

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

ELIZABETH GROGINSKY: Well welcome everybody here to the, I think the last sessions of the AMCHP conference, and we're really pleased that you're here to learn more about using the early development instrument to build early childhood systems. My name's Elizabeth Groginsky and I work at United Way Worldwide as a Director of Early Childhood Education. And I'm going to introduce our two speakers and then Helen DuPlessis from UCLA will speak in-depth about the tool and the instrument of why EDI. And then we have Lila Guirguis,

LILA GUIRGUIS: Guirguis.

ELIZABETH GROGINSKY: Guirguis, thank you. I should have practiced that one. Guirguis, from one of our communities in California who is using the EDI. And then I'm going to close with kind of wrapping up what are Overall Transforming Early Childhood Community Systems Initiative is about, which is a partnership with UCLA and United Way Worldwide.

So, first I get the honor of introducing Helen and Helen is a General Pediatrician with 25 years of experience working to improve the health and healthcare system for children and families across the U.S. and particularly in California. She is currently Senior Advisor at the UCLA Center for Healthier Children, Families and Communities where her research and policy intros focus on quality improvement for children and families, health system reform with a focus on population health and re-engineering primary care, which I like that. And

## **2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems**

**02/15/2011 Omni Shoreham, Washington, D.C.**

ensuring optimal early childhood development through assessment and intervention.

Helen has served on numerous local, state and national committees and boards including non-profit school health partnerships, professional organizations, quality improvement organizations and as a part of the National Children's Study, National Advisory Committee and Health Programs including the L.A. Urban League Healthy Neighborhood Program.

She continues to practice pediatrics at a large public hospital in L.A. County, so we're very pleased to have her here with us today to share her knowledge and experience.

Lila Guirguis is Director of the Magnolia Place Community Initiative. In this capacity she serves as the lead individual and point person for the Magnolia Place Community Initiative, which are going to hear quite a bit about and the network partners. She interfaces with the Magnolia Place Policy and public/private consultants to implement strategic partnerships that meet the mission and goals of the Magnolia Place Community Initiative.

Laila leads the processes necessary to communicate the philosophy and achieve the agreed upon goals of the initiative. Prior to this, Laila was a Program Officer with the School Readiness Initiative at First Five LA. And in this position she monitored programmatic and fiscal compliance and provided

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

support for grantee project implementation. As a Program Officer, she collaborated with other local service agencies, government institutions, foundations, schools, and businesses to identify additional supports for grantee's and strategic partners.

So you can see, both of these women have really walked the walk... walked their talk and in walked the walk, so we're very pleased to have them. And I'm going to turn it over to Helen.

HELEN M DUPLESSIS: I should probably get my meaning reminder out. It is good to know I'm where I'm supposed to be.

Good afternoon, while these other stalwarts, I'm impressed, I expected there to be about five people for the last session of a very long conference, but I do appreciate all of you for being here and I hope we won't disappoint and you go away with something that's useful. There are green folders in the back that include a lot of useful information about what we're going to be discussing this afternoon as well as a little insert end it now, I have some more in a box underneath here. Maybe Kate, if you wouldn't mind, grabbing right underneath the skirt there there's a box we can put some more back there.

In any event, the incident actually describes some up-to-date data that Laila will share with you in a little bit. In keeping with the theme of the lunch speaker telling important stories and telling them in ways that are useful, let me share with you

## **2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems**

**02/15/2011 Omni Shoreham, Washington, D.C.**

that my story was meant as a pediatric resident, I recognized very early on that I can do a lot more to impact the lives of kids and families than treat their ear infections and take care of their chronic illnesses and deal with their immunizations. And so I sort of became the designated resource person among all of the pediatric residents because I made it my business to learn all about resources because I recognize that the population we saw in our public hospital was peppered with kids who were starting out in life with certain kinds and disadvantages, whether that have to do with property, whether that had to do with being from single-parent families or whatever it had to do with. And that they were going to be set up for more health and educational problems going on through their lives that without any kind of intervention, all of these resources that we know are kind out in the community, just not very well connected, they were going to suffer and fall behind their same age peers in the long run not being able to achieve their potential as contributing members of society.

I then went on after about 12 years in public health and the public teaching hospital, I spent several years as a Director of Student Medical Services for L.A. Unified School District and saw firsthand how we were failing our kids in the school system where average age of referral for an IEP in the school system, 9 to 13. You know, we've missed the boat by then don't you think. And indeed, what happens to those kids is they drop out of high school, they end up in the penal justice

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

system, they end up not being able to contribute to our work force more to our society.

We all know, if you look at the epidemiology that there are some four to six percent have severe, chronic illnesses and/or developmental delays, and another 12 to 16 percent that have other kinds of special needs with now in the new millennial era, more and more kids who are having behavioral, mental health, learning and other types of challenges if you sum all of these up what that means is maybe we've got 50 to 60 percent who are good enough. I don't know about you, but I would not like to have my kids be described as, "good enough."

So the real question for us is; how can we get kids that are thriving and what percentage are really thriving? I am here in \*\*\*\* and we do a lot of work together, so any of you who have ever heard Neil speak, have seen this trajectory that I'm about to share. It is a health trajectory, a life development trajectory, in this instance, a school readiness trajectory if our children don't get what they need in terms of quality, enriched environments and supports, they'll end up on one of these delayed trajectories demonstrated by the red line here. If they are disadvantaged, but they haven't quite been hit by that stressor that's going to push them down, or some other risk factors that may push them down, they might be at this "at risk" trajectory, some of those stressors listed appear, poverty, lack of health services, etc. What we'd like though is for all of our kids to be able to be on the highest, most productive health

## **2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems**

**02/15/2011 Omni Shoreham, Washington, D.C.**

trajectory. And we know we can do that by providing them with certain kinds of supports and services throughout their lives.

