

# ***The EDI makes early childhood count***

***“The UN Convention on the Rights of the Child commits Canada and 191 other countries to doing all they can to help young children thrive. But how do we know if we are succeeding? In our world, what gets counted, counts and the EDI makes early childhood count. Better than anything else, it tells us if we are fulfilling our promise to our youngest children.”***

Dr. Clyde Hertzman

President, Canada’s Council on Early Child Development

# The Science of Early Childhood Development

- Everything in a newborn's environment contributes to brain development
- Brain plasticity is selective and time limited
- Language acquisition begins in early infancy
- Quality relationships between infant and caregiver promote secure attachment and brain development
- Genes need nurturing – and predispositions for developmental problems can be positively altered through nurturing caregiver/child relationships
- Ensuring Manitoba children get the best start in life is key to the sustainability of Manitoba's future
- **ECD is a key determinant of health**

# Most of Manitoba, Much of Canada, and parts of the global world measure the equity of children's health through the EDI...

## The EDI measures:

Physical Health & Well-being

Social Competence

Emotional Maturity

Language & Cognition

Communication Skills



Used nationally in Australia; partially in the USA (Washington and Seattle), Jamaica, Kosovo, Chile, Mexico, and New Zealand

# EDI Background

- Collected by K teachers on K students within all of MB's 37 public school divisions (some independent and band schools have recently begun EDI collections)
- Population-based measurement of children's *readiness for school* at a group level – **not** an individual assessment tool
- Readiness for school refers to children's readiness to learn as they transition from K to grade one
- Readiness for school is influenced by children's **early years** – and the family and community factors that shape children's early years
- EDI results reflect the **strengths and needs** of children's communities, related to how they prepare children for school

# EDI and the Healthy Child Manitoba Strategy

## HCM Vision:

**The best possible outcomes for Manitoba's children**

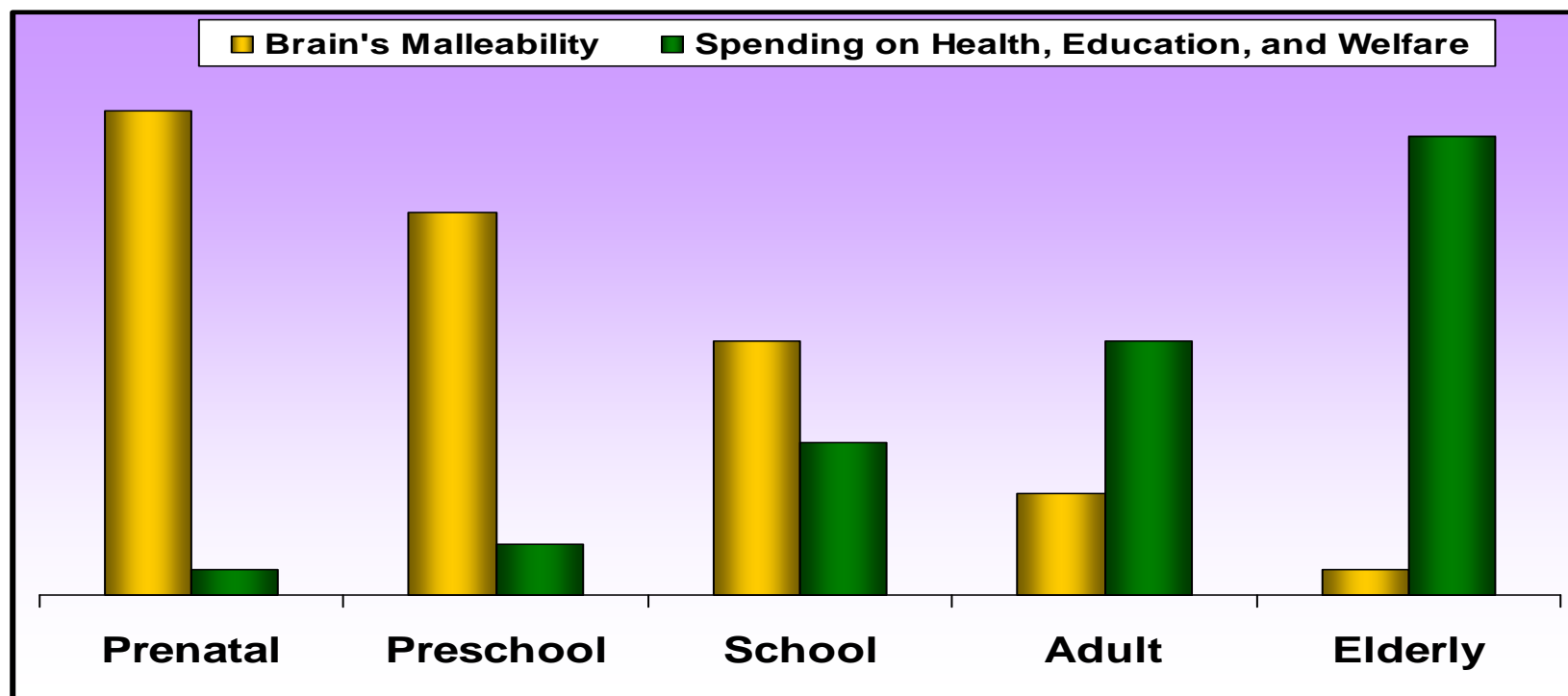
## HCM Strategy:

