



Using the Early Development Instrument (EDI) to Build Early Childhood Systems

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United Way Worldwide

**AMCHP/Family Voices Annual Conference: Working Together to
Improve Maternal and Child Health**

Feb. 12-15, 2011

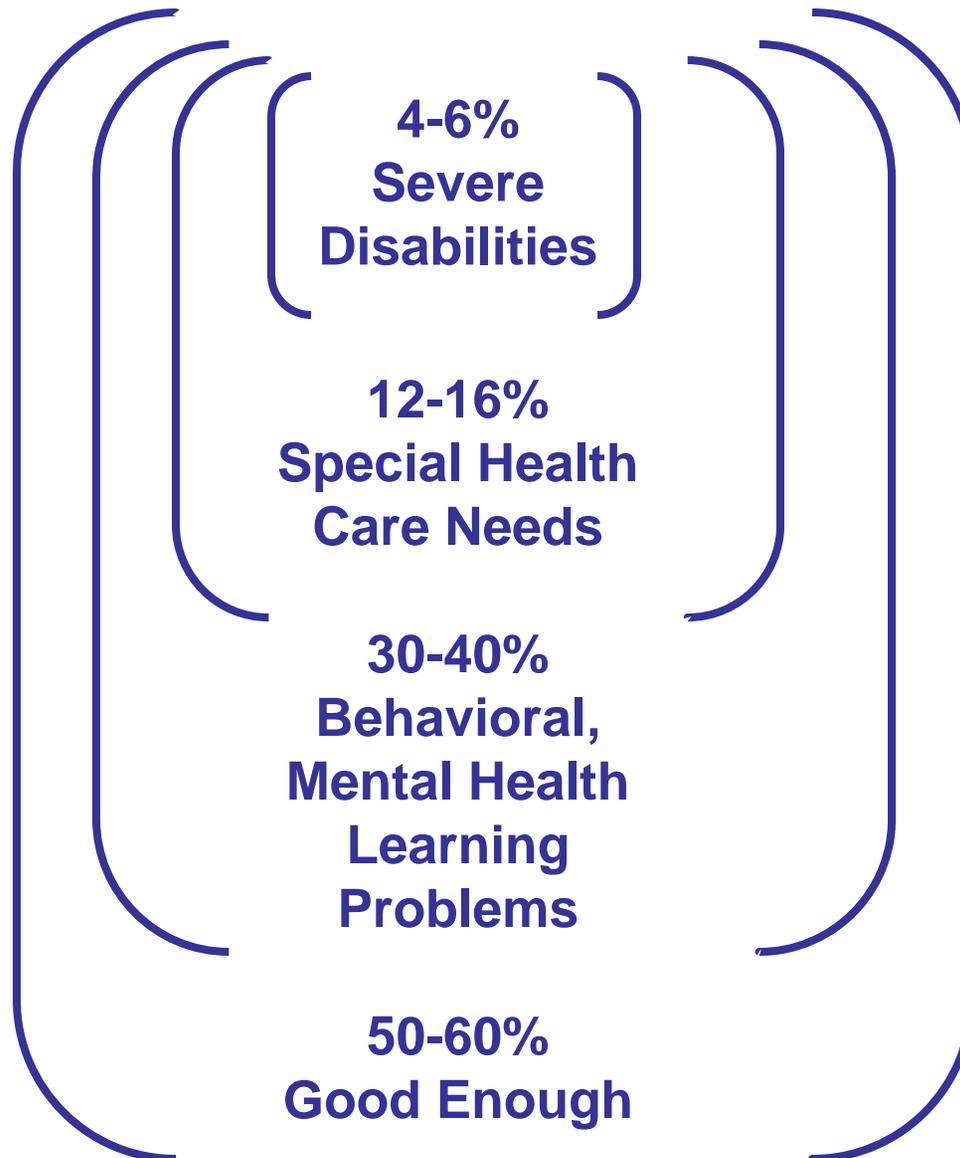
National Dilemma/Crisis of Early Childhood Development (ECD)

- Many children begin life with measurable socio-economic disadvantage & in a lower health & developmental trajectory
- They will have more health and educational problems as children and are likely to become healthy and successful adults
- Without intervention many will arrive at Kindergarten with problems that compromise their long term social, emotional, cognitive and physical development
- Enormous loss in human capital, and incredible long term costs to society

Sub-optimal Child Development: What is at Stake?

- School failure and additional costs due to expenditures for:
 - Remediation
 - Special education
 - Mental health, juvenile justice
- Diminished potential to form strong social and family relationships
- Long-term costs in social dependency
- Sub-optimal productivity-economic, social,
- Sub-optimal health

Young Children at Risk



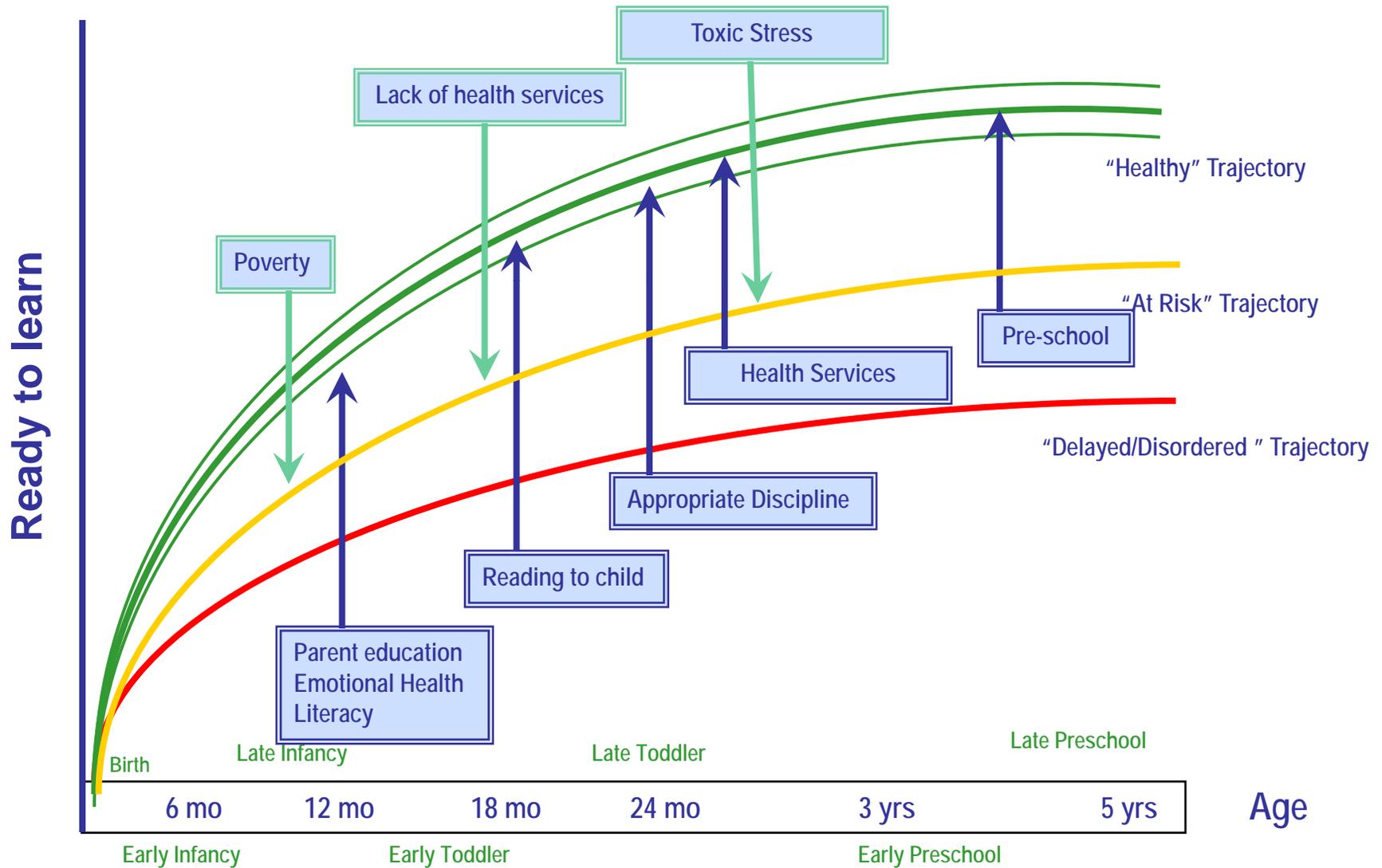
What % are thriving ?

30% ?

40% ?

50% ?

Strategies to Improve School Readiness Trajectories



Existing ECD Services System

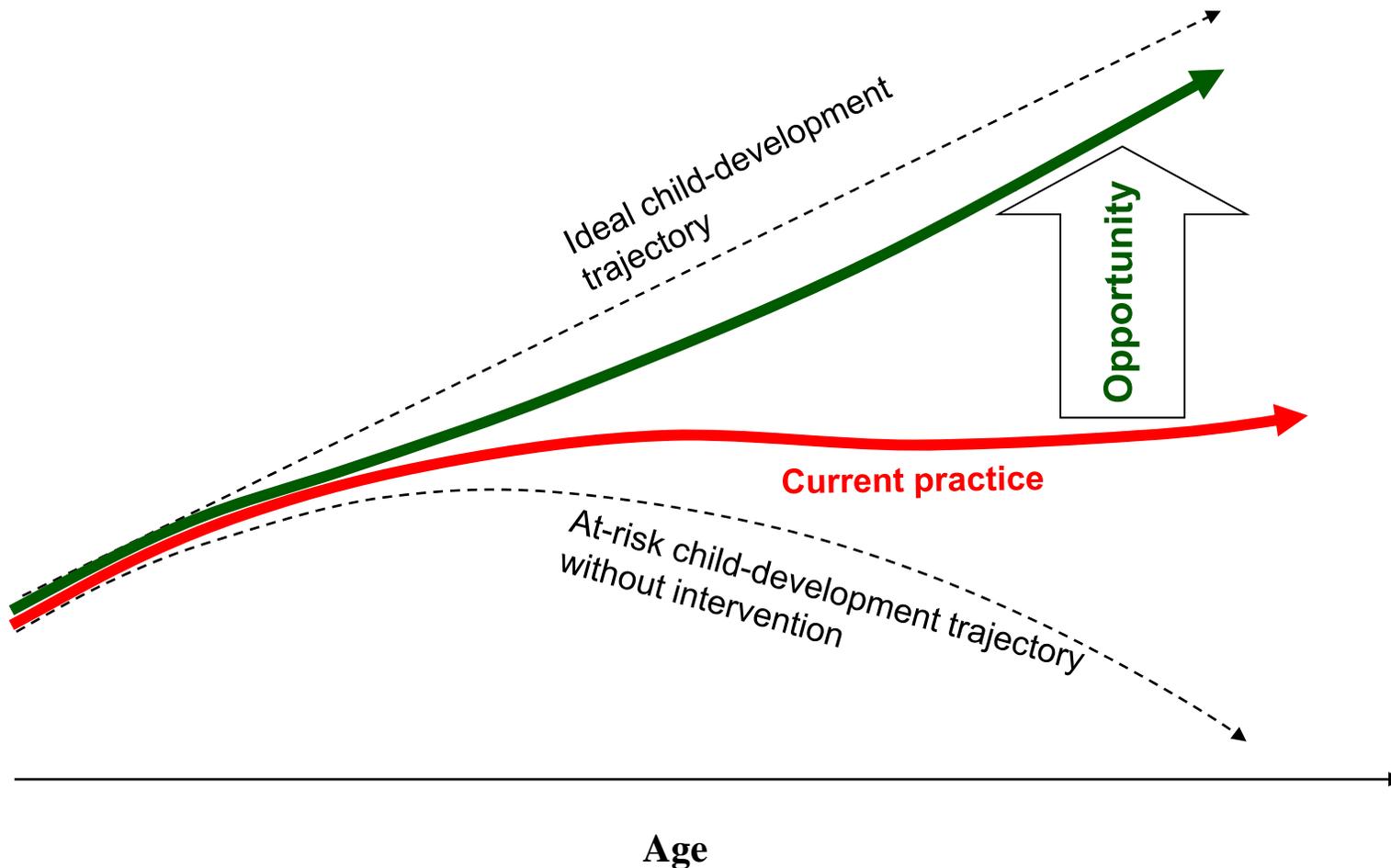
- Fragmented delivery
 - Different sectors, (health, education, family support, welfare)
 - Different funding streams and requirements
 - Lack of co-ordination - operate in silos
- Difficulty accessing services
 - Demand greater than services available
 - Narrow programmatic criteria for eligibility
- Socio-economic factors limit access - social gradient in treatment and outcomes
- A focus on intervention for individuals without complimentary efforts focused on prevention for the whole population

Existing ECD Services

- Uneven quality
 - Families have complex needs, often beyond capability of any single service sector
 - Variable understanding of early years issues
- Model of care is outmoded
 - focus on treatment rather than prevention/early intervention
 - episodic contact
- Local community has limited accountability and responsibility
- Lack of shared accountability amongst providers

Optimizing Healthy Development

Addressing the factors shaping health development trajectories over the lifespan

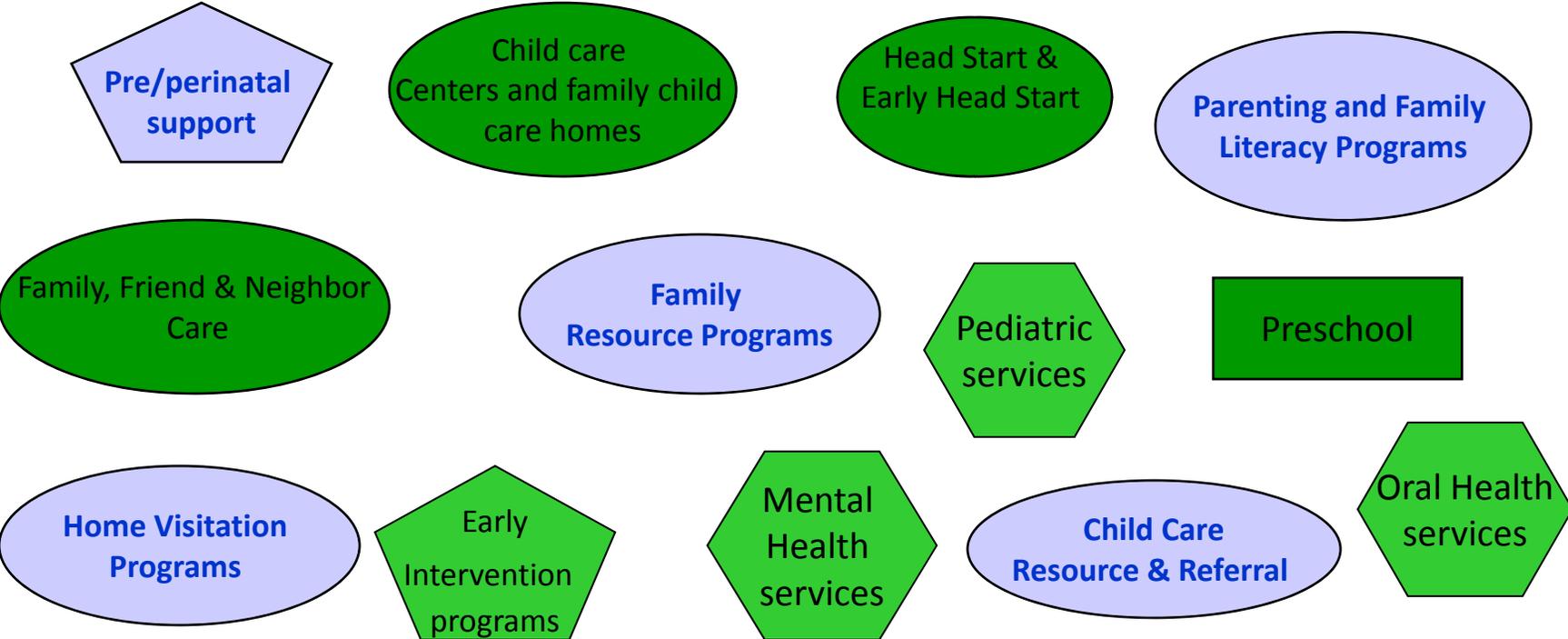


Upgrading the ECD System

- ECD systems are evolving, enhancing functionality & performance
 - ECD 1.0 is about improving services within sectors
 - ECD 2.0 is about connecting sectors into more effective pathways
 - ECD 3.0 will be a fully integrated system
- Progress - significant but uneven
- Lots of re-inventing the wheel & slow adoption of innovations

