach the letters and sounds, the teacher leads students through a systematic instructional routine. The teacher leads the children through saying the letter, sounding the letter, and naming the picture clues. Children then practice recalling letters and sounds. To solidify their understanding of the letter and sound, they move on to practice writing the target letter. The letters, sounds and words are taught to children in both English and Spanish. Specifically, drawing attention to similarities and differences between the

two languages so that families can see the advantages of maintaining their heritage language. By highlighting similarities in English and Spanish, the session illustrates how children can transfer their Spanish language skills to their English and vice-versa. For example, they learn that the letter “m” makes a very similar sound in both English and Spanish. Therefore, reinforcing the importance of continuing to build their child’s understanding of Spanish as they continue to be exposed to English. Highlighting linguistic similarities not only helps families understand how to foster cross-linguistic comparisons to support their children’s bilingual development, but also presents bilingualism as an asset to their child’s learning.

RHFK uses developmentally appropriate handwriting instruction to teach letters. Handwriting directly supports the writing-to-read process and practice is a key component of the motor learning necessary to correctly form letters and numerals. Private speech cues and overt self-talk are used to help children use language associated with specific motor actions and the common language needed for handwriting instruction. For example, when learning to write the letter “m”, children are encouraged to say, “You start at the top and go down, and then do one hump, and then the next hump.” Children’s knowledge of private speech plays a role in their self-guidance, and metacognitive development (Manfra & Winsler, 2006). This becomes a tool parents use with children at home.

Predicable Structures to Promote Social-emotional Readiness

Children, and adults, thrive with predictable routines, which promote independence, responsibility, and a sense of order. The sessions follow a predictable routine: 1) welcome, 2) singing the alphabet song, 3) interactive read aloud, vocabulary, 4) theme-related song, 5) letters/sounds, 6) exercise/movement break, 7) health content, 8) at-home activity review, and 9) wrap-up. The program manual prompts the facilitator to explicitly unpack these structures for

families and explain their significance (Table 1). For example, before movement breaks the facilitator states that movement breaks can help children refocus during long or complicated tasks. Parent-child interactions are purposefully planned in the sessions using turn-and-talks. When participating in the turn-and-talks, the families are taught the importance of modeling language for their children and engaging in back-and-forth conversations during daily routines.

At-Home Activities

RH4K gives families resources to ensure participation and transfer of learning into the home. Before the program begins, parents are given a backpack with the 8 children's books that are read throughout the sessions, an at-home activity book, and extension activities for each theme. The backpacks also include a whiteboard, dry-erase makers, and an eraser. The at-home activity book supports learning during sessions and extends the learning for the remainder of the week. Each week, the activities follow the same structure to make the materials more accessible for families to complete. Table 2 provides a list of what is included in the activity books and the at-home extension activities, and table 3 contains illustrative examples.

Program Cost

The program cost in 2022 was approximately \$175 per parent/child dyad. This includes materials, children's books, book bag and school supplies, and teacher stipends.

Family, Teacher, and Pediatrician Engagement

The contributions from families, educators, and pediatricians distinguish RHFk from other family literacy programs (Shelton et al., 2021). Each group played a critical role in designing and strengthening the program sessions and materials (Table 4).

Families

Family members participate in a Parent Advisory Council (PAC). The PAC had a crucial role in shaping the program's mission statement, programmatic features, and scheduling. Based on their experience with the program, parents provided specific feedback that helped determine the length of sessions, program duration, and the best dates and times to offer the online sessions. During the PAC meetings parents and their children also participated in user testing that informed changes related to instructional pace, use of materials, and routines for parent/child interactions through instant feedback. Some considerations included whether the materials were easy to read and use at home. Families enjoyed the at-home extension activities and identified them as a strength. Parents also found that the other materials sent home in the backpack, would be useful in their home learning environment.

Educators

Literacy experts designed the educational content. The teachers contributed meaningful feedback that improved the sessions throughout the eight weeks. Each week, the teachers participated in debrief meetings. During these meetings they reflected on the session and made suggestions for improvements. These recommendations included additional visual supports to enhance understanding, the inclusion of visual timers for turn and talks, spacing out movement breaks to maximize student engagement, and formatting changes to the teaching manual that enhanced usability.

Pediatricians

Pediatricians and medical students developed the health content for the sessions and teacher manual and ensured alignment with Bright Futures anticipatory guidance for well-child visits (Hagan, 2017). They also participated in question-and-answer sessions offering families an

opportunity to ask health-related questions. The parents were informed when the pediatricians would visit the sessions so that they could come prepared. These visits helped answer some of the parents' questions, and allowed the pediatricians to provide additional resources. The pediatricians' participation also reinforced the importance of healthcare professionals partnering with educators to deliver shared messaging on academic and physical readiness for school. Additionally, pediatricians referred families to participate in the program during well child visits.