**Evidence-based decision making to support healthy childhood development. The EDI steers, monitors and evaluates Manitoba's work in supporting our Strategy**

- **How are our children doing?**
- **Are our ECD investments working?**
- **What could we do better?**

# An opportunity Lost...

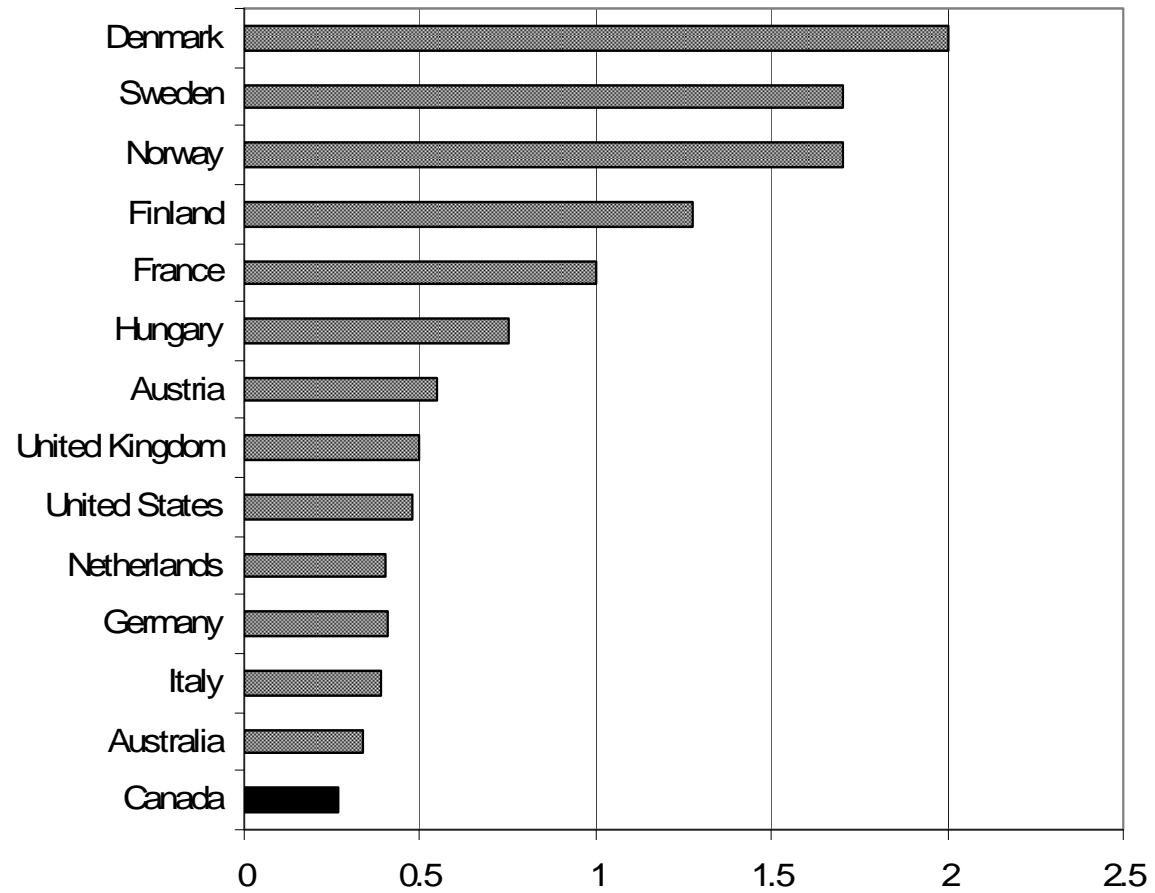
## Addressing the Mismatch Between Opportunity & Investment