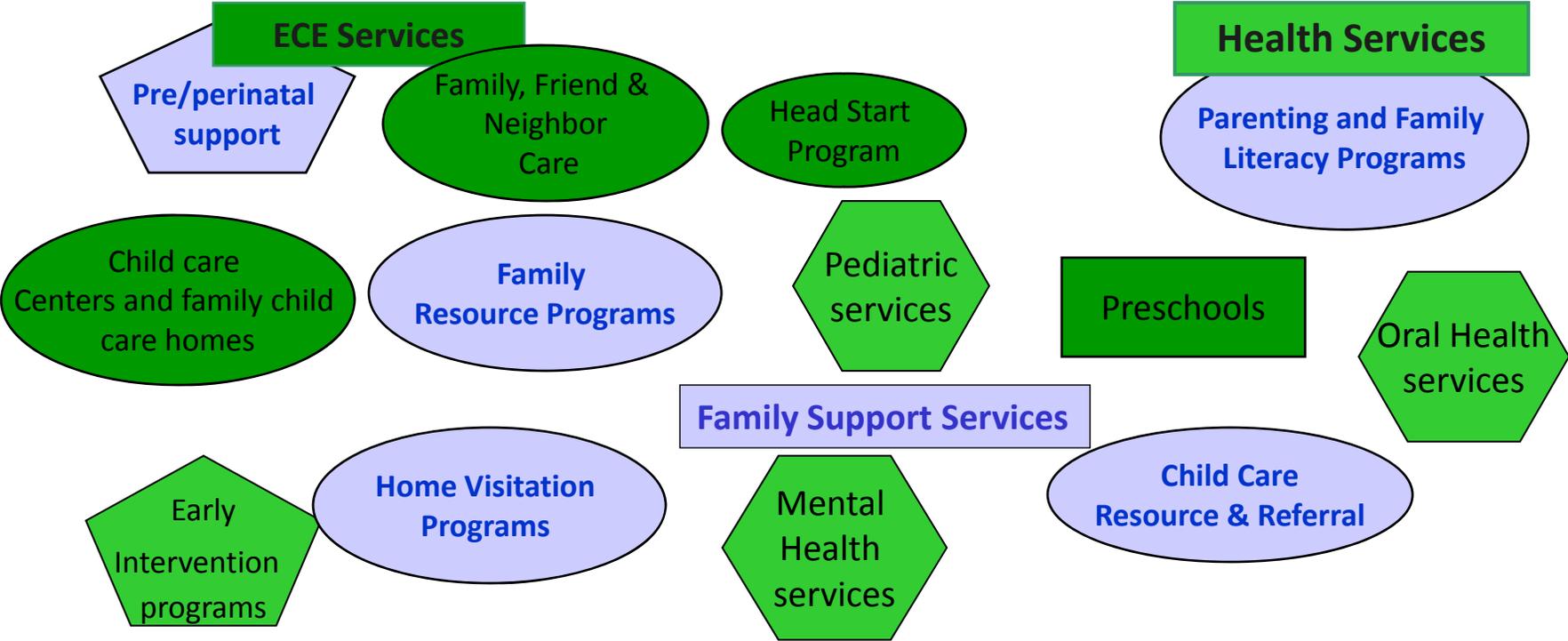
Service Organization
for Early Brain and Child Development

PROGRAMS
Influencing Early Brain, Child Development & School Readiness



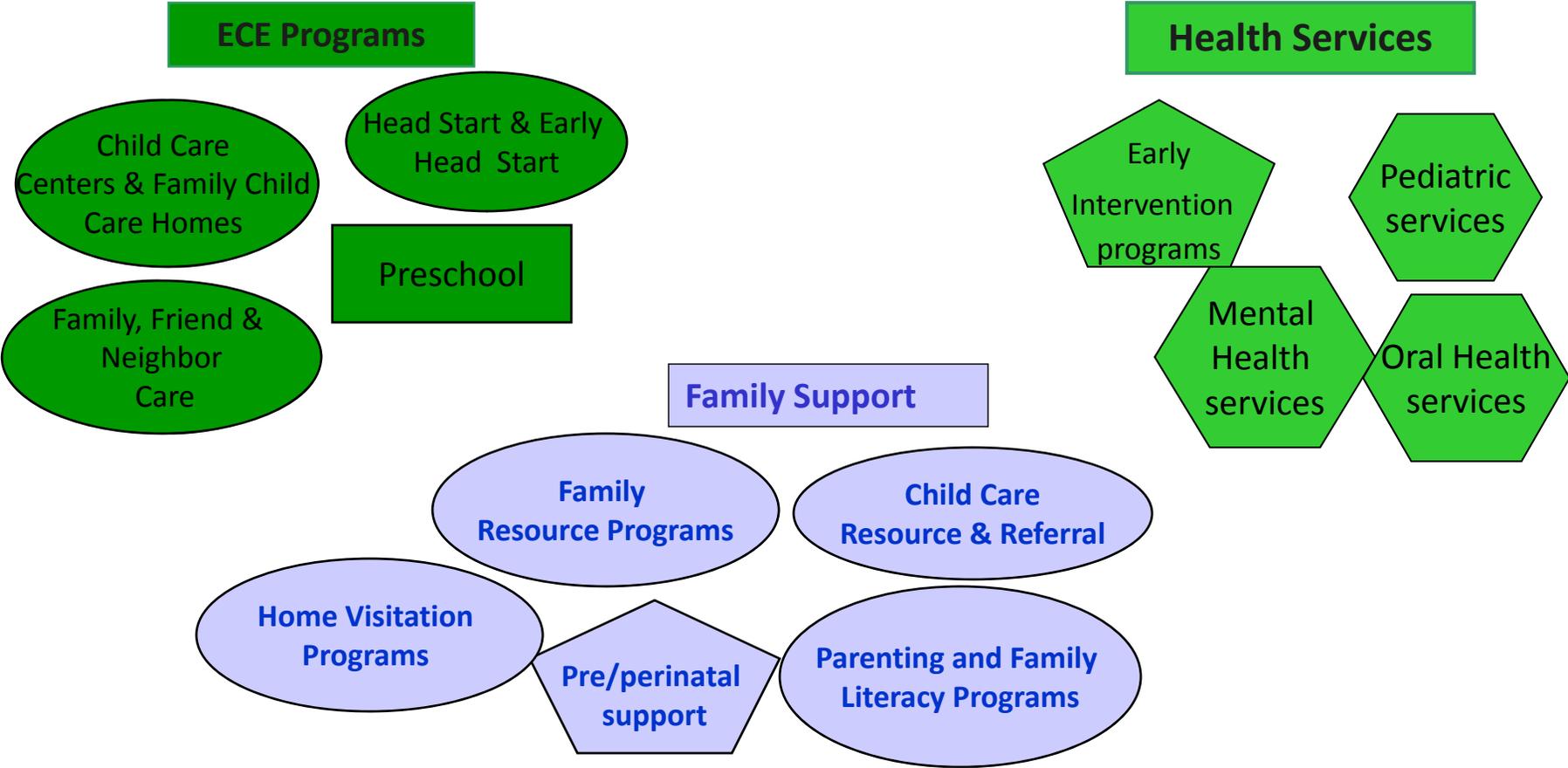
Service Organization
for Early Brain and Child Development

SECTORS
influencing Early Brain, Child Development & School Readiness



Service Organization
for Early Brain and Child Development

SECTORS
influencing Early Brain, Child Development & School Readiness



Sector based programs

ECE Programs

Health

Family Support

Child Welfare

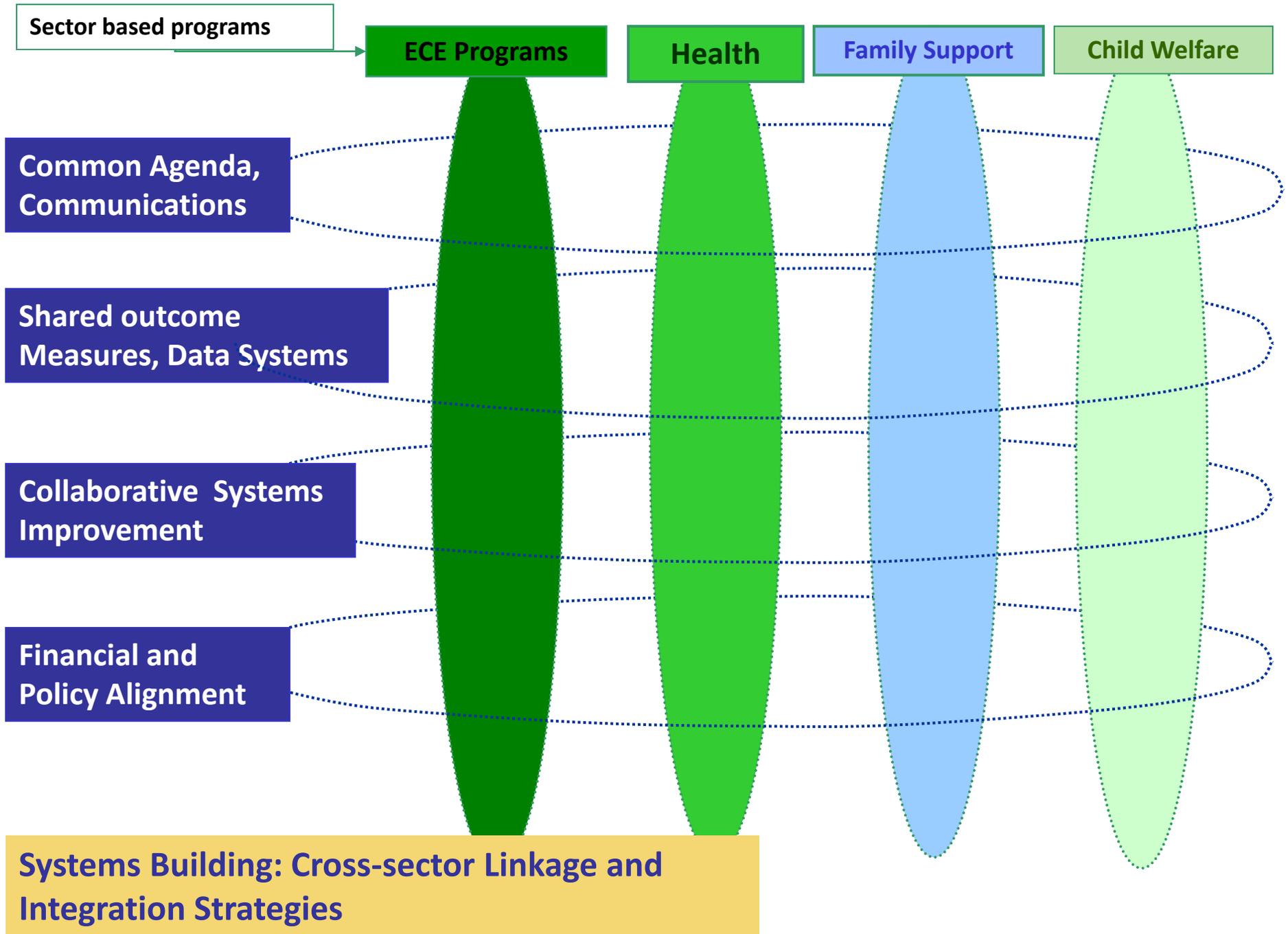
Common Agenda,
Communications

Shared outcome
Measures, Data Systems

Collaborative Systems
Improvement

Financial and
Policy Alignment

Systems Building: Cross-sector Linkage and
Integration Strategies

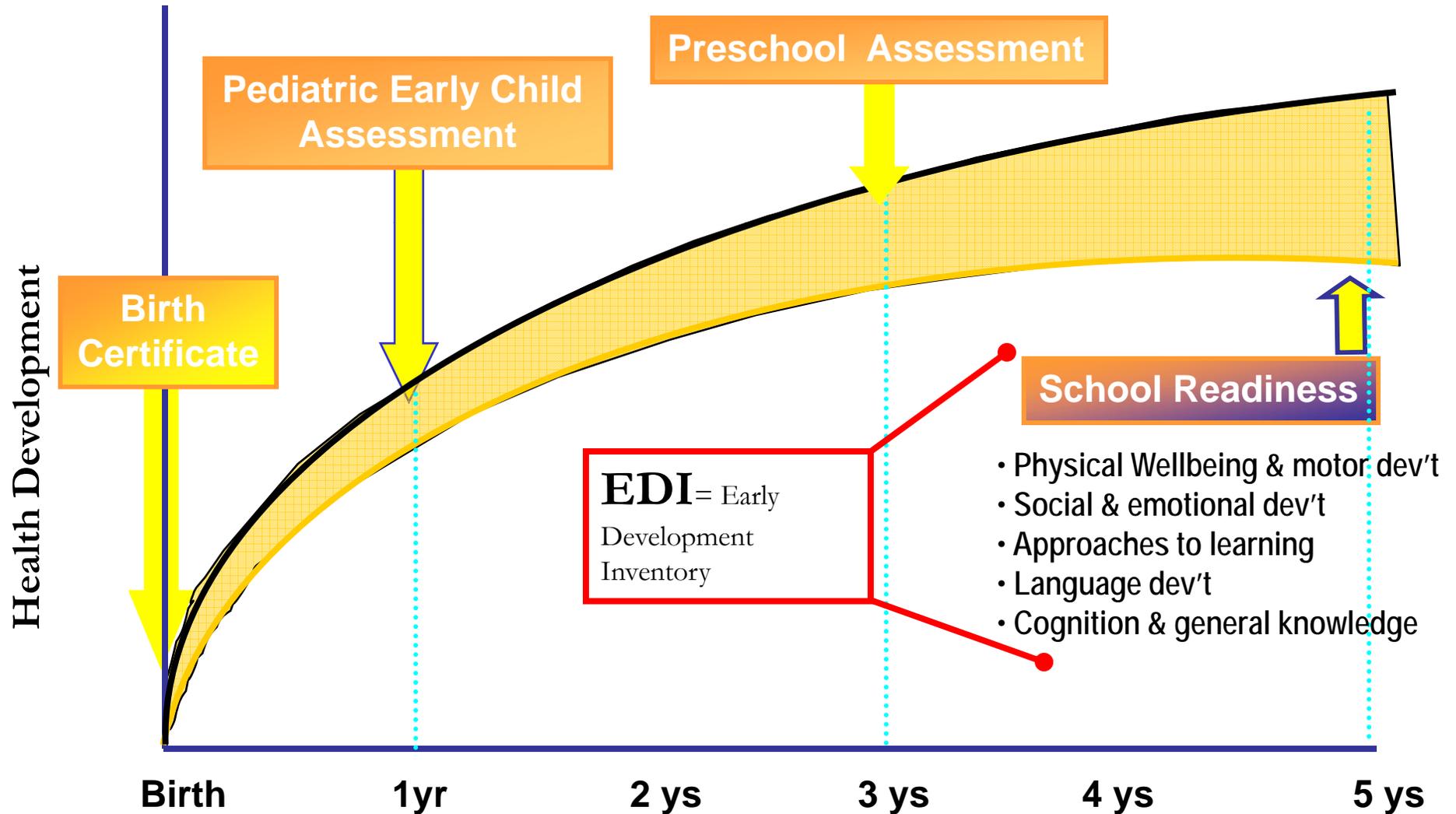


Creating a 21st Century Early Childhood System

- Vision, goals, shared strategic framework
- Involves leadership and participation of
 - multiple sectors (health, ECE, family support, etc.)
 - Multiple levels (national, state, local)
- Requires cross sector innovations
- Evidence-based & informed practices
- New finance strategies
- **Data that catalyzes systems improvement and innovation**
- Results based accountability
- **Collaborative improvement/transformation methods**

Systematic Data Collection

For tracking Health Development Trajectories



Early Childhood Development System - 3.0

- Measure Development Trajectories
 - Linked outcomes over time
- Measure Determinants
 - Availability, quality, performance of services
 - Developmental assets
- Measure Disparities
- Link Individuals, Systems, Population measures, across sectors,
 - Develop a schema for Shared Accountability
- Drive Continuous Improvement, Innovation