Now, keeping on with the story theme, we have barriers right. So we know, was it, I think Dr. Reed was talking about how the buzzword for our existing system is fragmented. Right? We know we have an early childhood development system that is fragmented. A number of sectors in services and supports that are completely disconnected are families. We heard from Deneen to navigate, to access services, even when that health insurance is there, there are caps or there are other kinds of barriers right, that provide... that developed difficulties and challenges for our families. And we have a whole host of other socio-economic and other challenges that simply make it hard for families to navigate. Well

Despite the plethora of services and supports are out there, we also recognize that there is an even quality across those services and supports. And that, indeed, the current model of care that focuses predominantly on treatment, you know, based on the old historic germ theory, treating acute communicable diseases, is outmoded given what we know today about the life course trajectory and how early exposures risk and protective factors determine health and disease in the long run. We also, many of us are working on place-based models, but we live in an error that, for the most part, communities have pretty limited accountability for what they

## **2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems**

**02/15/2011 Omni Shoreham, Washington, D.C.**

can do although there is tremendous power there, and that's what you're going to hear a lot more about today. And that indeed, trying to work across sectors, providers don't share a lot of accountability predominantly because we don't have any common outcome measures that we can all focus on.

Frank Overslade, who many of you may know from the Australian Children's Health Center, Frank to Neil's trajectory slide and created one of his own trying to visually demonstrate the notion that if we did kids on a good trajectory with our current status, what we want to do is recognize that we have the opportunity and we have the know-how to move them up to a better trajectory.

So this notion of upgrading our ECD system, if you would think for a moment about the technology construct eversioning, you know, you get Microsoft 1.0 and that's a good operating system that allows you to use different applications without crashing your entire computer, but by the 2.0 version, we had a system that really allowed for interconnection, thinking the same way with our healthcare system. What we ought to be looking for is passed that 1.0, a cute and communicable disease germ theory model of our health operating system to what we have now, for the most part, which is really kind of a chronic disease model, a Wegner care 2.0 model. Great, necessary, but not where we ought to be, which is really looking to link not just vertically, but horizontally all of the sectors in services and supports that determine those social, economic and other determinants that

## **2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems**

**02/15/2011 Omni Shoreham, Washington, D.C.**

really combined together in complex ways to determine overall health status, kind of a fully integrated system.

So we made some progress, we're sort of in many areas of the country were kind of the 2.0 model. And in many were still not. But we have a lot more to go. I might demonstrate this for you pictorially by just laying out that we've got different sectors in different colors here right. We've got social support, we've got healthcare, we've got some of the other early care and education programs. And so what we've done with our 2.0 model is that we've begun to organize them by sector. And that makes good sense, but it's not quite where we need to be, so there's a good sector organization. What we really need to be talking about is figuring out a way to take those sectors, organize them well, and then create the common outcomes, but common agenda, and the communication strategies that link them all together in meaningful ways with a system improvement and innovation model that can get us to where we want to go. We also recognize, I think, our financing systems, our existing financing systems that are all organized vertically into specific programmatic, for the most part, funding streams need to be aligned in a very different way in order to support this kind of a improved system.

So moving forward into where we could go, we know we need a vision, we know we've got to have leadership, we understand that that cross sector innovation is very important in that strategy for new different kinds of financing models are

## **2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems**

**02/15/2011 Omni Shoreham, Washington, D.C.**

critical, one of the things I think we all will acknowledge even though it makes many of us cross eyed if we don't associate the stories with them is that data is critical in catalyzing movement toward any kind of improvement, whether you're talking about early childhood systems or anything else. And that in addition to that, creating a way to convene learning collaboratives around and support them with improvement and transformation methods is where we need to go.

So what we've begun to do, I'm going to skip this because it's going to take too long. What we've begun to do, is to conceptualize a measurement trajectory that links outcomes across the entire age spectrum. You might start out with birth certificate data, right, for automated vital statistics system. Then maybe in the early toddler years, one and two. We're talking about ages and stages or the Ped's Questionnaire. We have some additional measures I'm going to share with you today for pre-school, kindergarten age kids and so on.

You get the notion that in developing the system we need to be able to support it with a measurement process that will really describe what is happening with the health status of kids as they move along in life. We also need to be able to measure, not just the processes of healthcare, or the processes of your Maternal and Child Health Program, but the specific outcomes and we need to be able to reach back and measure those other kinds of non-medical determinants that are contributing to the overall health and well-being of children as they grow.

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

So, fast forward then to our exposure, many years ago to something called the Early Development Instrument, or the EDI. EDI was created out of the Offord Center in Canada, McMasters University. Interestingly enough, the survey instrument itself is all based on developmental research out of the US, but they created the survey first area that it has 104 items, that seems like a lot, it's really not that much. It is a teacher observation tool, kindergarten teachers use this tool after children have been in the kindergarten setting for about three months. It covers five developmental domains that are important with the National Education Goals Panel set of domains that have been proven to predict school outcome and success, here are the five domains for you to chew on, they make sense, these are the same kinds of domains in one shape or another that I think most of you have been focusing on and have exposure to. And it is population base. It's not to be used for high stakes, individual kinds of assessments.

Why does it make sense to have a population-based approach? Well, important information on kids can paint a picture of what's happening to an entire population of kids at a community or at a neighborhood level. It also gives us the opportunity to reach back to those other non-medical, non-educational determinants to figure out how those relate to school readiness outcomes. It also moves the focus from the individual kids in school settings, and believe me, you there's a ton. There is already a lot of focus on the individual school

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

setting. It's a both/and. It's not intended to be a replacement for any of that. But it allows you to look at the entire population of kids in a school or in a neighborhood setting.

And if you think about the typical Bell-shaped curves that were all very used to, when we look at trying to intervene at the 12 to 16 percent of the population, or even the 30 to 40 percent of the population that are now having behavioral, mental health, etc. challenges. Our interventions are aimed at the individual level for the most part. And so we can move a few dots, but we're talking about shifting the entire curve, and I think the easiest way to do that is to look at a population level.

The EDI has been extensively tested now in three countries, and we have a very good validity and reliability data. In the half for any of you who are psychometricians and you need that information, I have it and I can share that with you after the presentation. I would though point out a couple of things, here are the associations between literacy and numeracy and the number of developmental delays where children are vulnerable. So you can see that there's sort of a dose response curve. If kids are vulnerable for all five of those developmental domains, the percent who are not meeting expectations in reading and numeracy, this is Australian data, it is extremely high. I mentioned before, it's not intended to be used at the individual level, it is not to be intended to be diagnostic or to be used for high-stakes decision-making like what children are eligible for special ed services or for pullout services or

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

should be retained in kindergarten or things of that nature. And it's not really intended to be used to reflect teacher performance or a particular school performance.