Adapted from: "How Nurture Becomes Nature: The Influence of Social Structures on Brain Development" Bruce Perry, Baylor College of Medicine, Houston, Texas.

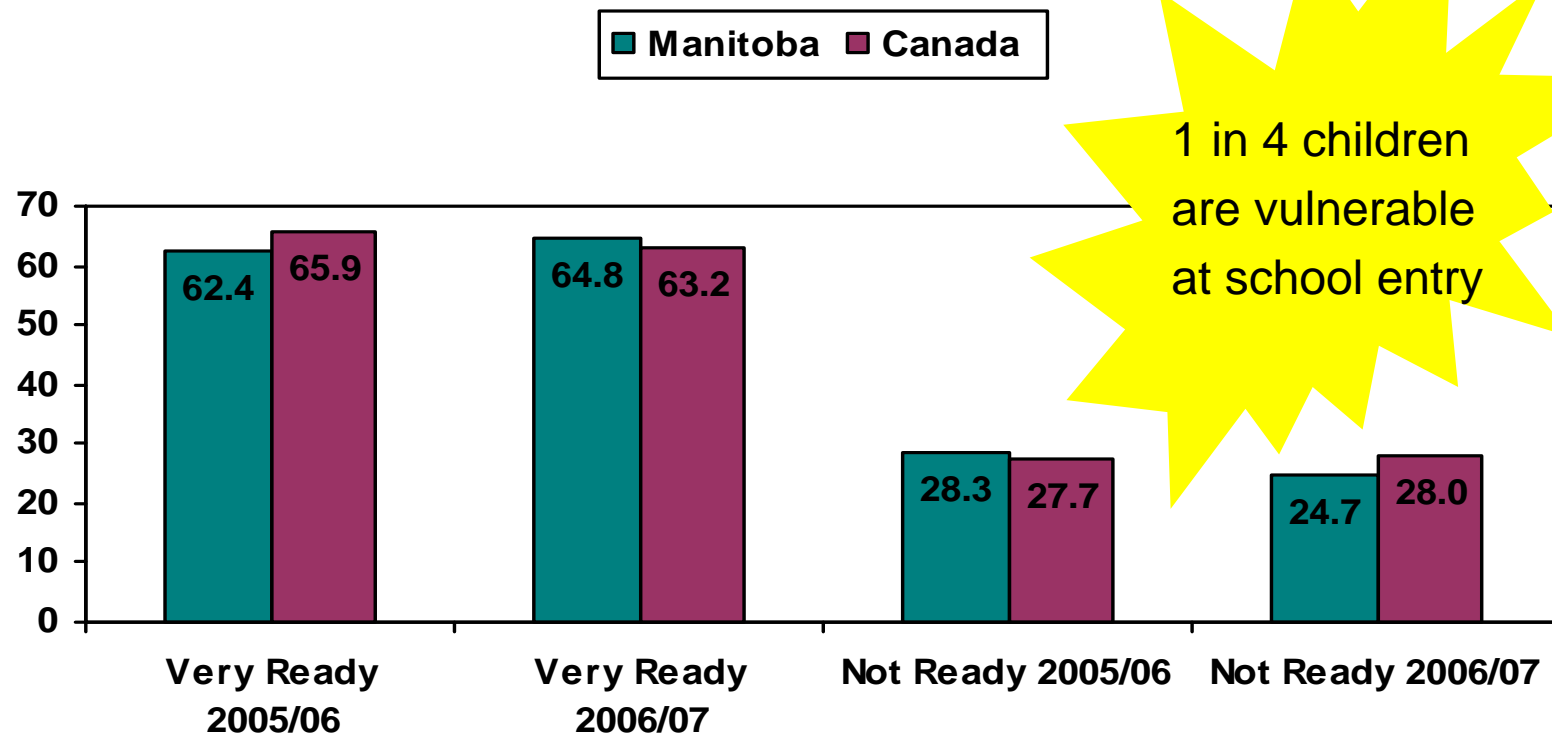
# An opportunity Lost...