EDI: Monitoring the state of development at the level of the population and how it changes over time

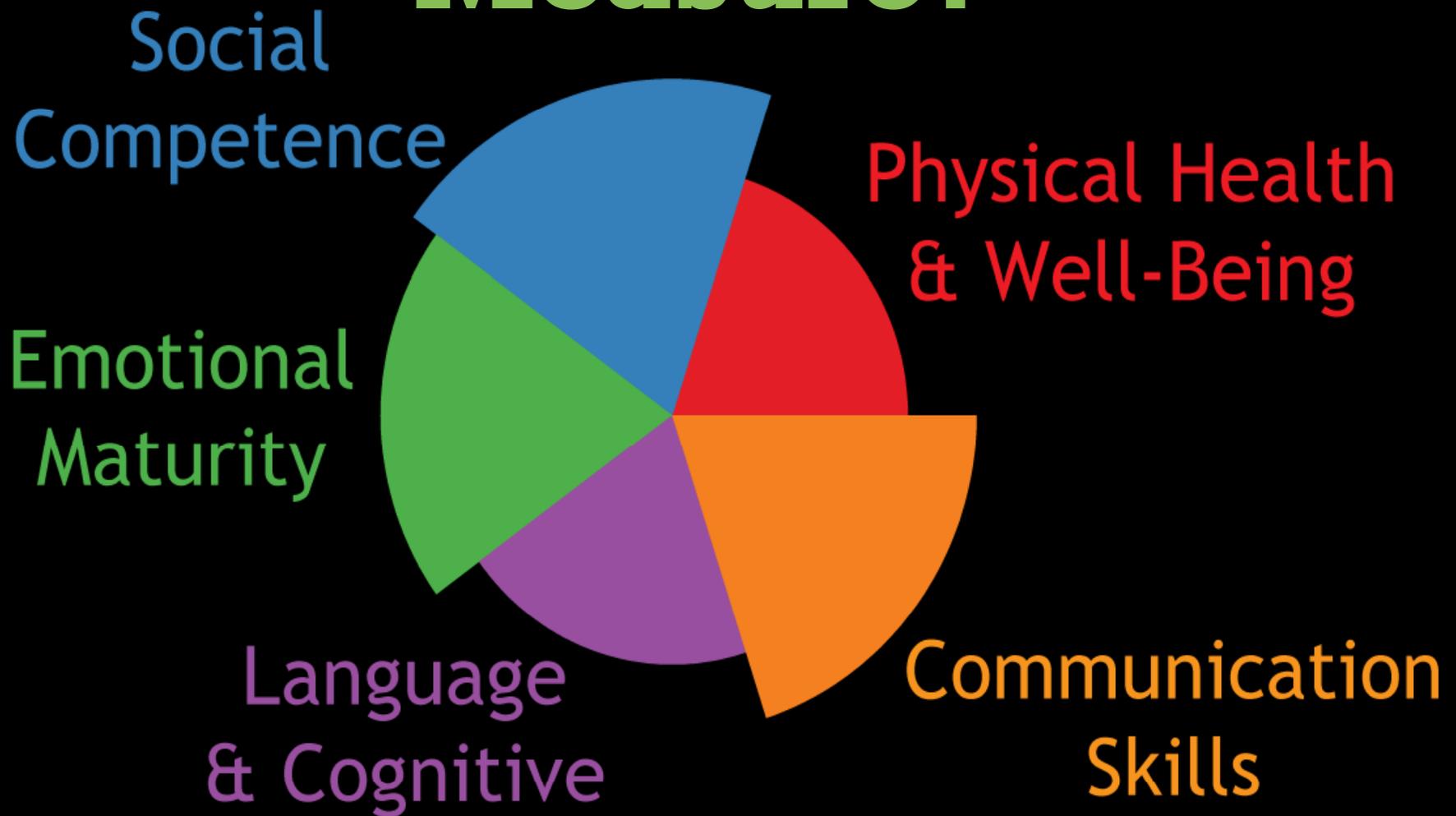


Early Development Instrument

- 104 items (15-20 min)
- Teacher's Observation
- 5 developmental domains
16 sub-domains
NEGP Concordance



What Does the EDI Measure?



Why Use a Population Approach?

- The EDI delivers essential information about early childhood development for all children in the community
- Provides opportunity to identify and highlight the social and environmental factors that influence child development throughout childhood
- Moves focus of effort from the individual to the community to make a bigger difference
- Provides an opportunity to “shift the curve” or future of a whole population and therefore improve outcomes for many children

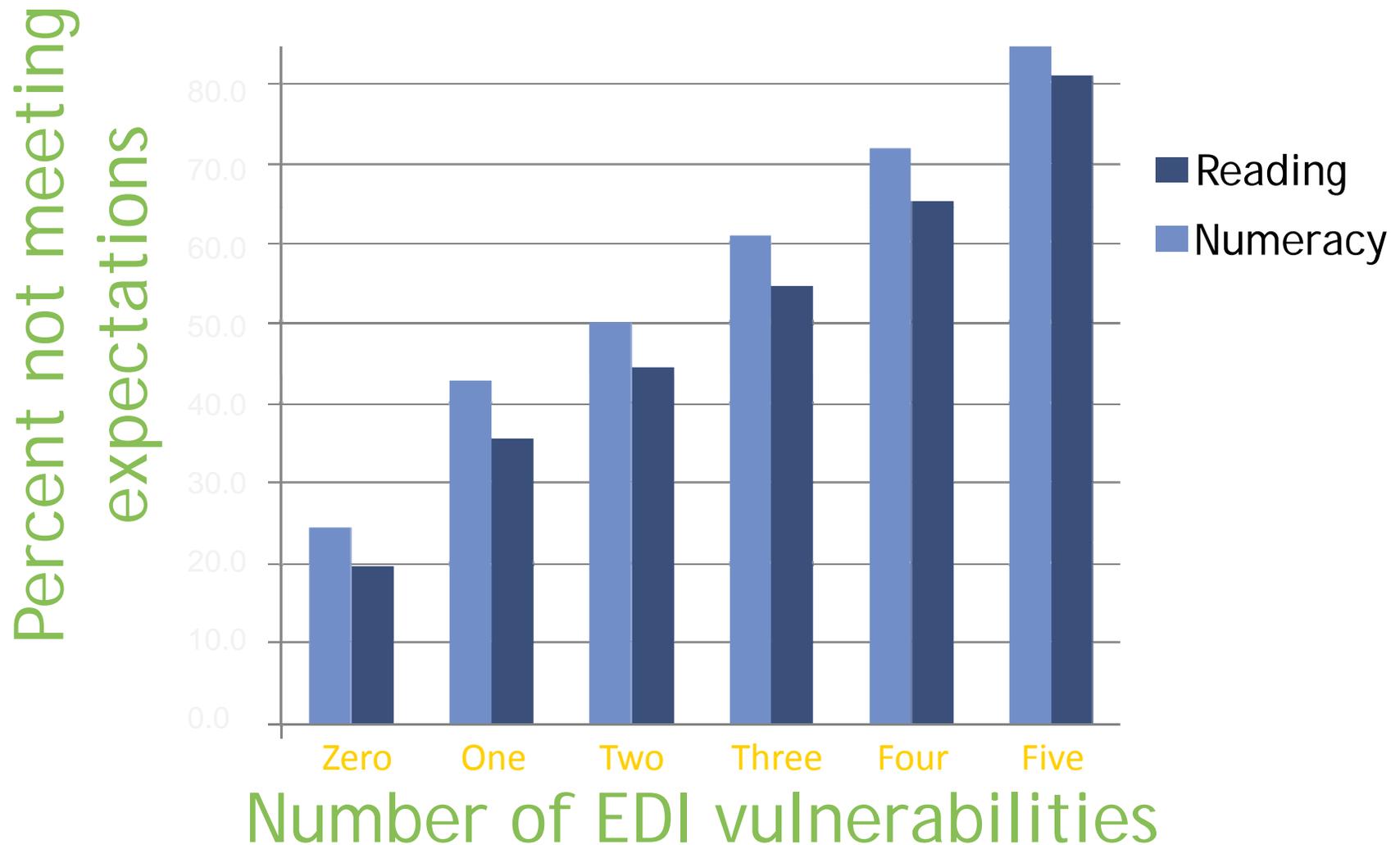
Early Development Instrument

Extensive Validity and
Reliability data from
several countries



Individual linkage of EDI to Gr.4 Standardized tests

(EDI 2001 - 2004)



The EDI **DOES NOT:**

- Score individual children as developmentally vulnerable or performing well
- Identify if children have specific learning disabilities
- Recommend which children should be placed in special education categories, who should receive extra classroom assistance, or whether children should be held back a grade
- Recommend specific teaching approaches for individual children
- Reflect performance of school or quality of teaching

Australian Early Development Index

Legend

Help

Data displayed:

AEDI Results 2009, Developmentally vulnerable on one or more AEDI domains (%)

2010 data release

Select AEDI Community

Select data variable

- Local Communities
- Lowest proportion
- Highest proportion
- N/A
- Communities
- Background Mapping

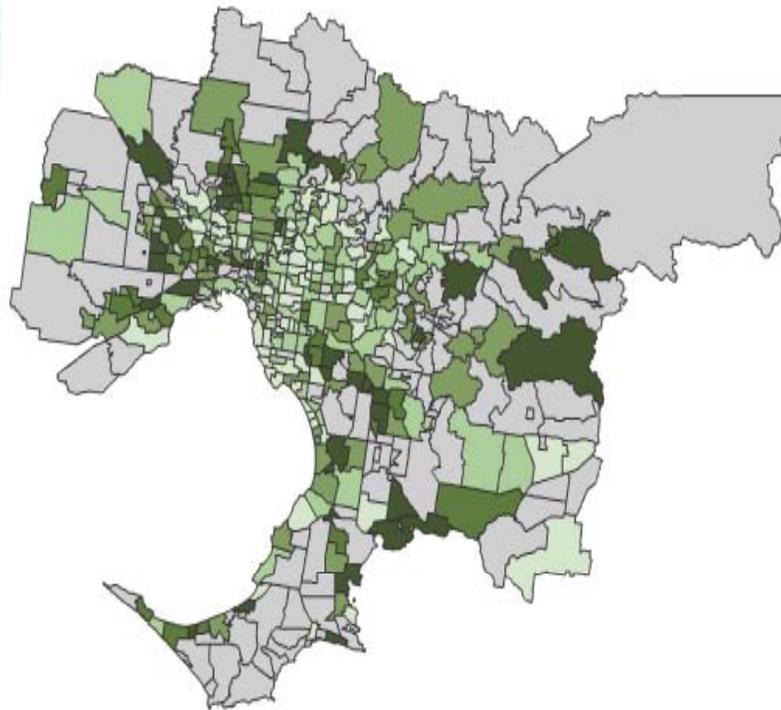
Proportion spread



Return to map of Australia

AEDI Results Guide

AEDI website



Local Community	Result	# vuln	# total
Abbotsford	29.0	9	31
Aberfeldie	15.4	6	39
Airport West	15.2	7	46
Albanvale	17.6	6	34
Albert Park	7.4	4	54
Albion	N/A	N/A	N/A
Alphington	14.8	8	54
Altona	16.5	17	103
Altona Meadows	26.7	51	191
Altona North	37.6	35	93
Ardeer	30.0	12	40
Armadale	7.9	5	63
Arthurs Creek	N/A	N/A	N/A
Arthurs Seat	N/A	N/A	N/A
Ascot Vale	9.1	13	143
Ashburton	9.9	12	121
Ashwood	27.3	12	44
Aspendale	12.5	9	72
Aspendale Gardens	15.3	18	118
Attwood	N/A	N/A	N/A
Avondale Heights	7.8	7	90
Avonsleigh	18.8	3	16
Badger Creek	N/A	N/A	N/A
Balaclava	N/A	N/A	N/A