I'm going to show you a couple of foreign maps and then we'll get into some of our U. S. Data. The Australians are phenomenal and as much as they learned about the EDI later than we did, from us actually at an International Early Childhood Intervention Conference that we held several years ago and were so taken with his EDI instrument, they took it back, had conversations with their government and their government basically said, you will do this. And so in two years they got the EDI up and running across the entire country continent so that last year 98% of all of the Australian children were assessed or had teacher observations using the EDI instrument. And this just demonstrates for you what the saturation is in various populated areas across Australia the gray areas are not populated. Remember, that's a big country.

More on some of the validity, predictability. What you see here is across the bottom, each of the five developmental domains associated with quartiles of socio-economic status, property status for all intents and purposes, but this was in Australia. So what you can see again is something of a dose response curve quartile five are economically the best off individuals or families in the country continent. Quartile one, the most impoverished and you can see how the percent of

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

developmental vulnerability goes up depending upon the percent of poverty in that country. Not a big surprise.

Let's fast-forward to some of our U.S. data. Elizabeth mentioned, we've been doing this for several years in Orange County, this is Orange County data. So here's the power and the impact of this kind of data. We work with communities to develop geographies where we can then map the EDI data and any other important indicators in that community. I'll get to some of those others in a moment, at a very geographic local level. So this is a busy map. Over on the left, you'll see a list of members is and it indicates the percentage they are of children who had one or more vulnerabilities in the EDI. These maps and the darker the green the greater the percent of children who are vulnerable. This particular map, again, is percentage of children vulnerable in one or more domains. And I want you to kind of keep this in mind as I overlay a few other pieces of data.

So, northern regions, Central region, we've got some areas down the air of deep dark greens, some areas down in the central region of deep dark green where 40 or more percent of children have scored vulnerable in one of those domains. And now I've overlaid on this for you, the percentage of children in poverty the larger the circle the larger the percentage of children in poverty. And you can see now, this is a slightly different map, but you can see how there are large circles, for the most part, there is an association between poverty and the

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

percent of children who are vulnerable, in this case, in two or more domains.

Notice up in the upper central part of the northern region map, Community Two, really dark green, really small circle. Not very much poverty but a lot of vulnerability. So what's going on here? Well, here is a map that lays out the child abuse reports in the area and you can see how that might be important in painting a picture of what's happening in this community. Now, look back up in Region Two again. This is a map that overlays residential mobility, the larger the circle the more residential mobility. Up in Region Two, not a very poor area with lots of vulnerability on this EDI score, there's just a ton of transients. Right? So that may be part of the picture that this community needs to be able to paint and understand in determining what's happening with young kids and development in their community.

Again, this is the percentage of three and four-year-olds who are enrolled in preschool. Not a whole lot of preschool enrollment up there in that community, number two. But you get the idea. You can overlay poverty, you can overlay assets. These are early intervention services; special needs service, pediatric dentistry, etc., to this over... to this EDI data.

EDI becomes sort of the anchor and if I may say, as a pediatrician, you know, when you look at the Health Risk Assessment of a five-year-old, what is that but all of these

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

developmental domains. Right? Physical, social maturity, emotional development, etc., etc. So in some respects, when I talk to some audiences full of docs I will talk about this as a Health Risk Assessment because that's in fact what it is for five-year-olds.

So moving along, I'm going to end my story because Elizabeth and I can talk a lot about our perspective of what's going on in the 14, soon to be 20 or so communities that we've worked with across the country. More important for you to hear it from folks who are working on the ground using these kinds of tools to improve the early childhood systems for their kids and family. So, I'm going to turn it over to Lila Guirguis and we'll be around for questions afterwards..

LILA GUIRGUIS: Thank you. Well thank you for letting me be her today and tell you the story of the Magnolia Place Community Initiative, which really is an example of an early childhood system of change. I think we need to start with the beginning and the story. So Magnolia Place Community Initiative really started out of a vision of a particular non-profit organization called The Children's Bureau of Southern California. It's been in existence for over 100 years. And when they started to do their strategic planning, about 10 years ago, in 2001, they really said, well what is it that we could do because what we do well, we impact maybe 200 families a year, maybe 500 families a year, and what does it mean to get to scale. What if we wanted to impact a community and what would that look like?

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

So they started with doing research and they said, well what are the goals... what are the optimal outcomes for families? And this is based on research that families need to have... be safe, have nurturing and loving homes, that children need access to health care and well-being, that their school readiness children are ready to learn and that there is economic stability. That these four really create the foundation for a health family and for successful children.

So this actually anchors our initiative and what they then said was, okay, well what do we want to do? We want to find a place. And what better way in terms of finding a place but looking at Los Angeles, but you have Los Angeles County, made up of 9.8 million people, just in the county. And so they choose a particular catchment area that experiences high vulnerabilities, high risk. So there were incidences of child abuse and neglect, high incidence of poverty, you have very low scores in children's success in school. And so this area makes up about five square miles. It's about 500 blocks. And there's over 100,000 people living in this particular catchment area. You have about 35,000 children and youth and about 10,000 children under the age of five. So it's a very dense population.

But what we said was that what we hope and dream is that these 35,000 children really do break all the records of success in their education, the health and care they receive, and the

## **2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems**

**02/15/2011 Omni Shoreham, Washington, D.C.**

quality of nurturing care, not only from their families, but from their communities. And this was the invitation that Children's Bureau sent out to their other partners. Because what they knew they did really well was create safe and nurturing homes for families and prepared children for school. But what they needed partners in was how to get families economically stable and how to get families healthy, access to health and not only medical and dental, but healthy eating and exercise. And they knew that in the future, this is not going to be... they're not going to be able to do it themselves.

So this invitation was to other partners that really focused in the particular catchment area and that focused on those four anchor goals. And so some of the underlying assumptions that we have around our community initiative is that, you can't just work with the family. The families aren't you know, out there in isolation and that they don't... they exist within a community and they exist within neighborhoods and so that you really have to strengthen both.