Public  
Expenditures  
on ECD  
(% of GDP)



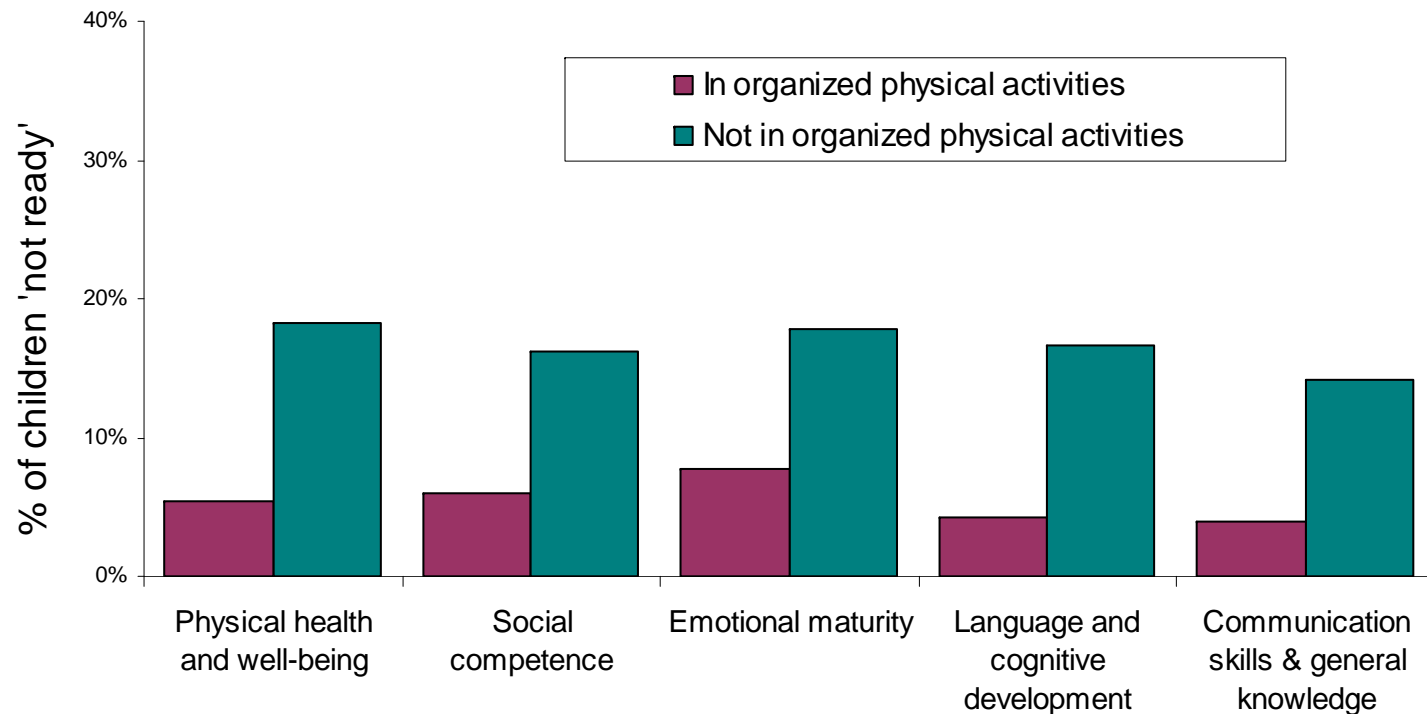
Source: EY2 Report, Selected OECD Countries (%), 2004