N/A = Data for this local community is not available

AEDI REGION

AEDI GIS

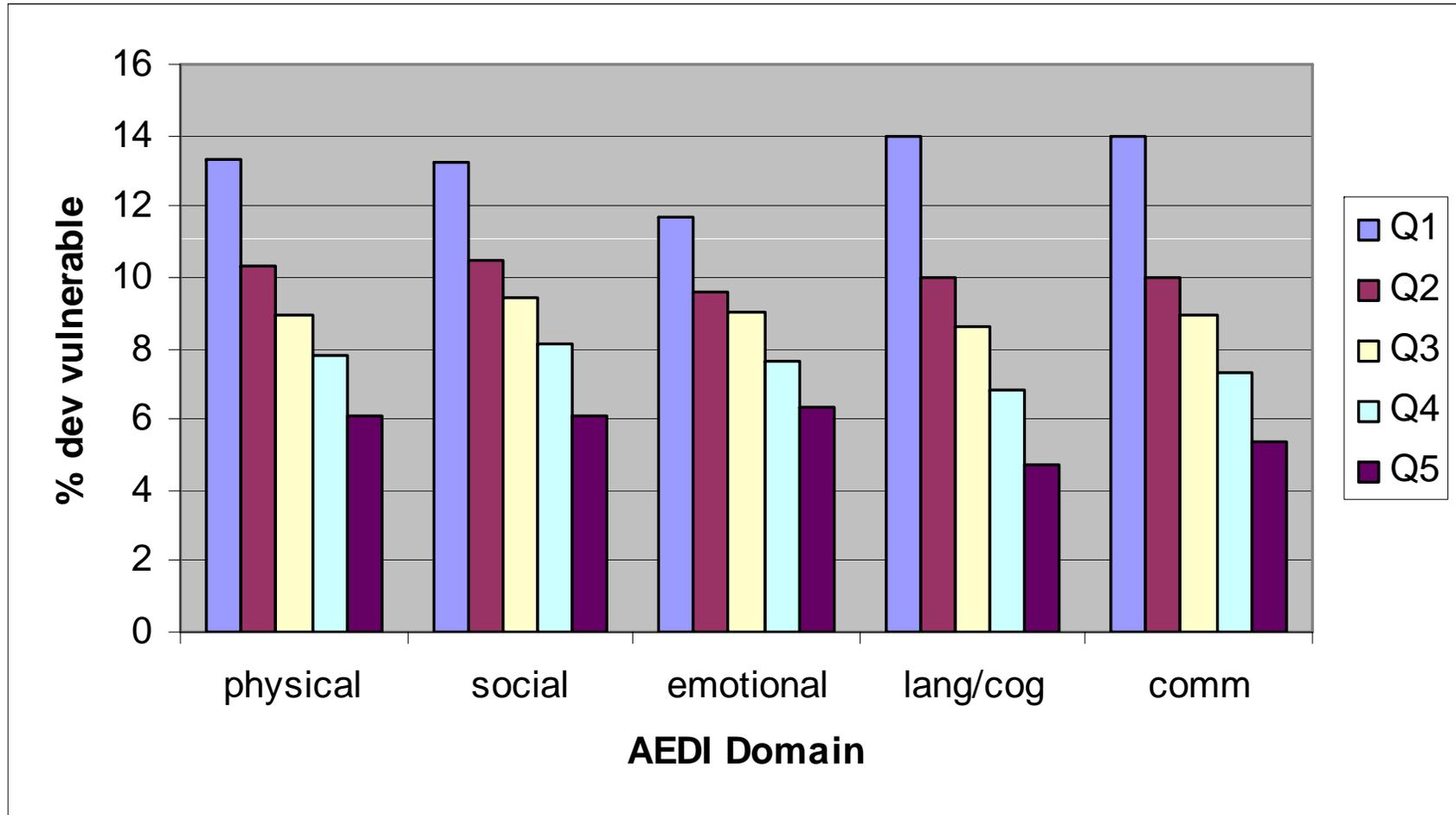
VICTORIA: Melbourne

Results: Developmental Outcomes

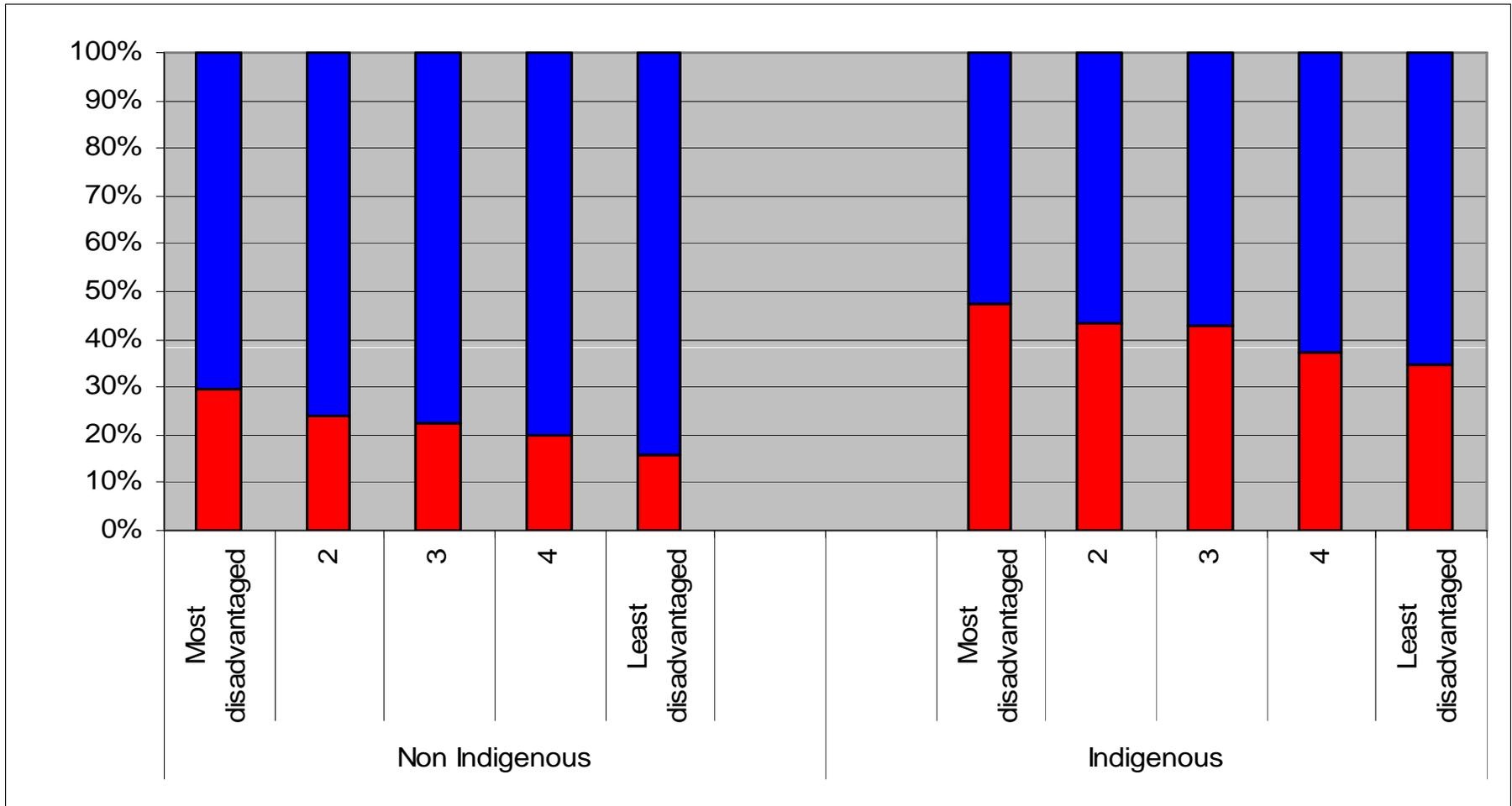
Percentage of children developmentally vulnerable (DV)
across Australia by jurisdiction

	DV on one or more domains (%)	DV on two or more domains (%)
Australia	23.5	11.8
New South Wales	21.3	10.3
Victoria	20.2	10.0
Queensland	29.5	15.7
Western Australia	24.6	12.2
South Australia	22.7	11.5
Tasmania	21.8	10.8
Northern Territory	38.6	23.4
Australian Capital Territory	22.1	10.8

Results: Socioeconomic status

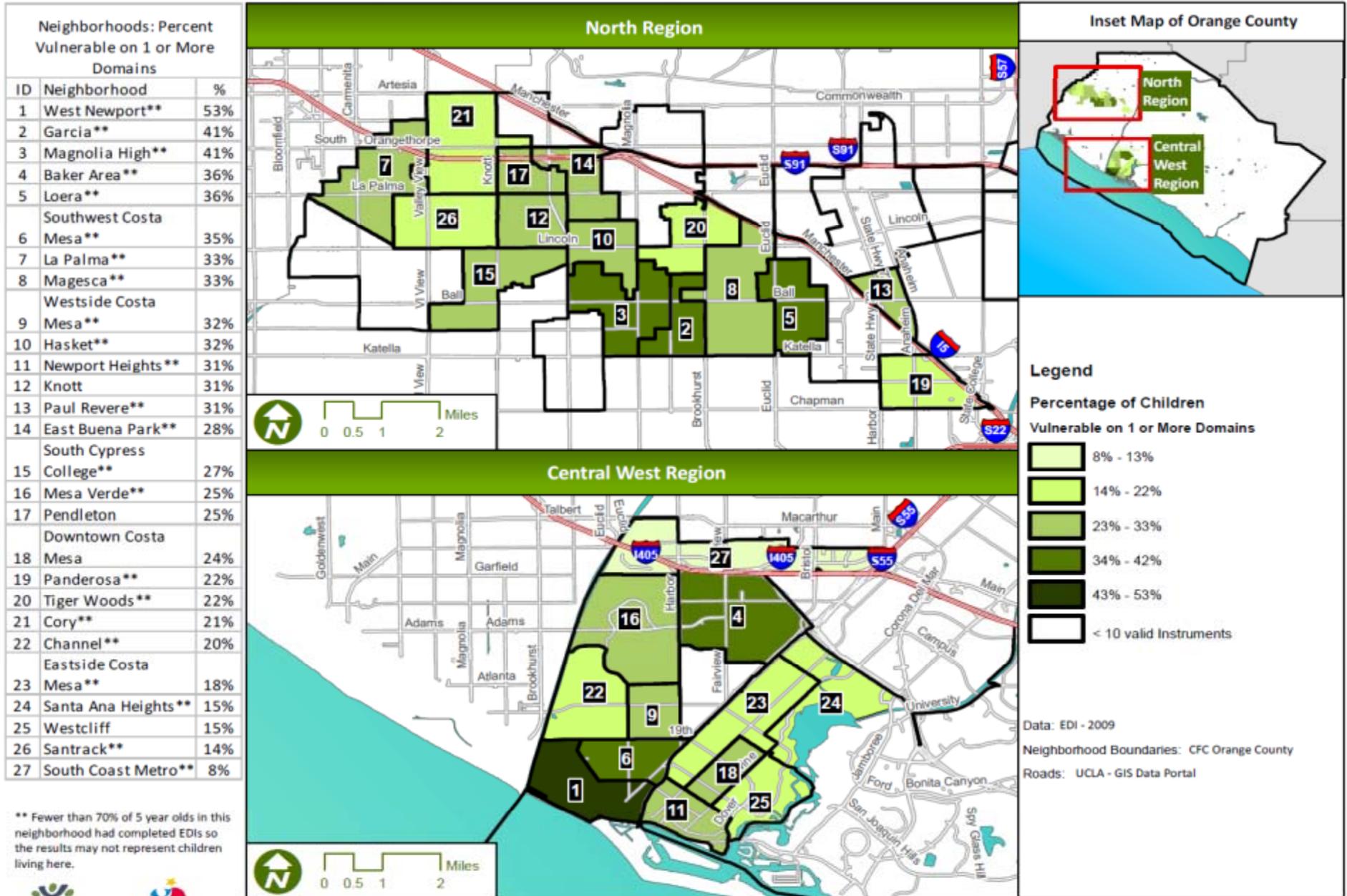


Percent: Vulnerability by Indigenous and SEIFA



EDI: Creating a New Market Place for Early Childhood Data

EDI: Orange County - Neighborhoods: Percentage of Children Vulnerable on 1 or More Domains



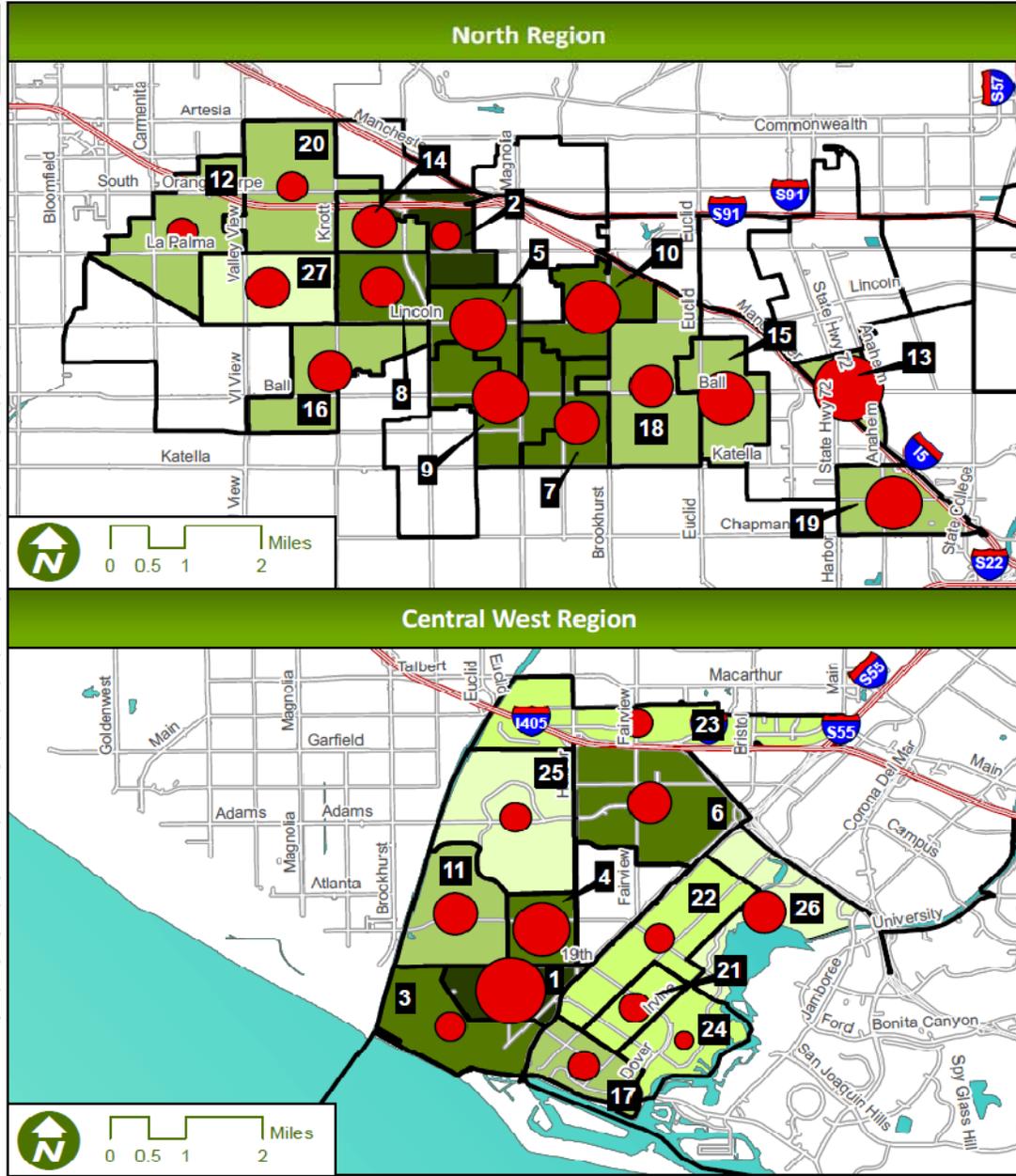
** Fewer than 70% of 5 year olds in this neighborhood had completed EDIs so the results may not represent children living here.



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EDI: Orange County - Neighborhoods: Percentage of Children Vulnerable on 2 or More Domains with Percentage of Families with Children in Poverty

Neighborhoods: Percent Vulnerable on 2 or More Domains		
ID	Neighborhood	%
1	Southwest Costa Mesa**	23%
2	East Buena Park**	22%
3	West Newport**	21%
4	Westside Costa Mesa**	21%
5	Hasket**	20%
6	Baker Area**	17%
7	Garcia**	17%
8	Knott	17%
9	Magnolia High**	17%
10	Tiger Woods**	17%
11	Channel**	15%
12	La Palma**	15%
13	Paul Revere**	15%
14	Pendleton	15%
15	Loera**	14%
16	College**	14%
17	Newport Heights**	13%
18	Magesca**	13%
19	Panderosa**	13%
20	Cory**	12%
21	Downtown Costa Mesa**	11%
22	Eastside Costa Mesa**	9%
23	South Coast Metro**	8%
24	Westcliff	7%
25	Mesa Verde**	6%
26	Santa Ana Heights**	5%
27	Santrack**	4%



Legend

Neighborhoods: Percent Vulnerable on 2 or More Domains

- 4% - 6%
- 7% - 11%
- 12% - 16%
- 17% - 21%
- 22% - 23%
- < 10 valid Instruments

Percentage of Families with Children At or Below 100% Poverty

- 0% - 1.42%
- 1.43% - 8.38%
- 8.39% - 15.34%
- 15.35% - 22.29%
- 22.3% - 27.76%

Data: EDI - 2009
 Pct. Families in Poverty Claritas 2009 Estimates
 Neighborhood Boundaries: CFC Orange County
 Roads: UCLA - GIS Data Portal
 Note:
 The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty.
<http://www.census.gov/hhes/www/poverty/threshld.html>

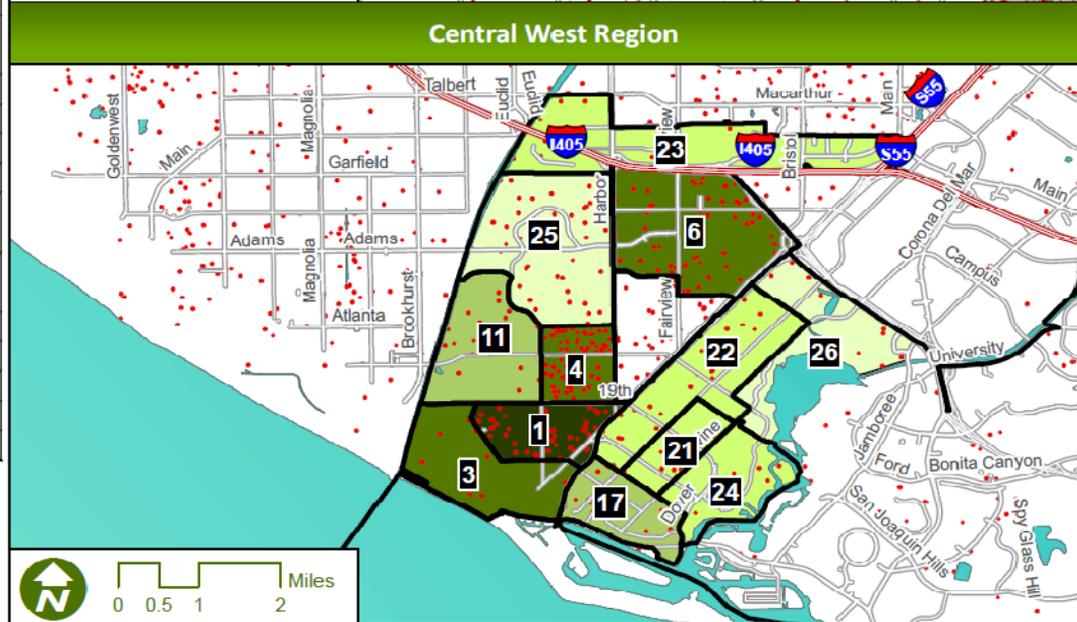
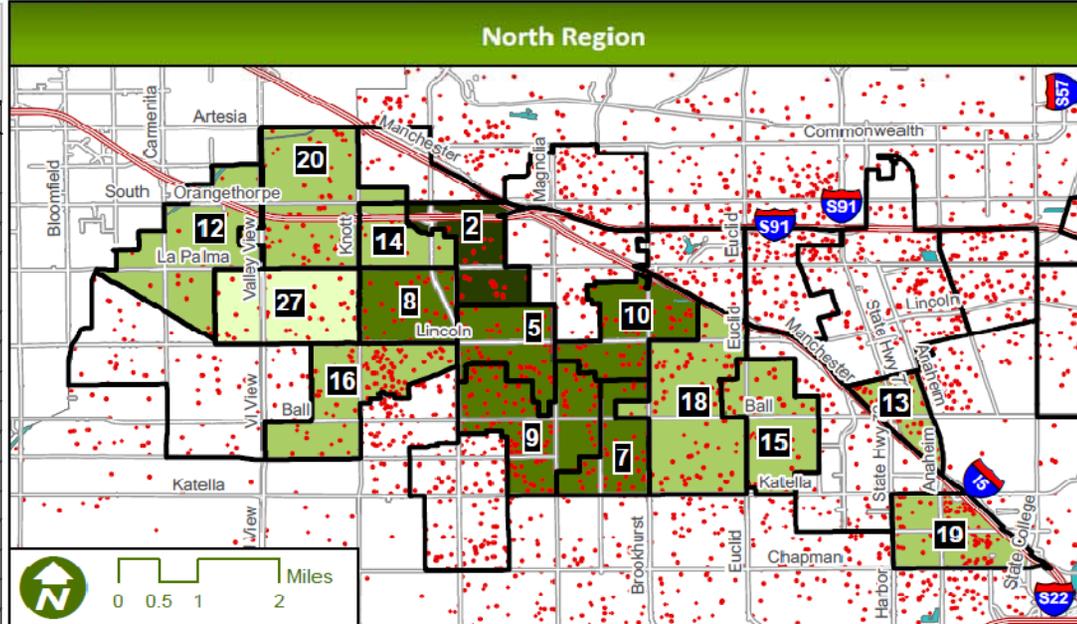
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EDI: Orange County - Neighborhoods: Percentage of Children Vulnerable on 2 or More Domains with Child Abuse Reports