Their services should really reach those that... who need it the most and in a way that makes the most sense, that services are not just cookie-cutter approach to everybody, that it really has to be specialized for the family, that services are absolutely necessary, but not the way to get to a healthy community. So when you think about Los Angeles County and those 9.8 million people, there is not enough money in the world that's going to be able to serve all the families needs. And so you

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

have to have a balance between services, but also how are you strengthening and building the community, and that really a community transformation happens through a movement.

So these are some of the underlying assumptions of our initiative. And what we adopted early on was the protector factor's framework, which is research that was conducted from the Center for the Study of Social Policy that just said, well what has proven to build protective factors with families? What makes up successful families? And these protective factors, like parental resilience, making social connections, having children be emotionally and socially competent are critical to building protective factors around families.

So our Theory of Change, it's not that complicated, but the graph is complicated. But that really you start with protective factors. You start with the family in the center of our circle, and let me just show you that, so that you have the parent and child at the center and that your surround them with relationship-based activities and supports. You see all the protective factors, you see that concrete support in times of need is there, so those are our services, but it's not the only thing that exists. And that what starts to happen is that you start to get parents who are civically engaged. That you're not only doing the parenting class without thinking about how are parents making connection with other parents, in that parenting class, are they getting resources that they need, that you're not just focused and narrow about providing a

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

parenting class. That you're focused around how you are strengthening this family. And they start to then build those connections, build a sense of community and then what happens is, you start to get institutional change.

So our partners, when we talk to our partners about, well can you think about what you do in the context of protective factors because you absolutely are doing it, can you name it, can you say that you are adopting this. You start to build that institutional and organizational change of practice. And then what you get to are these assets that are created in your community and to get to more community level change.

So when we think.... This is just another kind of graph of how we think of our community, is that you see that through a person's life that there are pathways that are influenced by risk factors and protective factors. And that what you are getting is that people are building relationships with one another, they they're not in isolation, that they're in the context of social networks, and that they play a critical role in helping all ages and all families get to change. And that if you build social networks and within communities, you start to see organizational and social network change and then you start to see more of societal change because when you start to put organizations in relationship with one another, you start to see innovation, you start to see thinking that's creative and you start to see people changing their practice.

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

So what is it that we're trying to accomplish? That really we have a place-based network of providers and programs that are working together, they are really looking to reduce risk factors and improve healthier outcomes for children.

So back in 2008, after the strategic planning, we said, okay, we really want to see more of a systems change, a community change. We built a network, a network of partners. But what we really did was bring people together and say to the public sector and the private sector, you're working with these same families within that catchment area, how is it that we can come together because what we do together can be better for a family? Rather than us being in isolation and just taking that family piece by piece with fragmented services.

So the partners came together to build what's called the Magnolia Place Network. They're aligning their own activities, they actually don't come to the table because there is a memorandum of understanding or that there's any shared dollars. So they really are coming together with a shared mission, a shared vision, saying my work does align with what it is that we want to accomplish for this area.

So what it is not is really that... a specific agency leading the network, and it's not a network that's coming together to provide additional services. So I know this looks like a little bit complicated. But what we have... we just are starting with our mission we want to achieve. We have... this is the way that we

## **2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems**

**02/15/2011 Omni Shoreham, Washington, D.C.**

are really organizing ourselves and the approach to how we're trying to accomplish work in the catchment area. So we have a leadership group that's really taking responsibility. So as the Director of the initiative, Eileen on this leadership group to help guide ended 56 and take responsibility for what it is that we want to do. We have several work groups that take on some of our key strategies and anchor goals and looking at more than a system of care. What how do we talk about well-being, how do we identify risk, how do we support families within protective factors, what is the system that families are going through and how do we take responsive care in tracking those families?

So again, how are we doing our work is, we have shared goals, we have shared aims, we're supporting innovation and improvement. And like Helen was saying, we do have shared outcomes. And so we're all accountable to those shared outcomes. Each group, each partner is either in one subgroup or another. And they're taking responsibility for the work and the alignment of the work in the catchment area.

So what we established is called a Community Data Dashboard and you have that in your packet, it's that kind of standalone document that's dated in January, and really, this is how we're showing how we're creating a community system of services and supports that really support children that have helped develop and thrive. So when we look at the Dashboard, we start with, what are some of our long-term measurements.

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

What is it that we want to do? We see reading proficiency. We are seeing stressors within families with children under five. We look at the EDI data so we have nine public elementary schools within that catchment area that were all asking to participate and conduct the EDI so that we get that population based measure and then we have a protective factor survey, so we got baseline data and information on our families. How are they civically engaged? Where is community belonging? So this is our long term sort of data.

And then what we have on the bottom half are called run charts. And so these charts are ways that the partners and each of the different subgroups, I know it's kind of hard to see up here, but have a specific area of focus that they're working on to improve. And this data is collected quarterly, and it's community data. So we go to the WIC sites and we collect surveys on how our kids and families are doing on a quarterly basis. To be able to say, well how are we doing? So if we said that we want families, for example, to... if we're looking at measuring economic stability that one of our key outcomes is that they have a bank account. So that if our strategy is that and we say that's how we're measuring economic stability, and we're not successful, we don't see that dot moving, then we have to look at ourselves and say, what is it that we're doing to promote that or do we need to change that? Is a bank account not the way that we measure economic stability?

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

So it's really a way for our partners to share accountability and to share outcomes and to test ourselves and to say, how are we doing? So this kind of gives examples of you know, parents reading to their child.

So green line... this is our goal for the community. Green marks are parents surveyed within a physician's office and the yellow is the parents that are surveyed in the WIC sites.

So the last think I wanted to talk about was, well how do we take this information? It's great for the partners to use, but then how do we take it out to the community? And one way is our community engagement strategy. So we have our community survey that we talked about... that I talked about earlier about measuring up baseline protective factors. We have five community initiative promoters that are out talking to parents, taking the information out, they're mapping their local neighborhoods, they're talking about protective factors and the families are actually starting to name their neighborhoods. So this is a map of the Magnolia catchment. We've gone to all of these different sites to say, okay, well we can call this a catchment area, but what does this mean to you? Can you assign your neighborhood through census blocks that say, where do I take my kids to school? Where do I go grocery shopping? Where do I go to church? And name that neighborhood so that when we have that EDI data, we can match it up to this map and families can... we can go back to South San Pedro where they named that neighborhood and we

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

can say, here are how your kids are doing in this neighborhood.