The overall school readiness of Manitoba's children is generally comparable to Canadian results, including the proportion of children who are **very ready** and **not ready** in one or more EDI domains



# ECD Opportunities

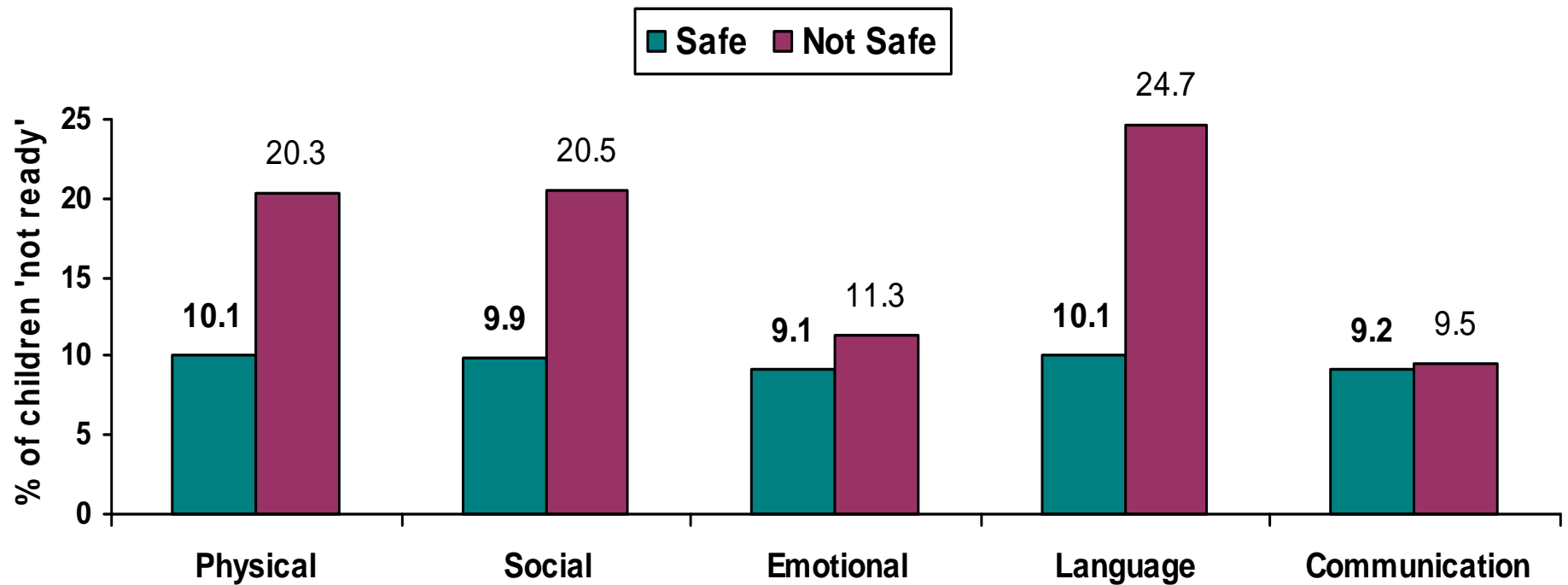
*Derived through a series of questions (based on the NLSCY) that asked parents about the amount of time per week their child participated in different organized activities during their preschool years*