ID	Neighborhood	%
Neighborhoods: Percent Vulnerable on 2 or More Domains		
1	Southwest Costa Mesa**	23%
2	East Buena Park**	22%
3	West Newport**	21%
4	Westside Costa Mesa**	21%
5	Hasket**	20%
6	Baker Area**	17%
7	Garcia**	17%
8	Knott	17%
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12	La Palma**	15%
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Legend

Percentage of Children Vulnerable on 2 or More Domains

- 4% - 6%
- 7% - 11%
- 12% - 16%
- 17% - 21%
- 22% - 23%
- < 10 valid Instruments

Child Abuse Reports

1 dot represents 3 child abuse reports

Data:

EDI - 2009
 Child Welfare Referrals - Child Welfare Research Center - UC Berkeley

Neighborhood Boundaries: CFC Orange County
 Roads: UCLA - GIS Data Portal

Notes:

Child welfare reports were retrieved from the Child Welfare Research Center at UC Berkeley for each census tract in Orange County. The data is presented using a dot density dispersion. Each dot is equal to 3 reports. They are randomly placed within the census tract where the child resided at the time of the report. This preserves the anonymity of the households involved in the abuse reports.

The reports are for every allegation regardless of disposition. Dispositions are broken into the following classifications - substantiated, unsubstantiated and unrounded.

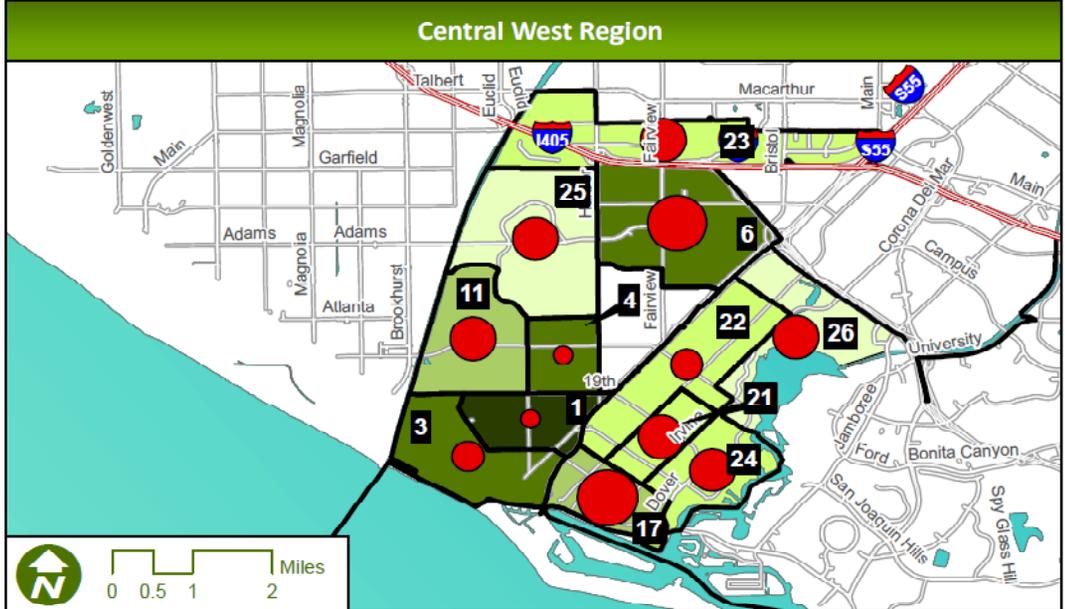
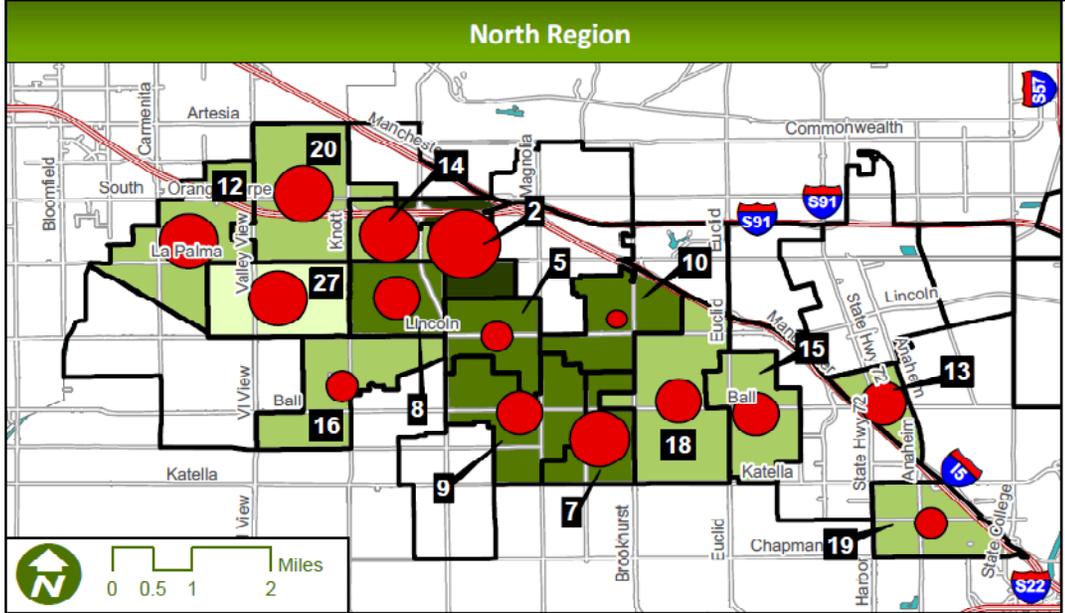
** Fewer than 70% of 5 year olds in this neighborhood had completed EDIs so the results may not represent children living here.



EDI: Orange County - Neighborhoods: Percentage of Children Vulnerable with Residential Mobility (Years Lived at Current Residence)

Neighborhoods: Percent Vulnerable on 2 or More Domains		
ID	Neighborhood	%
1	Southwest Costa Mesa**	23%
2	East Buena Park**	22%
3	West Newport**	21%
4	Westside Costa Mesa**	21%
5	Hasket**	20%
6	Baker Area**	17%
7	Garcia**	17%
8	Knott	17%
9	Magnolia High**	17%
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12	La Palma**	15%
13	Paul Revere**	15%
14	Pendleton	15%
15	Loera**	14%
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17	Newport Heights**	13%
18	Magesca**	13%
19	Panderosa**	13%
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23	South Coast Metro**	8%
24	Westcliff	7%
25	Mesa Verde**	6%
26	Santa Ana Heights**	5%
27	Santrack**	4%

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Legend

Percentage of Children Vulnerable on 2 or More Domains

- 4% - 6%
- 7% - 11%
- 12% - 16%
- 17% - 21%
- 22% - 23%
- < 10 valid Instruments

Average Length of Stay at Residence Measured in Years

- 6.9 - 7.1
- 7.2 - 9.1
- 9.2 - 11.0
- 11.1 - 13.0
- 13.1 - 14.4

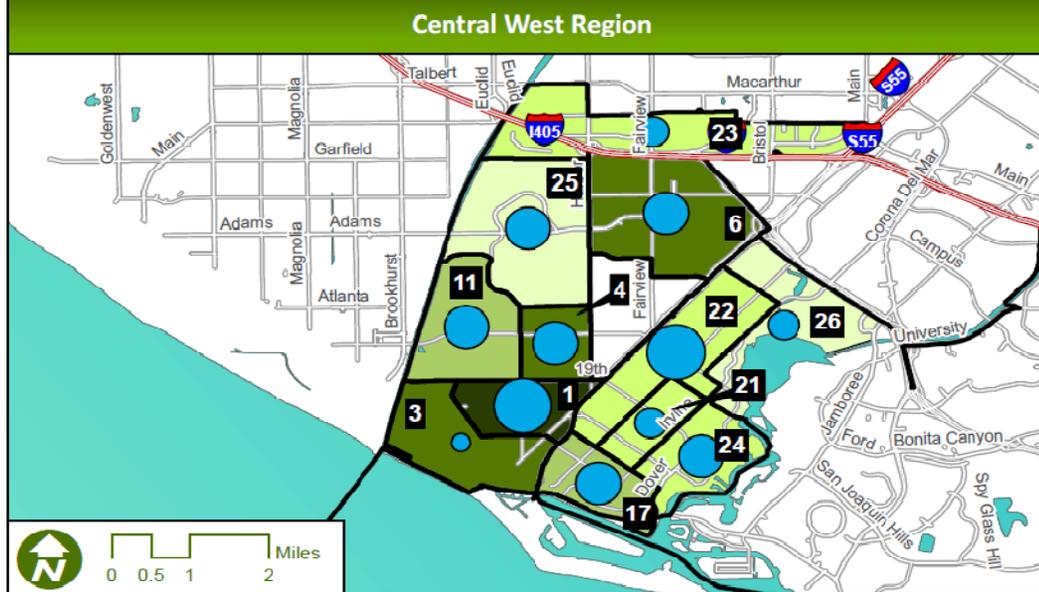
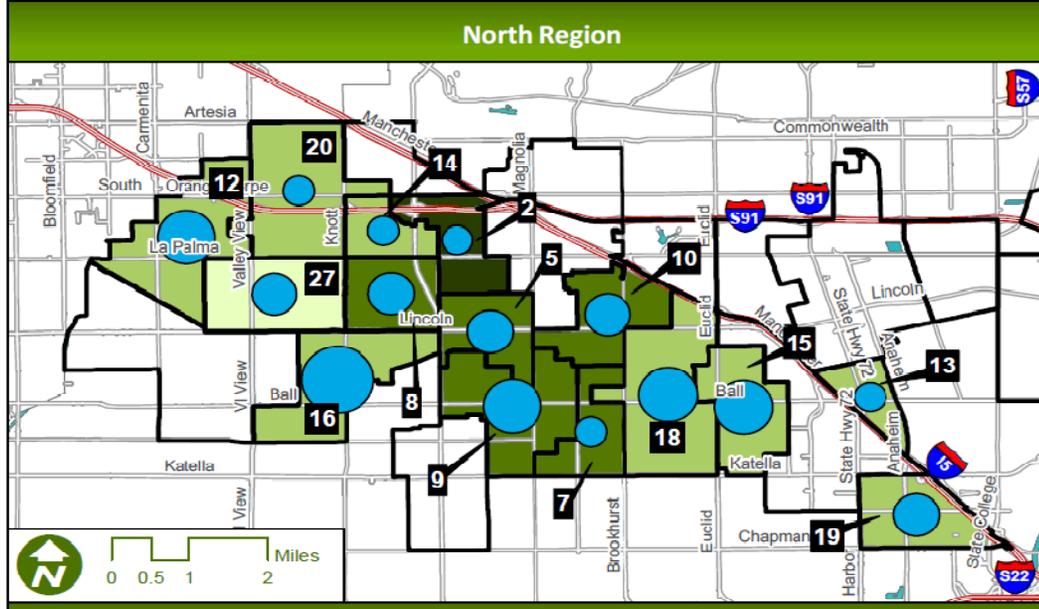
Data: EDI - 2009
 Mobility - Claritas 2009 Estimates
 Neighborhood Boundaries: CFC Orange County
 Roads: UCLA - GIS Data Portal



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EDI: Orange County - Neighborhoods: Percentage of Children Vulnerable on 2 or More Domains with 3-4 Year Olds Enrolled in Childcare or Preschool

Neighborhoods: Percent Vulnerable on 2 or More Domains		
ID	Neighborhood	%
1	Mesa**	23%
2	East Buena Park**	22%
3	West Newport**	21%
4	Westside Costa	
5	Mesa**	21%
6	Hasket**	20%
7	Baker Area**	17%
8	Garcia**	17%
9	Knott	17%
10	Magnolia High**	17%
11	Tiger Woods**	17%
12	Channel**	15%
13	La Palma**	15%
14	Paul Revere**	15%
15	Pendleton	15%
16	Loera**	14%
17	South Cypress	
18	College**	14%
19	Newport Heights**	13%
20	Mesa**	13%
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Legend

Percentage of Children Vulnerable on 2 or More Domains

- 4% - 6%
- 7% - 11%
- 12% - 16%
- 17% - 21%
- 22% - 23%
- < 10 valid Instruments

Number of 3-4 Year Olds Enrolled in Childcare or Preschool

- 41
- 42 - 138
- 139 - 235
- 236 - 331
- 332 - 505

Data: EDI - 2009
 3-4 Year Olds Enrolled in Preschool - Census 2000
 Neighborhood Boundaries: CFC Orange County
 Roads: UCLA - GIS Data Portal

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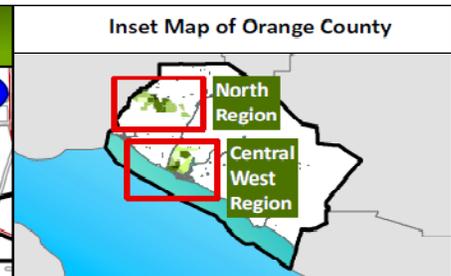
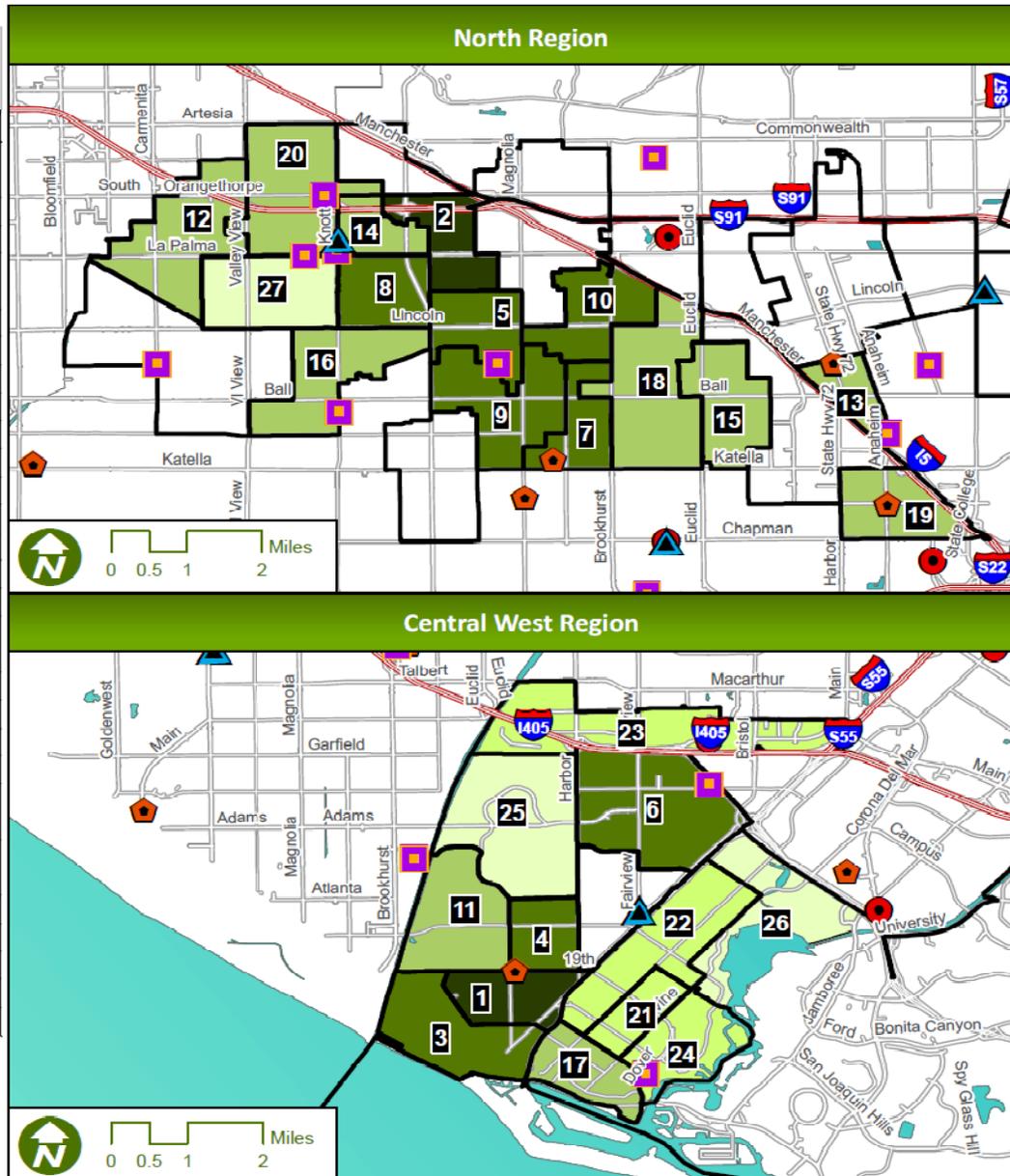