And what do you think?

So when we take that information back we can say, well kids are vulnerable here, but they're thriving here. What's going on? You the parents are the experts, and that's the most important way is not to keep the data just among partners and just among professionals, but also to go back to the community and say, how could we use this to create that movement, to create that transformation?

So I'm just gonna stop there.

ELIZABETH GROGINSKY: Okay. Would it make sense to take questions, or... Okay, I'll be brief.

HELEN M DUPLESSIS: Because if you get the sense of what's going on, what Laila has talked about is actually using an improvement model, right, that many of you are familiar with in real life at the community level, and Elizabeth will tie it all together.

ELIZABETH GROGINSKY: Yes. Good, Helen, that's for that pitch. Good. Yes, so exactly... I think that was great. I mean Helen and Laila did a great job setting up kind of the broad picture, why an instrument like EDI is necessary in our country and how it's been practically used in a community along with a whole host of other initiatives. So this slide really captures the great graphics that we've been able to put together and shows the

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

partnership, like we said, between UCLA, United Way Worldwide, the Cincinnati Children's Hospital, which has helped a lot with the really the getting down to the level of those data dashboards in helping move the indicator and measure that because I think we all know from the accountability and policymakers and even your local community folks want to know, so is any of this working? I mean are things changing for families, for children. So the Cincinnati Children's Hospital has been a big piece of this and then the Kellogg Foundation has supported us with funding, and I think the states and county.

So this just kind of \*\*\*\* ... so UCLA owns the... so Canada developed the instrument and then they give the license out, so UCLA holds the license for the U.S. and provides... and that is a great way to get all the children's data into one system. So as we build out across the communities and you'll see a map of the United States, we're able to really begin to get a really good measure of children by building... I don't know how many children we have now in the database... looks like we're gonna get that. We're gonna get that piece.

And then the United Way, through our network of almost 1,300 United Ways across the country, are able to get information about EDI and to do the community engagement work in the local communities. And so that's how we've been able to grow it, across the country is through the United Way networks, and then the support from UCLA and both partners and Cincinnati

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

provide a lot of technical assistance training. Then as, I think Laila, you probably provide the local lead agency role. As we go into communities, we need somebody who's going to really champion this. Oftentimes, there's someone in the school district, but sometimes they're not. Sometimes they're at the United Way. They recruit the school districts; they convene the coalitions, like Magnolia Place does. And they participate in what we call our Collaborative Innovation Network, COIN. I like that.

And that is really the power of the tech's initiative is learning from each other because every community, as you all know very well is so unique and individuals within that community really provide an opportunity for us to build the knowledge and share in the wealth. That's why the COIN I think is good.

The school district coordinator is critical; they are going to be the person to make sure the teachers get the training. UCLA does the train the trainer, so that's another support that they're providing, but we do need somebody within the building who can coordinate with professional development and also participate in the community engagement process.

Teachers, of course, are the ones who do the instrument and complete the electronic EDI and they also participate in the community engagement process. And one note here is, kindergarten teachers have been probably our biggest champions and we should tap them more because they

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

appreciate knowing that something they're doing is contributing to a community response. Too often, I think as Helen mentioned, the high stakes the assessments are either rating the quality of their school as part of their accreditation or it's driving their own personal evaluation. So they... we've surveyed teachers after every round and extremely positive responses about it was easy to do, we enjoyed doing it, we appreciated the time to reflect on our students in the spring. So that's another good piece of it.

This I think Helen covered in her part, but just really, this is a prototype of how an early childhood community can rapidly improve its system. And we really do want this to catalyze and accelerate the rapid improvement, which I know all of you in this room are also working towards every day.

We believe that this also could be used to leverage other federal early childhood initiatives; we just have a new site coming on who is a Project Launch grantee. And they obviously see the value of a tool like this. I think the Home Visitation Project with a big focus on looking on where the highest risk communities are being able to use a tool like EDI to really sort out where the vulnerabilities are to the neighborhood level. I know, I came from Head Start prior to coming over to United Way Worldwide, and often community assessments really miss where the children are because they're broad. They're either a County level, they may be a City level, and it's really one part of a very large county where a number

## **2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems**

**02/15/2011 Omni Shoreham, Washington, D.C.**

of children are vulnerable. So I think we want to look to a tool like EDI and the tech's initiative to help us really inform these projects and make sure they're successful as well now.

So overall, our partnership, we want to really, again, enhance the capacity of communities to improve what... early childhood development. And as you can see here, we have the EDI data informing that planning and improvement processes, the other piece that the United Way and UCLA bring is that experience and knowledge of evidence-based practices. So now that you have this data, we link them up to other resources, other national partners, other good research to make sure that they're implementing those evidence-based practices. And then outcomes the other end, we have children well prepared and well supported families.

We use four key strategies and that is really, community engagement is critical, and I think Laila talked to that. Very importantly, we do a lot of work and training with the partners around resident engagement, community engagement, holding community cafes, she talked a little bit about that. But really finding out from people who live in that neighborhood, what do you think we should be working on? What do you see as the biggest issue, and what do you think are the issues causing that? So you're really engaging them in both the identification of the program as well as the solution.

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

Measurement and mapping. I think you've seen the power of the EDI tool along with all the other layering that we can do and then the targeted system improvement which through those Data Dashboards really saying, if we want parents to read more to their children, then we need to put it up there and we need to hold ourselves accountable to what we're doing and measuring those results. And then, as I said, the COIN, which really helps the community share their experiences. I think Laila touched on all of these things, emphasizing prevention, fostering those collaborative relationships, gaining the public's support and political will to sustain resources.

We would like to say the United State has adopted EDI nationwide and we can all, I think so many people would benefit because I think that's the thing we struggle with in communities is how are children doing? Back to that second or third slide Helen showed, we know how many have disabilities, we know how many are at risk, but how many are thriving? And how do we tap into that? And how do we increase that number? We really do need a strong population measure that covers all the domains.