**Source: MB EDI Parent Survey (2005)**

# Community Factors

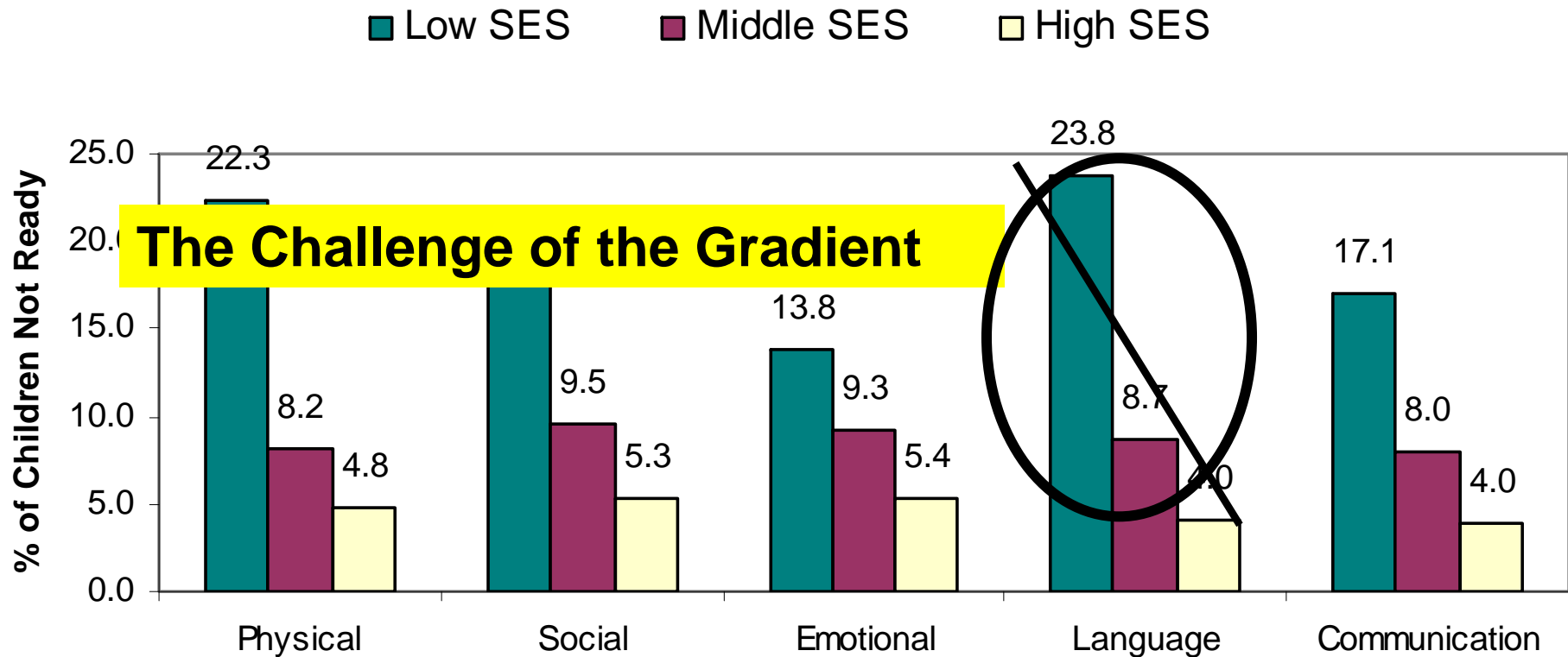
Derived from a question (based on the NLSCY) asking parents about their perceptions on the safety of their neighbourhood



Source: MB EDI Parent Survey (2005)