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EDI: Orange County - Neighborhoods: Percentage of Children Vulnerable on 2 or More Domains with Community Assets

Neighborhoods: Percent Vulnerable on 2 or More Domains		
ID	Neighborhood	%
1	Southwest Costa	23%
2	Mesa**	23%
3	East Buena Park**	22%
4	West Newport**	21%
5	Westside Costa	21%
6	Mesa**	21%
7	Hasket**	20%
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23	Cory**	12%
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25	Mesa	11%
26	Eastside Costa	9%
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30	Mesa Verde**	6%
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32	Santrack**	4%

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Legend

- Early Intervention Services
- Special Needs Services
- ▲ Pediatric Dentists
- ⬠ Family Based Services

Percentage of Children Vulnerable on 2 or More Domains

- 4% - 6%
- 7% - 11%
- 12% - 16%
- 17% - 21%
- 22% - 23%
- < 10 valid Instruments

Data: EDI - 2009
Community Assets - 211 Orange County

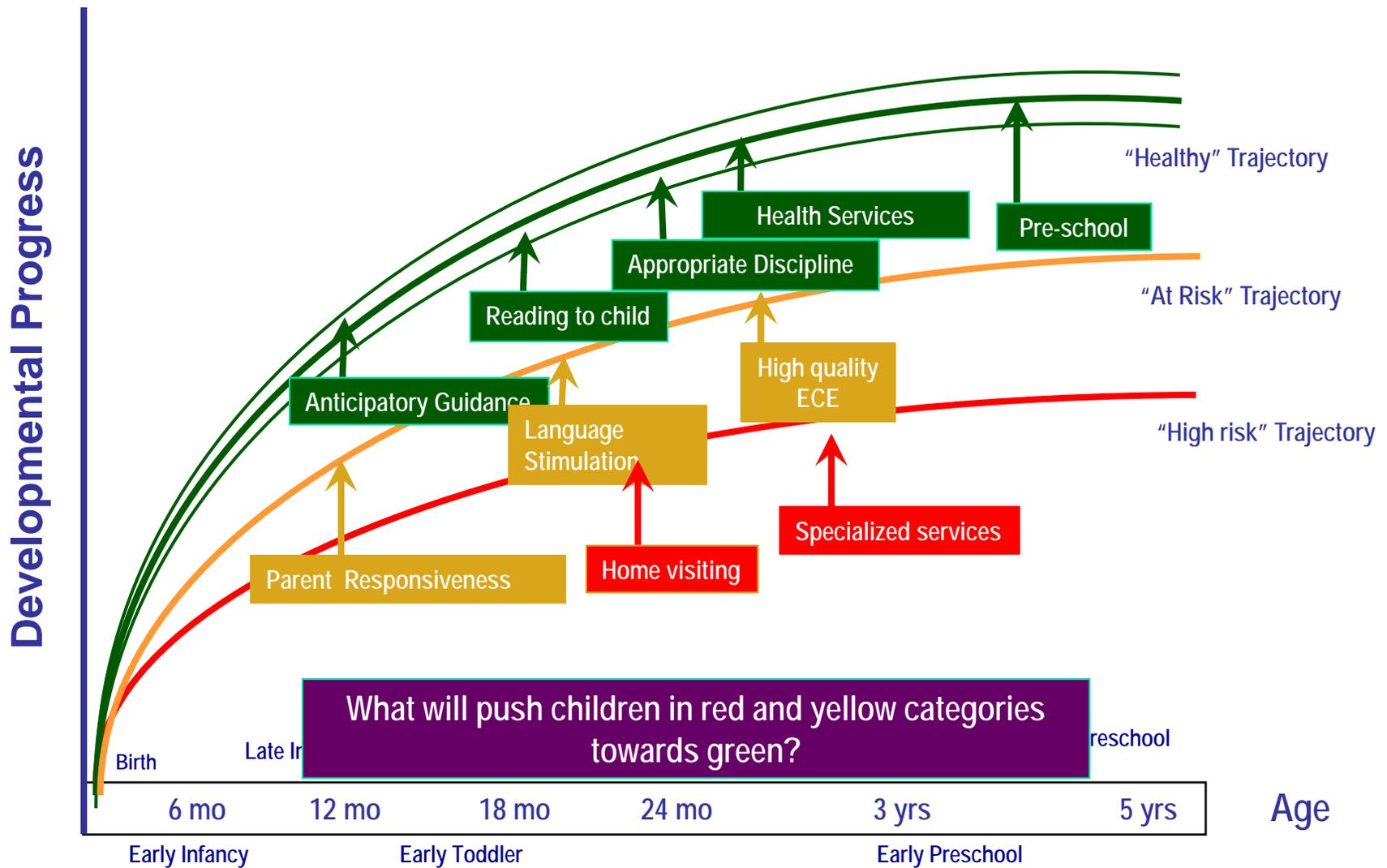
Neighborhood Boundaries: CFC Orange County

Roads: UCLA - GIS Data Portal

Notes:
Community Assets were provided by the Children and Families Commission Orange County from 211 Orange County.



Strategies to Improve Developmental Trajectories



Optimizing an Early Childhood System of Services and Supports

The Magnolia Place Community Initiative, Los Angeles, California



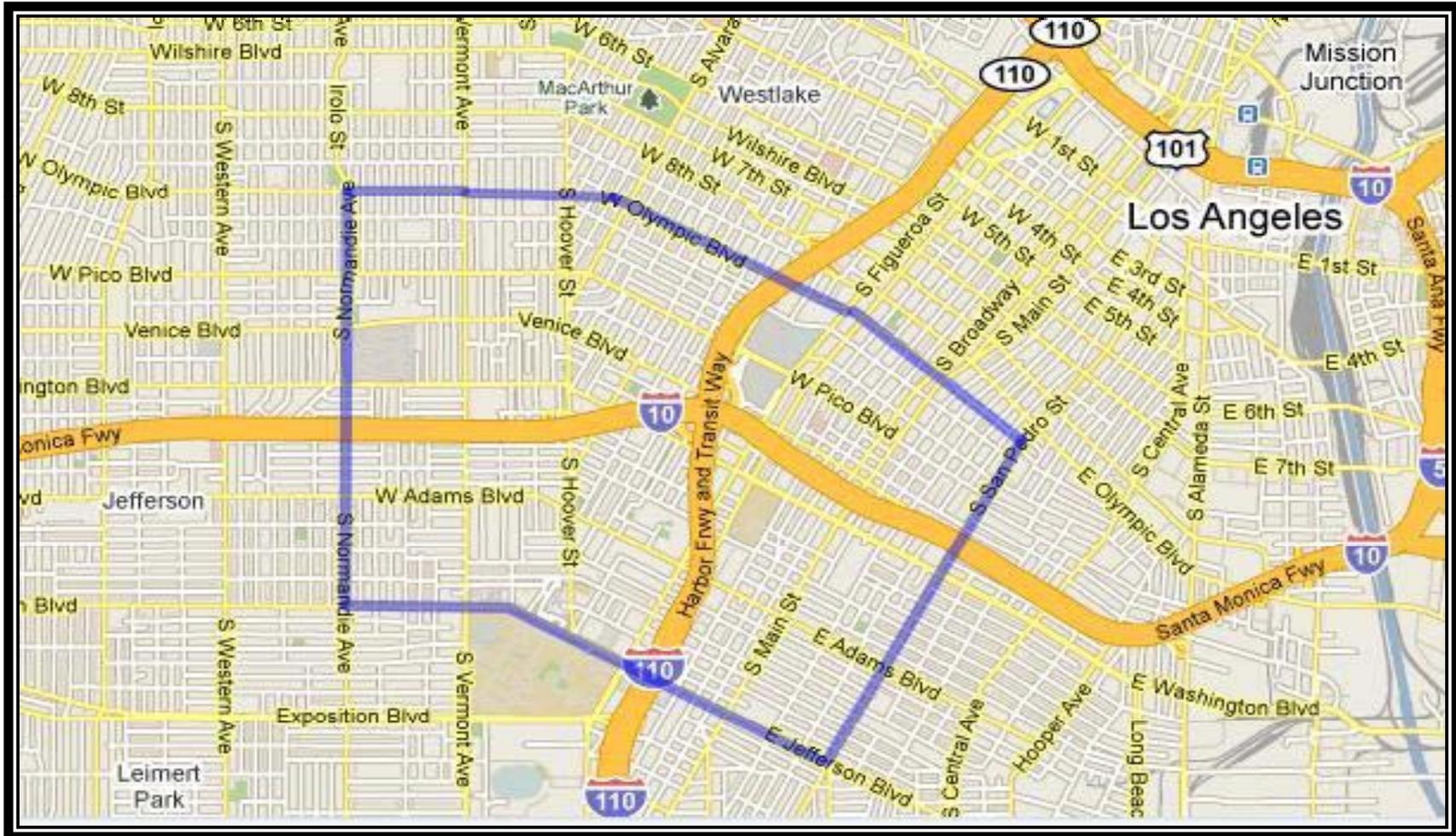
Our Four Anchor Goals

The Magnolia Place Community Initiative is anchored in four recognized goals as having the most impact in achieving long term outcomes for children ages 0-5 years.

1. Family functioning (safety and nurturing)
2. Health and well-being
3. School-readiness
4. Economic stability

Magnolia Place Community Initiative Catchment Area

Zip codes 90007, 90006, 90015, 90011



WHAT WE HOPE & DREAM...

The 35,000 children living in the neighborhoods within the 5 square mile/500 blocks of the Magnolia Catchment Area, will break all records of success in their education, health and the quality of nurturing care they receive from their families and community.

Our Underlying Assumptions

- To help vulnerable children, one must strengthen the family and community.
- Services should reach those who need it the most and in the manner that is going to achieve the best result.
- Services are necessary but not sufficient to create a healthy community.
- Prevention strategies are key to reaching optimal community health outcomes.
- Not all individuals need costly services and interventions, yet all benefit from information, personal and material supports.
- Community Transformation occurs through a Community Movement

Adoption of Protective Factors Framework

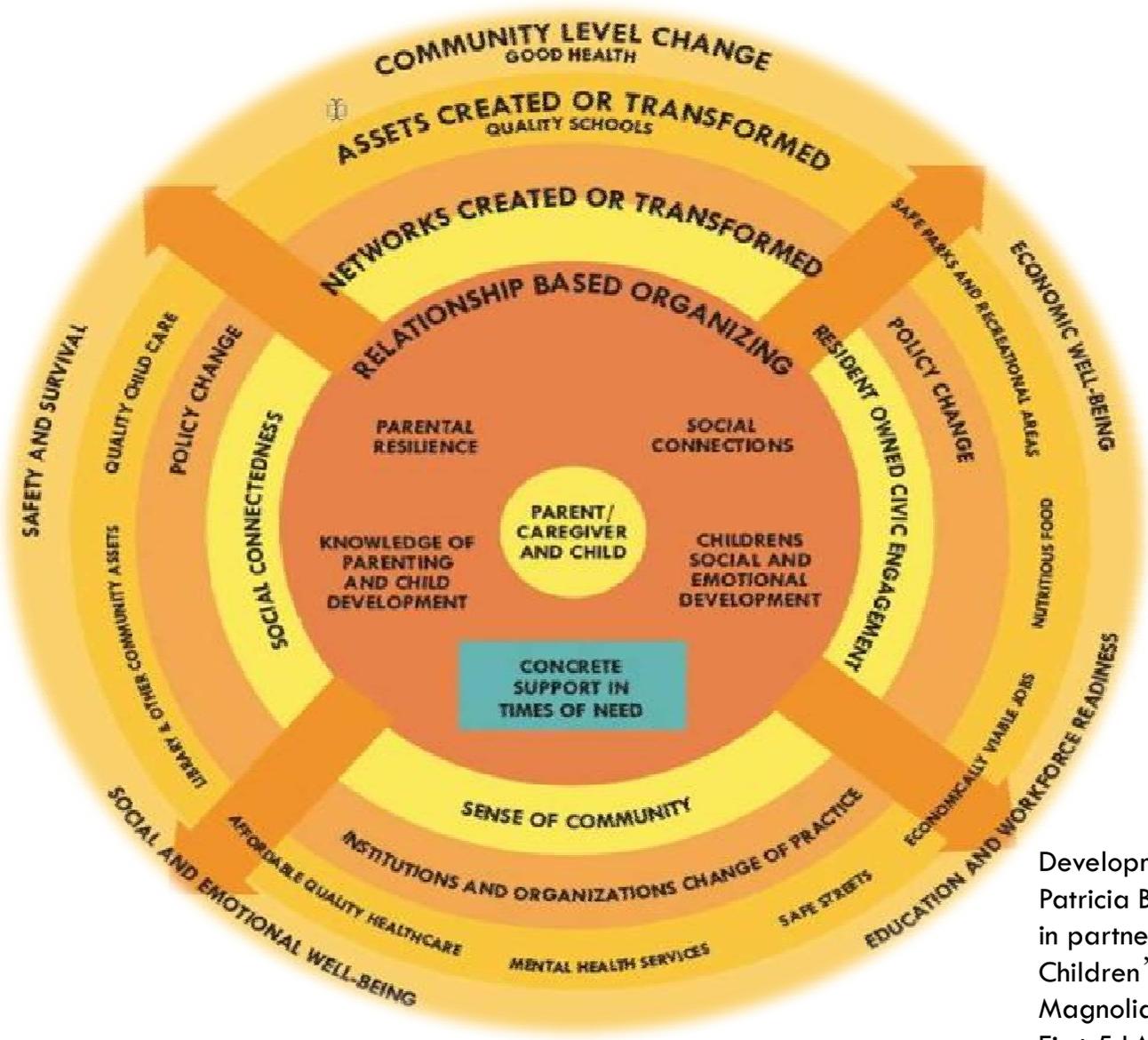
- The most effective way to affect positive, long lasting change at the family AND community/neighborhood level is to strengthen the **protective factors*** and support families as the vehicle for transformation of the community.
- Protective Factors:
 - parental resilience
 - social connections
 - knowledge of parenting and child development
 - concrete support in times of need
 - social and emotional competence of children
 - nurturing and attachment