Implications for Practice

Community partnerships can enhance outreach and facilitate access to high-quality supports for young Latino dual language learners and their families. Specifically, RHFK highlights how parents, educators, and pediatricians can align their expertise to simultaneously promote academic and physical readiness for school. RHFK engages families' strengths and priorities through its interactive, discussion-based format in the home language and then builds on these strengths. Through the parent advisory board, parents play a leadership role in setting the direction of the program. RHFK leverages health routines that pediatric clinicians identify as important for physical readiness for school (i.e., sleep, nutrition, exercise, social-emotion development) as a platform for families to discover literacy-promoting activities naturally embedded in those routines (e.g., reading nutrition labels). RH4K uses these themes as a vehicle to offer educator-identified best practices on concrete strategies families can use to practice letters/sounds with their children, read together, and practice retelling stories that will enhance academic readiness. We successfully established these partnerships and found that all partners made important contributions to the work. Other communities can replicate this approach to simultaneously support physical and academic readiness for school and promote equity in academic achievement and wellbeing.

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Tables

Table 1. Example of notes to parents from the teaching manual
Note to Parents: Point out the <i>turn and talk</i> picture on the slides. Let parents know that every time they see this image moving forward, it means they will engage in a turn and talk with their child.
Note to parents: Highlight the fact that breaking up activities/tasks/homework with physical activity or eating a healthy snack is a good habit to help children remain engaged. Physical activity during break time counts toward the 60-minute daily goal. Also remind families that dancing is a form of exercise that can help be a great break for children.
Note to parents: Let families know how important it is to point out language similarities and differences to children. Also, how important it is for them to continue supporting them in their home language so that they can transfer their learning to the new language.

Table 2. Descriptions of At-home Activities	
Activity Book Tasks	At-home Extension Activities (one per week)
<ul style="list-style-type: none"> • Handwriting practice • Drawing objects that begin with the focus letter • Thematic song lyrics • Reminder to reread the book of the week and practice retelling • Discussion prompts with sentence stems to support conversations about the health theme • Letter/sound/picture cards 	<ul style="list-style-type: none"> • Create a choice board with different types of exercise and choose one a day to do as a family (exercise) • Make a list of different games to play inside and outside (exercise) • Find pictures of healthy foods and treats and sort them by category (nutrition) • Pick a green fruit or vegetable to add to one meal, then draw/write about it (nutrition) • Make a list using words and pictures of bedtime routine (bedtime routines) • Pick a favorite book to read and read that same book every night before bed for a week (bedtime routines) • Draw/write about something to do when worried or upset (social and emotional) • Draw a picture of someone in the family who is brave (social and emotional)

Table 3. Sample pages from At-Home Resources

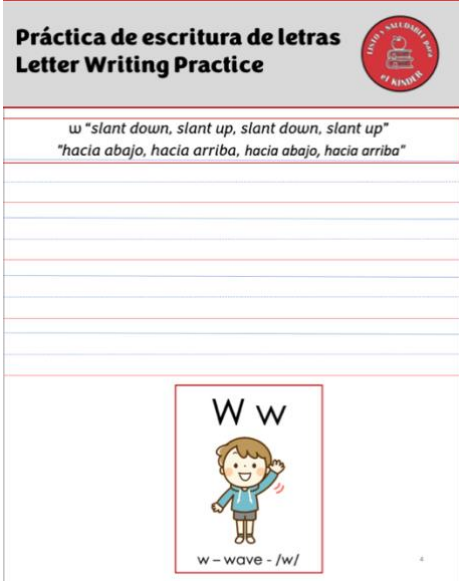

At-home Activity Book Sample	At-home Extension Activity Sample
 <p>Práctica de escritura de letras Letter Writing Practice</p> <p>w "slant down, slant up, slant down, slant up" "hacia abajo, hacia arriba, hacia abajo, hacia arriba"</p> <p>W w</p> <p>w - wave - /w/</p>	 <p>Sesión 7: Actividad especial Session 7: Special Activity</p> <p>Instrucciones: Hable sobre algo que pueda hacer cuando se sienta preocupado/triste. Dibuja/escríbe sobre ello. Intenta hacer eso la próxima vez que estés molesto. Directions: Talk about something you can do when you're feeling worried/sad. Draw/write about it. Try to do that thing next time you're upset.</p> <p>When I feel upset, I can</p>

Table 4: Partner contributions to Ready and Healthy for Kindergarten

	Feedback Examples	How it shaped the program
Families	<ul style="list-style-type: none"> Children liked opportunities to draw pictures that began with the focus letter Children enjoyed cutting out the cards to practice the letters/sounds 	<ul style="list-style-type: none"> Content of sessions and at-home activity kits Length and pace of sessions
Educators	<ul style="list-style-type: none"> Add slides with additional song lyrics and images to support singing along and learning the words to the songs. Change when the movement breaks occur as the content grows with each session 	<ul style="list-style-type: none"> More in-session visual support Additional movement breaks were added to maximize student engagement
Pediatricians	<ul style="list-style-type: none"> Incorporate concrete actionable goal setting for each health theme Add question and answer session with pediatrician 	<ul style="list-style-type: none"> Families set goals for health routines at each session Pediatrician question and answer session