I think we've talked about these. As she said, we were in 14 communities in 2010, I think we're going to be over 20 and we're actually exploring some statewide implementation. We've got a number of states interested and again, I think the issue of going to the community level and the neighborhood level, is you think Magnolia Place is probably dealing with this

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

where children live here, but they go to school over here. And so if you don't have a good saturation, you're not going to be able to really have that valid data. I think it's 70%... you want 70% of the kindergarten children in a neighborhood to have been assessed on the instrument. So that's why our strategy is looking more at statewide, and of course, nationally if possible.

And this is just a map that shows our growth. We'll have to get some more stars and circles and there we are.

So now we want to open it all up to all of you for questions, comments, any of you that have used the EDI or had experience with...

\*\*\*\*: Question. Let me just make a comment to start because you know, Elizabeth laid out for you the four strategies... I guess I should stand up. The four strategies that we utilize for this tech's initiative. Those four strategies evolved out of you know, 15 years worth of work that our center and others had done across the country with various communities who were trying to improve the lives of young kids and families at the community level. The reality is, there are tons of initiatives already existing across the country doing spectacular work, and so as we work with these various communities that you've seen on the map, one of the things that I think become obvious is, everybody doesn't all four of those strategies to the same extent. Some need all four, some just need one and in fact, what we aim to do is sort of modularize the approach so that if you happen to need the

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

measurement and mapping, that's what you get. That's where we'll give you the support. If you happen to need that improvement model to really help you organize and be systematic in how you improve systems and services and supports and integrate your system, and almost everybody needs that, then that's what you get.

This is not about replacing or eliminating anything that's being done. In fact, in most of our communities, we don't even talk about Tech's. We talk about whatever their initiative is and then there's some support in the background. It's really about accelerating the good work that's already happening.

ELIZABETH GROGINSKY: Yeah, that's a good point. And I would say that in a lot of the communities where we've been successful is where states have local early childhood councils or collaboratives and things like that because there's already a bit of an infrastructure in place to really accelerate what we bring to the table. Yes.

Question: How many \*\*\*\* state superintendents to \*\*\*\*?

HELEN M DUPLESSIS: Good question. And I would say, oh, restate the question. How do you get school superintendents to buy into this? My response is, that's not necessarily always where you want to go first. It really needs to be customized to what will work in your area. If we went to the L.A. Unified School Superintendent, 800,000 kids, we'd be laughed out of the office. And I used to

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

work there. Right? What we did instead in that environment was to go to the principles, right.

LILA GUIRGUIS: Yeah, so I spent a lot of time in the principle's office.

HELEN M DUPLESSIS: In a good way.

LILA GUIRGUIS: A lot of hours, and I saw a lot. But I just... I just did it that way. I went, I took a packet, I met with the principle even if it was for five to 10 minutes. I said, let me come to your kindergarten staff meeting, they have little meetings with their staff, and sold it that way. And I mean, there's a stipend that is enticing and then but once we had it, then we had you know, kindergarten teachers say, "Can we do this next year? When can we do this next?"

HELEN M DUPLESSIS: But there are other areas, Paddle, Mississippi, little town, you know. They went to the superintendent. \*\*\*\* a new superintendent... and I will tell you how powerful that is. I went to help them dissect and make stories out of their data earlier in the summer; the superintendent was at a strategic planning meeting for all of this was being discussed. In a couple of ideas came up in terms of what we should be doing. A superintendent made a split-second decision to include a child's development course as a requirement in senior year of high school. That's the power of having those kinds of people at the table, but in different communities you just have to customize it to what's... to what works...

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

Question: Thank you for your presentations. I had a question about the Community Dashboard, just in terms of how that data... is that data, I guess two questions. Is that data then fed into this larger \*\*\*\* system that the different organizations have \*\*\*\* too? And then how is that data then communicated back to the communities, so if we can talk about that.

HELEN M DUPLESSIS: Okay, I'm gonna restate the question real quick. The question is about the Community Data Dashboard and whether that data is fed into the larger network of the... I think where the other data is to the network where the Magnolia Place Initiative, is that fed into there and then do people upload to it or...

Question: For \*\*\*\* \*\*\*\* a centralized system is that data fed into and then how is that then communicated back to the community?

HELEN M DUPLESSIS: Okay, so is there a centralized system and then how is it then fed back into the community?

LILA GUIRGUIS: So what we have not is that each of our work groups is adopting one or two of these kind of \*\*\*\* chart questions and they're also saying, okay, not only do we want just community-wide data to see how our community is doing, but we also want specific data from our organization from families that are actually getting the strategies and getting the sort of intervention and so what we're doing is we're saying, we're

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

working with UCLA to say well, okay, say if "X" ... if St. John's Well-Child and Family Clinic collect surveys on a monthly basis, can they get that information back to be able to improve what it is that they're doing so that's kind of what the trajectory or the way that we're moving forward with individualized partner information and data. And being able to say, okay will how are we also, as a network because I have 76 partners right now. I have over 300 people. And so what we're saying is... what we're creating are our quarterly learning sessions. And so we had one in January that really brought in you know, Peter from Cincinnati and folks to say, well what is this? How do you read it? How do you explain it? How do you understand it? How do you use it? So again, I think what we're really striving for is how do we create a learning environment so that we're getting the most about our data.

And then finally being able to share that information through our community initiative promoters and taking out the information that way. So we go to schools, we go to recreation centers, we go to other non-profit organizations where families are already grouping, you organizing and you know, even meeting and to, so 20 to, you know, 15 parents at a time taking the information out that way.

HELEN M DUPLESSIS: It's probably important too note too that as these Dashboards are developed and not all 14 of last year's tech sites are at the stage where they're using developments, but

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

several of them are, these are all very customized. So the run charts on the bottom two-thirds really speak to the specific activities and interventions that the community is working on. So the run charts won't be the same necessarily from one community to the next. So in that respect, we don't have, you know, national centralized data on these run charts because they're not all the same.

Question: How will \*\*\*\* in the community \*\*\*\*.

Question: Helen, I just have follow up questions to that. How are the interventions for the communities chosen?

HELEN M DUPLESSIS: Great question.