*Research conducted by the Center for the Study Social Policy

Our Theory of Change

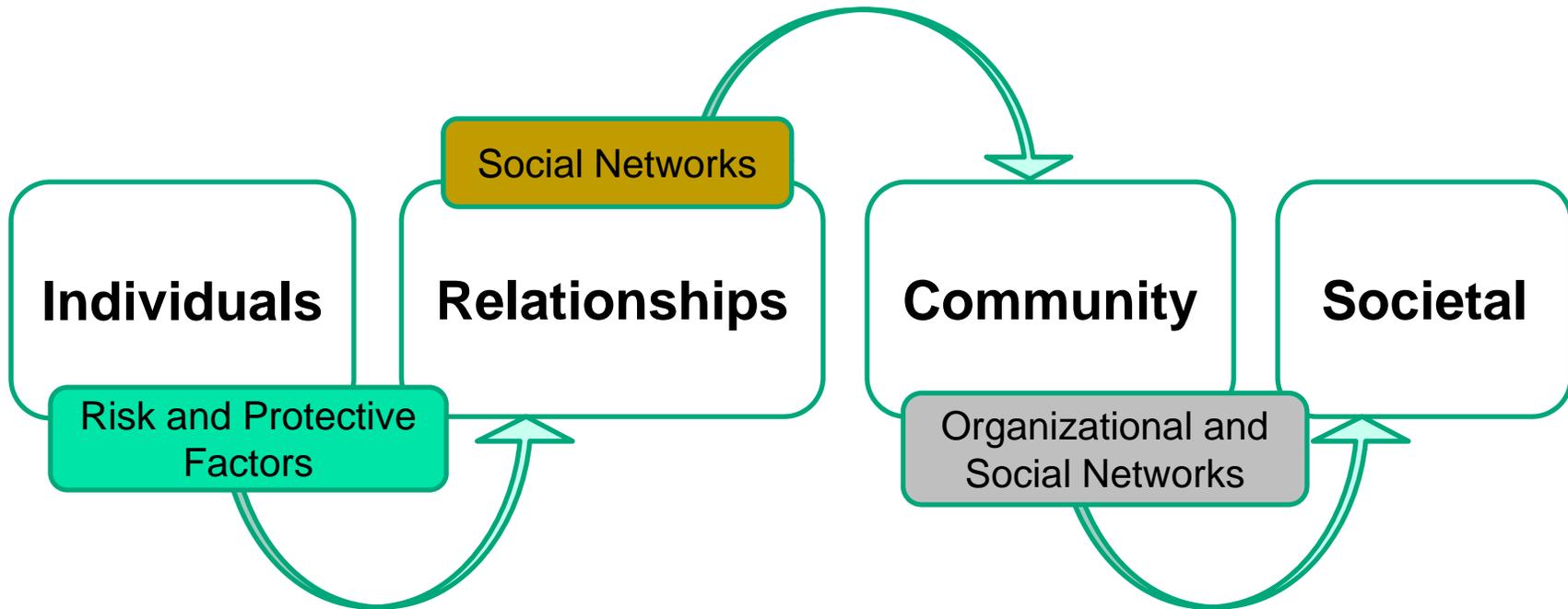
- ❖ Increasing the Protective Factors through Relationship Based Organizing and relationship building strategies
Builds Community Belonging and Civic Engagement
- ❖ Fostering interaction between and among individuals and organizations
Creates and strengthens networks of individuals and organizations with shared values and norms leading to collective efficacy
- ❖ Increasing and improving community assets and access
Contributes to good health, economic well being, education and workforce readiness, social and emotional well being, and safety and survival

Theory of Change



Development facilitated by Patricia Bowie and Cheryl Wold in partnership with The Children’s Council, The Magnolia Place Network and First 5 LA

Points of Intervention



What Are We Trying to Accomplish?

To build a place-based network where providers and programs will work together to innovate and improve care that will reduce risk and improve early childhood development outcomes.

Established the Magnolia Network

- ❖ Each Network member agency or individual contributes to the vision and mission by using their own resources.
- ❖ The partners work to align their own activities within the 500 blocks towards the mission and strategies that have been adopted by the Initiative through cooperation, coordination and collaboration.
- ❖ Network members form subsets of partnerships to accomplish specific project initiatives and utilize a web-based group-site as a vehicle for centralized communication and planning in addition to face-to-face meetings.

What the Network is Not

It is not what is traditionally thought of when referring to a network or collaborative.

By this we mean:

There is no primary source of funding for the performance of the network or network activities.

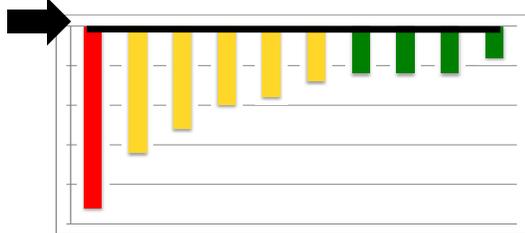
There is no specific lead agency administering or leading all of the efforts.

It is NOT a service network.

Magnolia Community Initiative: Mission, Approach and Working Groups

Goal

100% of children succeed in health and education

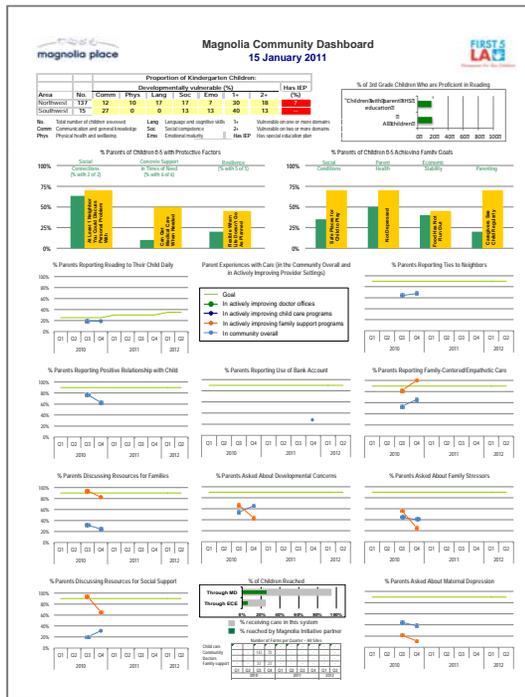


Mission

All children in the Magnolia catchment area will break all records of success in their education, health and the quality of nurturing care they receive from their families and community

Approach

Increase protective factors and the reliability of service/support systems in providing prevention and timely need-based care



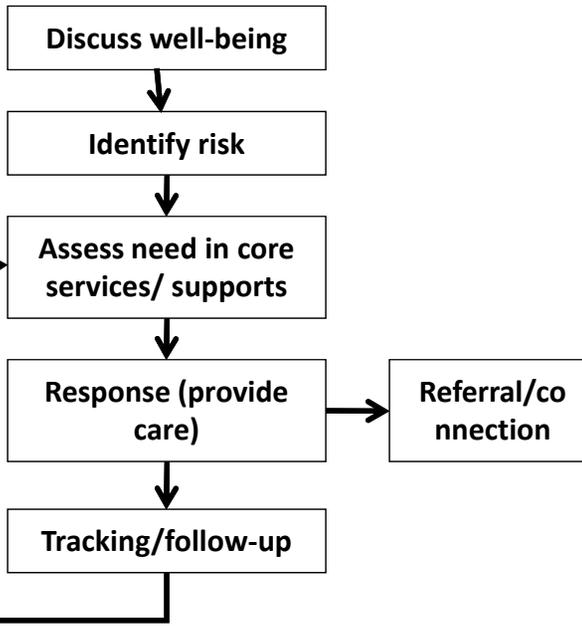
Leadership Group

Goal: Guide efforts toward sustainable strategies that have the greatest positive impact on young children's development



System Improvement

Goal: Standardize care for all, based on need



It Takes a Community
Goal: Increase effectiveness via empathy in care



Promotora Community Outreach
Goal: Increase social connections



Economic Stability
Goal: Increase family resources and support for basic needs



Linkage and Referral
Goal: Improve flow to supports & services



How We Do Our Work

Align and improve supports to parents in the Magnolia catchment area, using shared target goals and a system that supports network innovation and improvement

Leadership	Set expectations, align activities, and remove barriers
Promotora network	Increase social connections and community belonging
Economic stability	Increase family resources and support for basic needs
Linkage and referral	Improve flow to supports & services
System improvement	Create standard pathways of care, based on risk/need
It Takes a Community	Increase effectiveness of interactions with parents, by building empathy into services and supports
Research/evaluation	Support a structured, common improvement system for Network efforts

Community Data Dashboard

A family of measures that tells us, with no other information, how well the system is performing

- Shows how well a community system of services and supports is helping young children develop and thrive
- Shows data in ways that increase understanding of specific needs and experiences
- Describes experiences/outcomes for all young children, not just those in programs
- Connect organizations to a common change process
- Increase shared accountability
- Sets specific expectations for change (targets)
- Measures progress towards goals in real time (monthly and quarterly)

Selecting Measures for the Dashboard

- What measures best represent Network goals (telling the Magnolia story)?
- What outcomes for children and families can we actually move on a monthly, quarterly and annual basis?
- What processes/experiences will “move the dot” (have the greatest impact)?
- What processes will organizations and working groups commit to improving?
- What measures are feasible to collect?
- (*For setting the goal targets*) What is the best result that any community system has achieved?

Community Dashboard: A System of Care



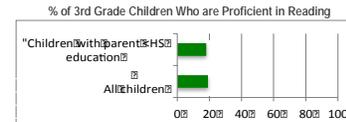
Magnolia Community Dashboard
15 January 2011



Developmental progress at school entry (EDI)

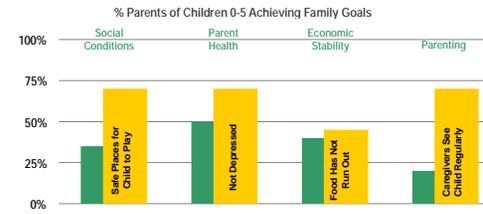
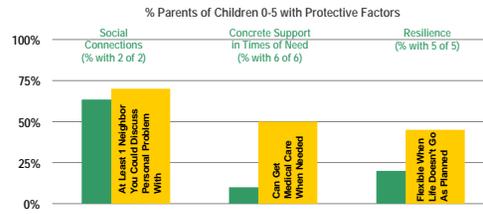
Area	No.	Proportion of Kindergarten Children: Developmentally vulnerable (%)						Has IEP (%)
		Comm	Phys	Lang	Soc	Emo	1+	
Northwest	137	12	10	17	17	7	30	18
Southwest	15	27	0	0	13	13	40	13

No. Total number of children assessed
 Comm Communication and general knowledge
 Phys Physical health and wellbeing
 Lang Language and cognitive skills
 Soc Social competence
 Emo Emotional maturity
 1+ Vulnerable on one or more domains
 2+ Vulnerable on two or more domains
 Has IEP Has special education plan



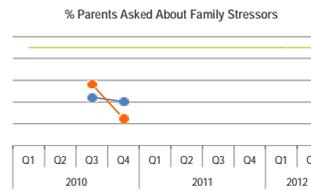
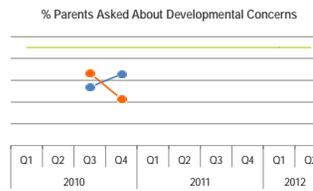
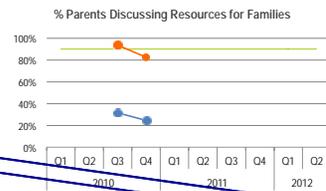
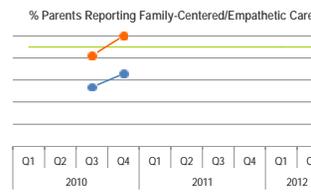
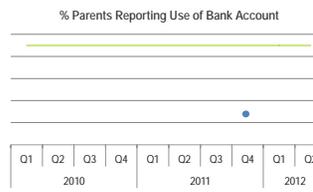
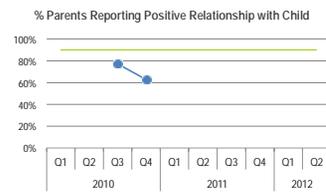
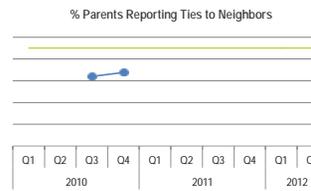
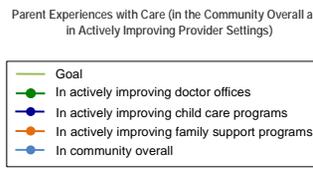
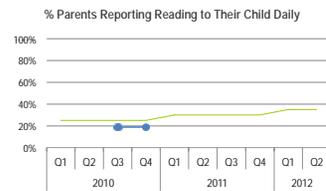
3rd grade reading proficiency

Protective factors for families

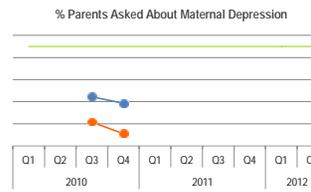
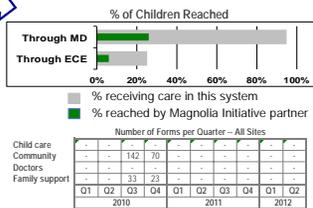
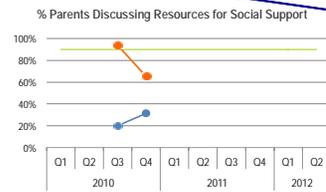


Stressors in families with children 0-5

Care processes & experiences for children 0-5



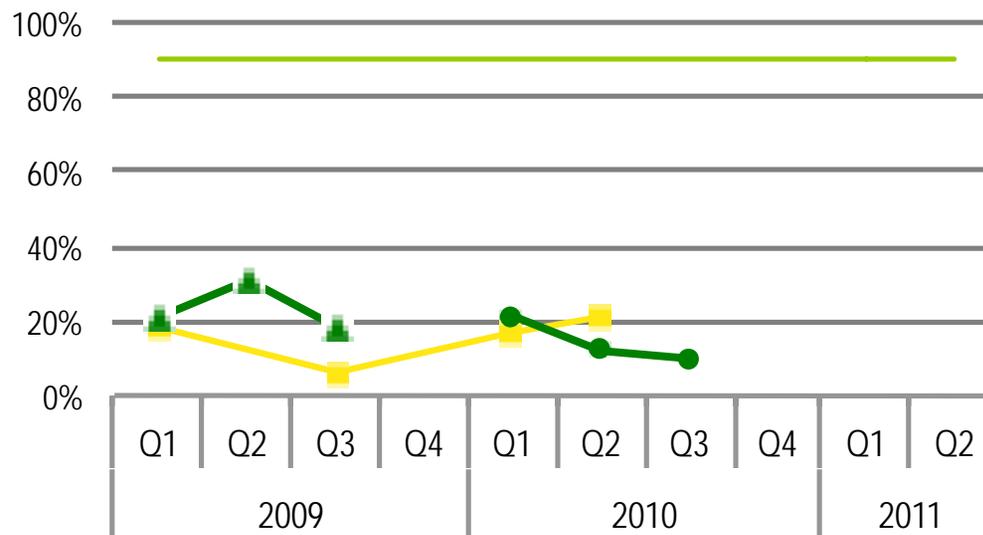
% of children 0-5 who are reached by network improvements



Example: Parents Activities at Home

Are parents reading together every day with their young child?

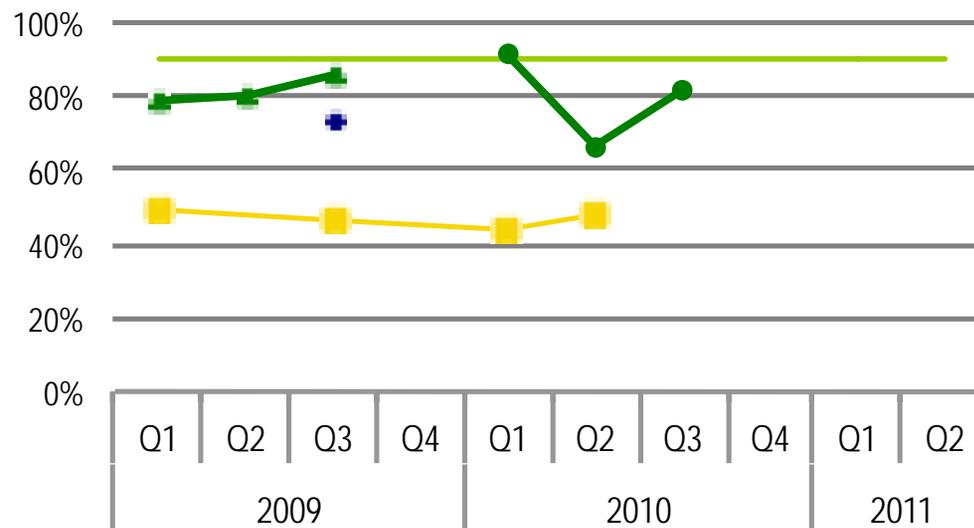
- Green line is the target goal set by the community
- Green marks show rates for parents surveyed in physician offices that are actively trying to improve
- Yellow marks show rates for parents in a community sample (surveyed at WIC centers)



Example: Parent Experiences with Care

Are parents being asked if they have any concerns about the child's development, learning or behavior?

