



# LANGUAGE DEVELOPMENT

Early language exposure is among the strongest predictors of third-grade reading proficiency. Language development is the foundation for children’s social, emotional, and mental health development—and academic ability.



Language Nutrition feeds children neurologically, socially, and linguistically by using language that’s rich in engagement, quality, quantity, and context.

*Journal of Pediatric Health Care [2017]*



Children’s vocabulary development depends on the **quality and quantity of authentic language** their caregivers use to engage them beginning in infancy.

*Child Development [2012]*



Children with well-developed oral vocabularies at age 2 are **prepared academically and behaviorally to enter kindergarten**. This leads to higher achievement in reading and math, and the ability to control their own behavior.

*Child Development [2015]*



Children with underdeveloped expressive language development at age 2 are up to **5X** more likely to have language impairment in elementary school.

*Encyclopedia on Early Childhood Development [2010]*



Children who are read to frequently during infancy and preschool years have **larger vocabularies** and more advanced language comprehension skills when they enter elementary school, and better cognitive outcomes than children who aren’t read to or are read to infrequently.

*Early Childhood Research Quarterly [2016]; Pediatrics [2014]*



Children in **foster care** are 2X as likely to suffer from language impairment than their counterparts.

*Pediatrics [2016]*

Youth involved with **juvenile justice** are up to 5X more likely than their non-offending peers to have language difficulties, hindering their ability to benefit from behavior therapies and restorative justice conversations aimed at reducing recidivism.

*International Journal of Language & Communication Disorders [2007, 2011, 2017]*



**8 – 12%** of preschool children and **12%** of children entering school have some form of language impairment, putting them at a significantly high risk of reading deficiencies and behavior disorders.

*Encyclopedia on Early Childhood Development [2010]*



Language deficits **impede children’s ability** to benefit from instruction, talk-based therapies, and comprehensive behavior management plans.

*Journal for the Council of Exceptional Children [2014]*



Although language deficits occur in **4 out of 5** children with emotional and behavioral disorders, they are often overlooked.

*Journal of the Council for Exceptional Children [2014]*



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When we uncover underlying factors that affect a child's ability to read, we increase our opportunities to improve outcomes. Here are just some of the ways that we can all address those factors.



**Provide Language Nutrition coaching training** for workforces and groups already working with parents and young children, such as nurses, physicians, mental health providers, WIC nutritionists, medical assistants, infant and toddler teachers, and foster parents.



**Support institutions of higher education** in integrating the concept of Language Nutrition coaching in preparation programs for all professionals who work with children and families, such as nurses, physicians, medical assistants, WIC nutritionists, early childhood educators, K-12 teachers, social workers, and speech-language pathologists.



**Encourage parent participation in Ready4KGA**, a free text-messaging program designed to boost engagement in home literacy activities with children. Research shows that involvement in Ready4KGA results in measurable progress by children whose parents were enrolled.



**Support programs that promote reading with children birth to 5** and provide increased access to books, such as Reach Out and Read, Ferst Books, and 1,000 Books B4 Kindergarten.



**Provide immediate referral to a speech-language pathologist** for children with expressive language issues.



**Strengthen efforts to identify and provide language services** to children with language impairments before they start kindergarten and during the first few years of elementary school—and carefully monitor and support the reading progress of children with language impairment.



**Leverage the recent addition of Speech-Language Pathologists** to the list of Medicaid provider types who may provide services via telemedicine in schools and other settings to identify and treat children with language impairment.



**Identify speech and language issues and provide appropriate interventions** for language impairment for all children in foster care and those involved with juvenile justice.