ELIZABETH GROGINSKY: So the question is how are the interventions in the community chosen?

HELEN M DUPLESSIS: We have a book of 1,500 evidence-based... I'm lying because you know as well as I do that there aren't... they're different.

[Over Talking]

ELIZABETH GROGINSKY: Nice Helen.

LILA GUIRGUIS: Like if each... to Magnolia. And really what it was with these different work groups coming together with a shared aim. So for example, we have what's called a Systems Improvement

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

Group and that group is really focused on three things: social isolation, early development concerns, and maternal depression. And that group said, we want to focus on these three things and say, how can we improve those three things? And we want to test ourselves and we want a chart... and we want to test ourselves specifically on the percentage of parents asked about maternal depression. That was one. And then the other was that parents reporting family-centered and empathetic care. And what we started to do, and this is obviously with the help of UCLA would say, okay, here's our aim; here's what we want to measure our success. And what are some of the key question we could ask on this run chart. And then there was sort of cross dialogue among the other work groups.

And so what I also want... I'm interested in empathetic care. How families are being treated every day as they get services. You know, another was parents getting resources for their children. You know, so what we think as a simple one, but surprisingly enough, parents aren't getting those resources as they're going to different services and... so a lot of the work groups have one specialized \*\*\*\* the one around maternal depression, but then the other kind of also are interested in being able to get information on that question.

HELEN M DUPLESSIS: The beauty...

ELIZABETH GROGINSKY: And I'm...

**2011 AMCHP and Family Voices National Conference: Transforming  
Early Childhood Community Systems**

**02/15/2011 Omni Shoreham, Washington, D.C.**

HELEN M DUPLESSIS: Go ahead.

ELIZABETH GROGINSKY: I was just gonna... you go ahead, you said, "The beauty...

HELEN M DUPLESSIS: The beauty of the network... no the beauty of having a collaborative innovation network is, we're creating the evidence base. Because you know, we can count on two hands really the percent... the number of interventions that we know work, that we've had randomized control trials or some high standard in terms of the evidence of what works in early childhood and families. But having that national collaborative innovation network, doing that kind of action learning using the improvement model and PDSA cycles, we're creating an evidence base.

ELIZABETH GROGINSKY: There was a gentleman in the back and then right up here.

Question: [Inaudible] What is the range of age to be... for this instrument to be used by? How \*\*\*\* and how great. And I'm asking this question in relation to \*\*\*\*?

ELIZABETH GROGINSKY: So, the question is the age range that this project spans. What's the age range?

HELEN M DUPLESSIS: So the tool was designed and tested to be used predominately in the kindergarten setting. So we're talking about four, five, six-year-olds. It has been used in other

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

countries in pre-school settings. There is now a companion survey that's being developed for parents and then I'm understanding that the Offord Center is also working on something for middle school. But what we're using right now is used in the kindergarten setting.

LILA GUIRGUIS: Second semester.

ELIZABETH GROGINSKY: But I would say that the data is used to inform community support's birth to five, but also has the predictive validity up to third grade, so we're in the birth to eight continuum of focus of resources and energy. Yep, right here.

Question: So in terms of, you mentioned resources, what type of resource investment does this require and do the communities have to match some sort of resources, is there some sort of commitment they have to provide and are used in private resources through \*\*\*\*.

HELEN M DUPLESSIS: Yep, good question. And so it's important to say...

ELIZABETH GROGINSKY: Oh, should I restate the question? Okay, sorry. Where are... what is the cost? I think if I can simplify. And do private... do local communities have to come up with the match and is there private dollars that are available to support that?

HELEN M DUPLESSIS: Yep, so right now, this initiative... the map that you saw, Kellogg supports three out of those 14 sites because you know,

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

Kellogg only funds in its local area. And the rest of the communities that have come to the table have brought their own funding, mostly from local foundations or other local investors. We're not... you know, none of us, you know, United Way, UCLA, we're not into this to make money. This is really barebones. About \$8,000 is needed annually to be able to support 15,000 to 20,000 kids in a local community using the EDI and that sort of covers the teacher training, the measurement and mapping and you know, all that kind of stuff.

We do hope that local communities can provide, particularly at the school level an in kind coordinator because there's, as you can imagine, there's a little bit of coordination that needs to be done of kindergarten teachers who are going to be using this, going to be trained on how to use the instrument, given passwords for the online data entry, etc., which is really super simple. It takes about... after you've done the first one, it takes about 10 minutes. Because of those 104 items, a chunk of those items are actually populated by the school district.

And then you know, the improvement model then you know, there's sort of additional modular costs for actually getting involved in the system improvement as well, but it's not terribly resource intensive.

Question: I understand this is population-based, but in your work with school systems I wonder if there's been any conversations about

## **2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems**

**02/15/2011 Omni Shoreham, Washington, D.C.**

including it in the longitudinal data system work of the Department of Education?

ELIZABETH GROGINSKY: Okay, so the question is: in our work with school districts, has there been any conversation about including it in the longitudinal data system work they're doing?

HELEN M DUPLESSIS: Let me just back up before I respond to your question and let you know that as we report this data out, we report it in a couple of ways. We report the maps, we report tables, and there's essentially for every community, a community profile that sort of lays all of this out. And we provide a confidential school report of EDI data for a given school that participated with comparisons to average EDI and other socio demographic data in the rest of the school district for similar kinds of schools.

Now, back to your question, I think school boards who have been engaged with us right now are looking at what this will mean for them in the long term. So no one... you know, we haven't had a superintendent come up and say, "Okay we're ready to incorporate this into our longitudinal data." We have had a number of superintendents like the one in Peddle say, "Oh, I really need to be concerned about my preschool aged kids and what they're doing to my K-12 performance. And so that means I may do some additional shifting and play close attention.

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

We're not quite there yet, but it's the right question and I like the way you're thinking.

ELIZABETH GROGINSKY: And Secretary Duncan just released Data Dashboard for the country. I don't know if you've seen it, it's on the Department of Education website and it starts the first indicator for early is just the number of children enrolled in preschool, but I think it would be great to see the EDI data, the number of children vulnerable, the number of children thriving in each domain. I think it would be a more powerful piece of data for the education department, but we are in talks with folks within Health and Human Services and education and again, in those attempts to get this spread across the country and really see it as just a good, like Canada has used it for good community planning, data-driven decision-making, all the good buzz words of today, and accountability.