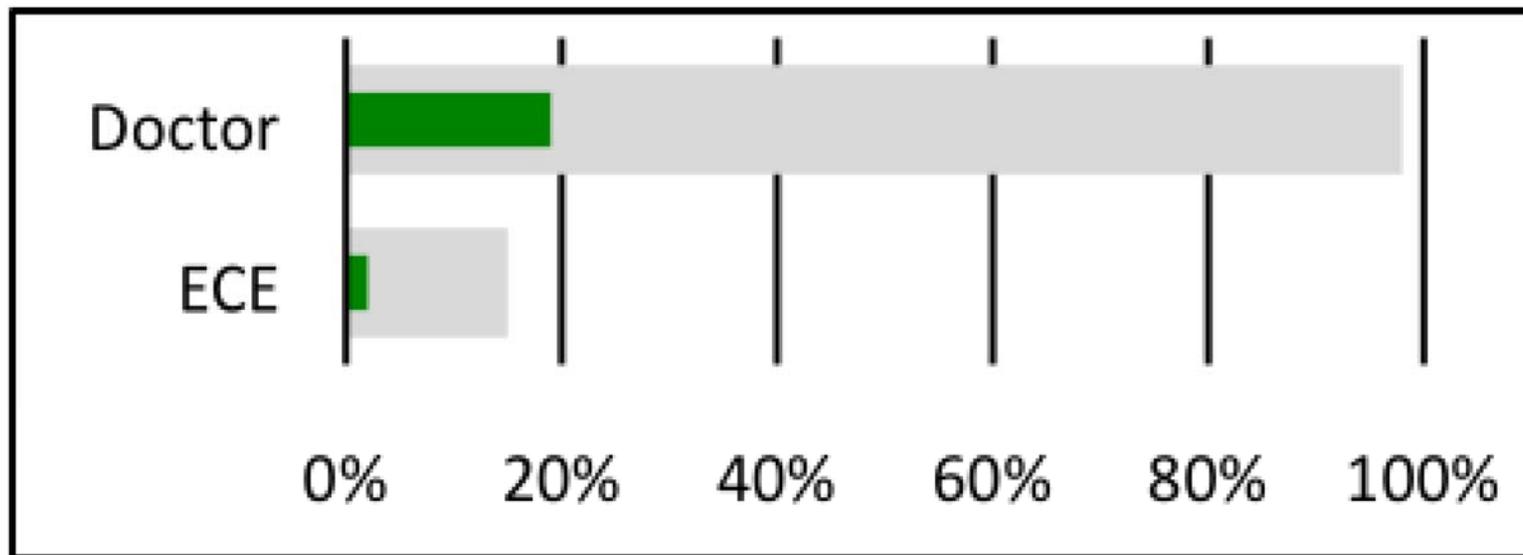
- Green line is the target goal set by the community
- Green marks show rates for parents surveyed in physician offices that are actively trying to improve
- Blue mark shows rates for parents surveyed in child care programs that are actively trying to improve
- Yellow marks show rates for parents overall in the community



Measuring Reach to a Population of Children

What % of children in the catchment could be reached (if our improvement included all providers in a sector)?

What % of children are being reached (by getting care from a Network partner)?



% receiving care from this system



% reached by Magnolia Network partner

Our Community Engagement Strategy

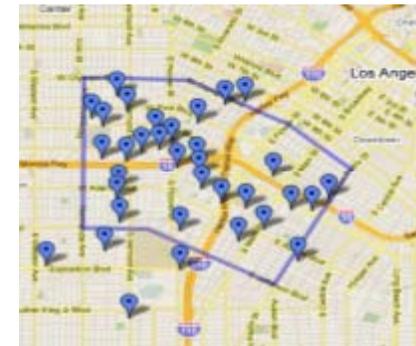
Community Survey



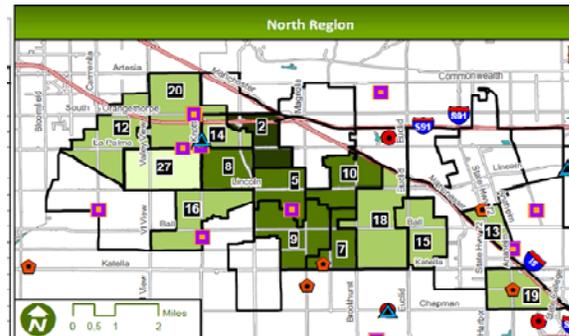
Community Dialogues



Mapping Local Neighborhoods

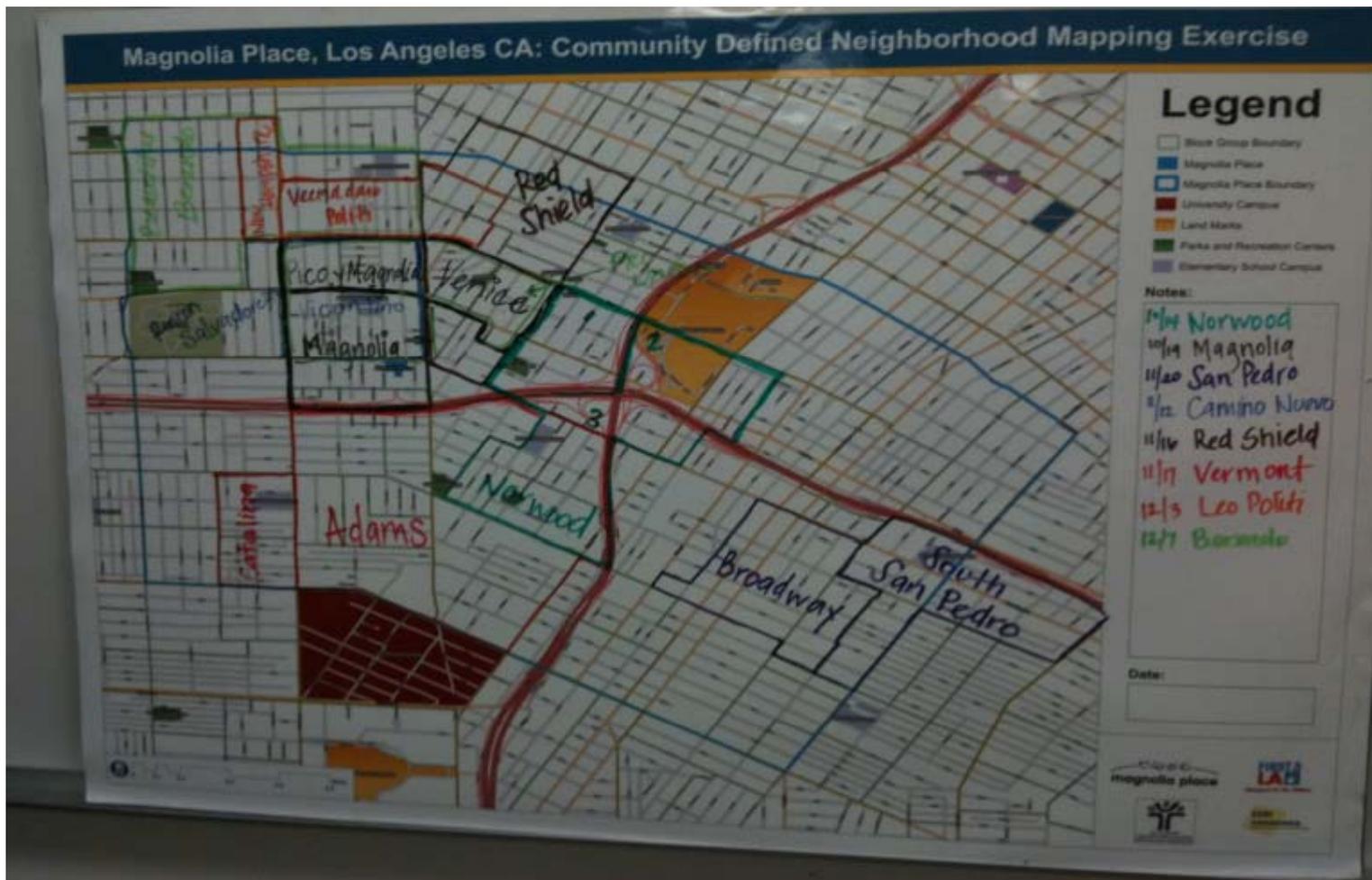


Introducing EDI Results



Community Engagement: Mapping Neighborhoods

Defining neighborhood, and engaging residents, through 15 community dialogues by promotoras (community health workers)

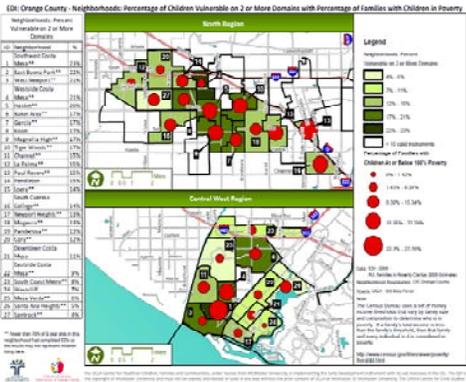
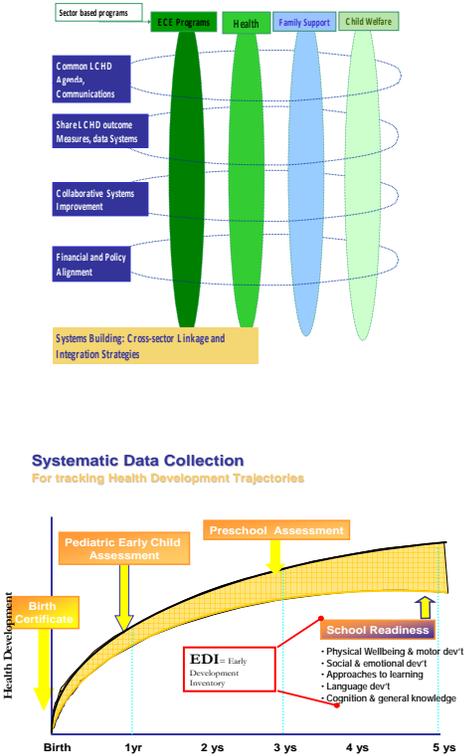


Where Are We Now?

- Increasing awareness of the protective factors for the individual, family and community
- Fostering and strengthening social and organizational networks
- Setting annual and 30-60-90 day goals for each working group
- Formalizing a common, structured improvement process (data dashboard, monthly measurement, use of plan-do-study-act cycles)

Transforming Early Childhood Community Systems (TECCS)

UCLA, UWW, WK Kellogg, Cincinnati Children's Hospital
States, Counties, Communities



Roles for Key Partners

- **UCLA & UWW**

- Provide toolkits, training, coaching & technical assistance for all components of the project
- Prepare EDI data reports, maps and community profile report
- Support a Collaborative Innovation Network (COIN)
- Accelerate the work already being done in communities

- **Local Lead Agency Partner**

- Identify target neighborhoods for Year 1 and expansion plan for subsequent years
- Recruit school districts within target areas
- Convene local EC coalition around use of EDI and other data for planning and improvement
- Participate in the Collaborative Innovation Network to share lessons learned

Key Partner Roles (Continued)

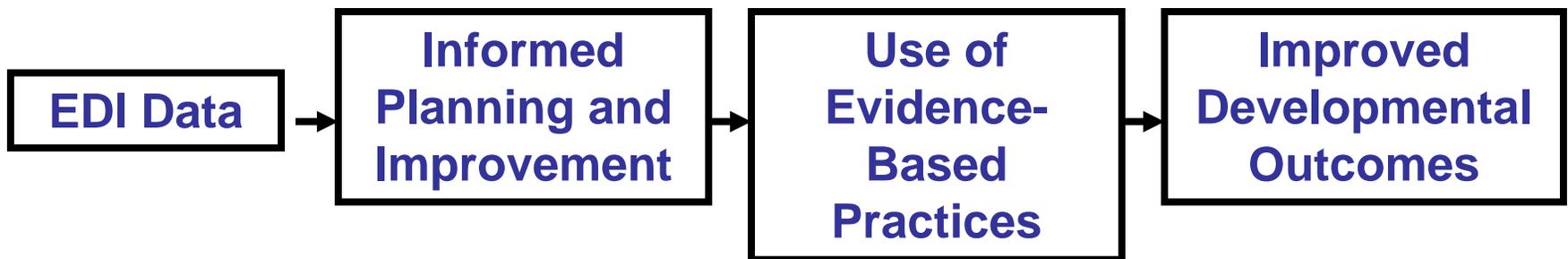
- **School District Coordinator**
 - Recruit schools & train teachers for EDI data collection
 - Participate in community engagement process
- **Teachers**
 - Receive teacher orientation
 - Send parent information sheets home
 - Complete electronic EDI on each child online
 - Complete one evaluation form online
 - Participate in community engagement process

TECCS

- Prototype of a Early Childhood Community Improvement System
- Designed to Catalyze and Accelerate Rapid Improvement
- Align and Engage ECD services and schools
- Could be used to leverage other federal ECD initiatives and goals
 - Early Childhood Comprehensive Systems (ECCS)
 - Early Childhood Home Visitation Program
 - Project LAUNCH
 - Local Early Childhood Council Initiatives
 - Promise Neighborhoods

TECCS Project Goals

- Enhance the capacity of communities to improve early childhood development by
 - Establishing a community level indicator of children’s developmental outcomes using the Early Development Instrument (EDI)
 - Linking EDI data to local planning and improvement activities



Four Key Strategies for TECCS

1. Community Engagement

- Mobilize local EC coalitions around data collection, planning and improvement

2. Measurement & Mapping

- Of children's developmental outcomes using the Early Development Instrument (EDI) to inform planning & improvement

3. Targeted System Improvement

- Work with communities to identify barriers and test and refine strategies for addressing those barriers

4. Shared Learning with a Collaborative Innovation Network (COIN)

- Help communities share experiences and lessons learned

Anticipated Outcomes

- Increase community awareness on the importance of early childhood development
- Facilitate collaborative relationships
- Foster shared accountability
- Assess impact of past investments & guide future ones
- Emphasize prevention & focus on the whole population
- Add to the evidence base about effective approaches to improving early childhood systems
- Gain public support and political will to sustain resources dedicated to early childhood

Launching TECCS

- Piloted measurement and mapping component (EDI) for two years in Orange County, CA (2008-2009)
- Piloting all four system building components in target cities (New Orleans, LA; Battle Creek, MI; and Hattiesburg MS) through funding from the WK Kellogg Foundation (2009)
- Implemented EDI in 14 communities (2010)
- At least 5 more communities in 2011; several states are exploring statewide implementation

TECCS Initiative: National Pilot Sites 2009-2010



TECCS Initiative: National Pilot Sites 2010-2011



Resources

- **UCLA Center for Healthier Children, Families & Communities**
 - Istanely@mednet.ucla.edu
 - hduplessis@verizon.net
 - USEDI@mednet.ucla.edu
 - www.healthychild.ucla.edu
 - LilaGuirguis@all4kids.org
- **United Way Worldwide**
 - Elizabeth.groginsky@unitedway.org
 - www.liveunited.org
 - www.bornlearning.org
- **Offord Centre for Child Studies:**
 - <http://www.offordcentre.com/>
- **Human Early Learning Partnership (HELP):**
 - <http://www.earlylearning.ubc.ca/>
- **Centre for Community Child Health:**
 - http://www.rch.org.au/australianedi/index.cfm?doc_id=6210

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QUESTIONS??



THE SCIENCE FOR A BETTER START