Question: Usually communities make sweeping changes, policy changes as a result of this PDS \*\*\*\* sort of cycle that they've been engaged in, have they been able to sort of look at themselves and be able to say, wow, this really... we really need a policy change here as a result.

ELIZABETH GROGINSKY: So, have we been able to see communities actually make sweeping policy changes as a result of this work.

HELEN M DUPLESSIS: So you know, we have just released the first year's data for those 14 communities. I can tell you, in Orange County, there

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

have been some policy discussions and changes made in how their organization their ECE, their early childhood system and their QRA, as their quality rating improvement system, but for folks who have been doing this longer... so in Canada it's been used in not all the provinces. It's interesting, it was developed in Canada, but it took off more rapidly in Australia than in Canada. However, we have had the experience of the Health Department Director in Montreal who took a look at this data and essentially was able to get hundreds of millions of dollars to support universal preschools in their province as a result of them looking at this data over a number of years.

We'd love to have more anecdotes like that, but I think we need a few more years experience.

ELIZABETH GROGINSKY: Yeah, exactly. Yes, in the back.

Question: Do you get to be controversial at all in the sort of the very dichotomous political \*\*\*\* the very conservative versus the sort the more moderate and how our communities that are a little bit more conservative in collecting data on their children. How are they embracing \*\*\*\*?

HELEN M DUPLESSIS: Okay, do you want to paraphrase it?

ELIZABETH GROGINSKY: How is this being received in communities both politically from a conservative standpoint around collecting data on young children as well as the liberals, I guess, \*\*\*\*.

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

HELEN M DUPLESSIS: Let me start and then I'll kick over to Laila. I think first, let us all be reminded about the fact that... and due respect to our policymakers in the back of the room. Policymakers generally speaking, make decisions without a lot of evidence or data. They are hungry, their staff and the policymakers are hungry for this. It's like currency when you walk into a policymaker's office and say, this is what's happening in your community.

The flip side of that though is, there is some tension in some educational communities particularly those that haven't quite gotten the importance of population level data, who see this a... see the EDI, for example as a competition with some of their individualized assessment tools. And that's not what this is about. This is a both/and. This is not intended to replace any of those high stakes assessment tools.

I think the other thing and maybe this is what you're getting at too is that the notion of communities where there is a social conservative culture that says: parenting is mine, it's individual, it's up to me to make those decision and, you know, I don't care what data you have, you're not going to influence in what happens in how I rear my child. It's very interesting. I talked about working in Mississippi; we're working in some pretty conservative areas across the country. I think there's one thing that people can get behind, and that is, they want to see their kids grow and thrive. And so if you are mindful of how you message and how you talk about these kinds of

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

population level assessments, you can appeal to even real socially conservative groups. Does that kind of get at what you're?

LILA GUIRGUIS: And then you have situations where, again like I said, I spend a lot of time in the Principle's office and they're, you know, and they're saying, I need to ask my kindergarten teachers, I don't know. We're doing a lot of assessments; we get approached a lot... I mean, it was barrier after barrier. And you know, one primary center that I went to that had 24 kindergarten classrooms and I was like, oh my god, this could be the jackpot if she agrees. She said, "Well how often do you do this?" And I said, "Well, we would do it every two to three years. You know, this is really to see how our kids are doing." And she said, "No, I'm not interested because I want to know that this is going to make a difference now."

And you know, what happens in those two to three years, or are you going to follow those same kids. And I said, well this is really getting a snapshot of what we're doing and we need those two to three years to be able to say, here's the data, here's what we're looking at, the vulnerabilities and the thriving areas of our children, give us time to then try to make a difference and try to address you know, those areas of need in the specific communities and because it was, you know, two to three years, it wasn't following her kids, she said, "No."

## 2011 AMCHP and Family Voices National Conference: Transforming Early Childhood Community Systems

02/15/2011 Omni Shoreham, Washington, D.C.

And there was nothing I could do. Other principles said, you know, “We need a memorandum of understanding that comes from the school district in order for me to do anything with you.”

HELEN M DUPLESSIS: And I think that goes back to the importance of the community engagement and that community collaboration. It really... you can start in other places, but if you lack that you're not going to have that political and public will to even build out from. And the other cautionary note around EDI is to make sure that it's being implemented across all neighborhoods so we don't just go to certain neighborhoods where we think children are vulnerable and get a saturation because like Helen was showing, the maps with the higher income, middle income families with high vulnerability, we want this tool to bust the myths and we want it to actually promote the change that we all know is necessary. So that's another cautionary note. And it could run into, you might get resistance of; I would think city planners or city municipal people not wanting neighborhoods to show vulnerability. So those are things to be mindful of, but definitely make sure if you're thinking about doing this and approaching it that you're going to include all children. And that's why you have to think about private schools.

We've run into one of our communities, New Orleans, 50% of the students go to private catholic school. So if we're going to be successful there, we're going to have to reach with the

**2011 AMCHP and Family Voices National Conference: Transforming  
Early Childhood Community Systems**

**02/15/2011 Omni Shoreham, Washington, D.C.**

Archdioceses and reach out with those other partners and have them understand it too. So it is about \*\*\*\*.

ELIZABETH GROGINSKY: I'll say too, you know, these communication and messaging issues have not escaped us and in fact, we have resources at United Way Worldwide and elsewhere where we have brought communication specialists together in an all site meeting with that collaborative innovation network and on some subsequent webinars, and actually right now, we are in the midst of developing a communication manual for communities so that they can get some experience and think about and be planful about how they get this data and information out to people. 'cause it's not, you know, the data is worthless unless there's interpretation and a story that is meaningful for them. And that fits with the culture and the opportunities and the challenges that exist in their environment.

HELEN M DUPLESSIS: Any more question or do we have time? We're time. Thank you for \*\*\*\*.

ELIZABETH GROGINSKY: Thank you.

HELEN M DUPLESSIS: This has been wonderful. Great.

ELIZABETH GROGINSKY: And I think we do have extra... I don't know if you...