# Socio-economic Factors

*Derived by parents' self-reported income and education level*

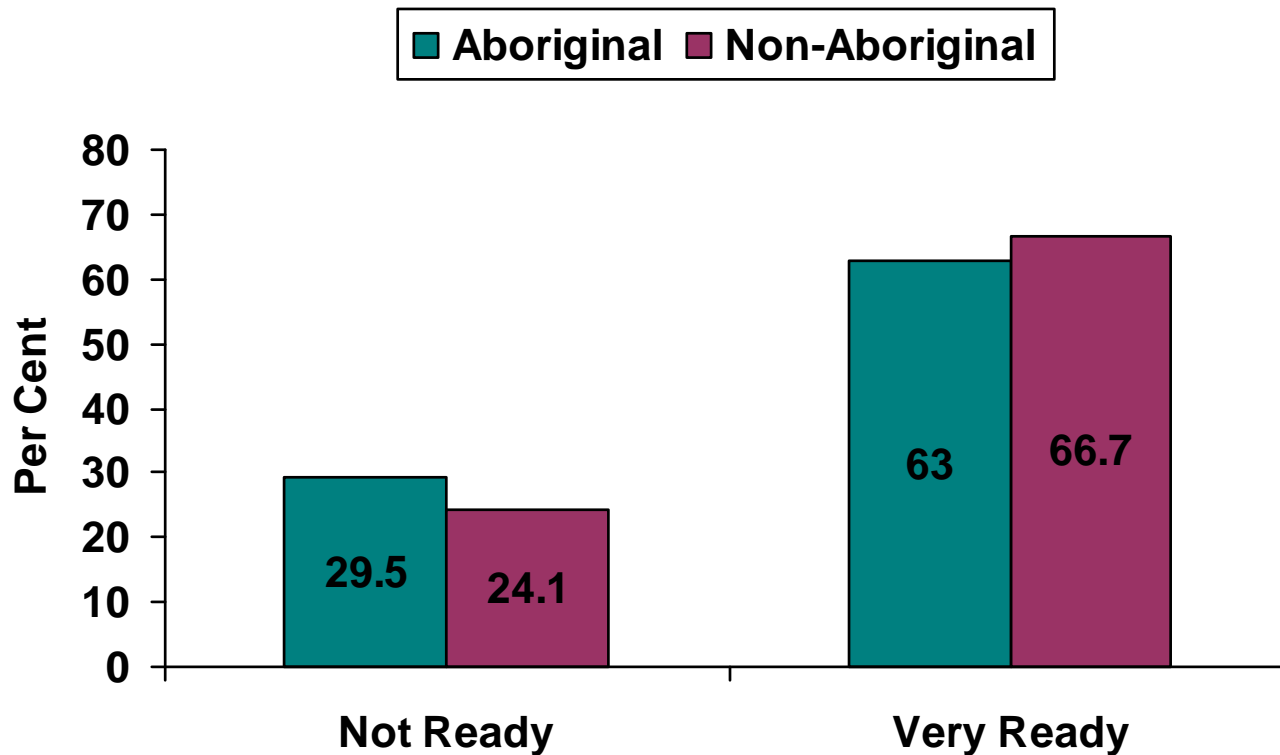


Source: MB EDI Parent Survey (2005)

According to group comparison analyses, EDI results for Non-Aboriginal children appear to be better across all areas of development compared to Aboriginal children



When controlling for socio-economic variables, differences between the aboriginal and non-aboriginal children decreased and were no longer significant



Source: MB EDI Parent Survey (2005)

# Take home message!

Though SES is associated with social and developmental outcomes: academic achievement, physical and mental health, literacy, criminal behaviour and life expectancy (Early Years 2 – Putting Science into Action), **wealth does not equal health**

*“It is not wealth, but equality that produces healthy populations. Consistently, countries demonstrating high health and literacy outcomes show a fairly **flat socioeconomic gradient**. Countries with healthy, more literate populations, invest heavily in young children and their families”*

*EY2 – Putting Science into Action*

# Wealth does not equal health...

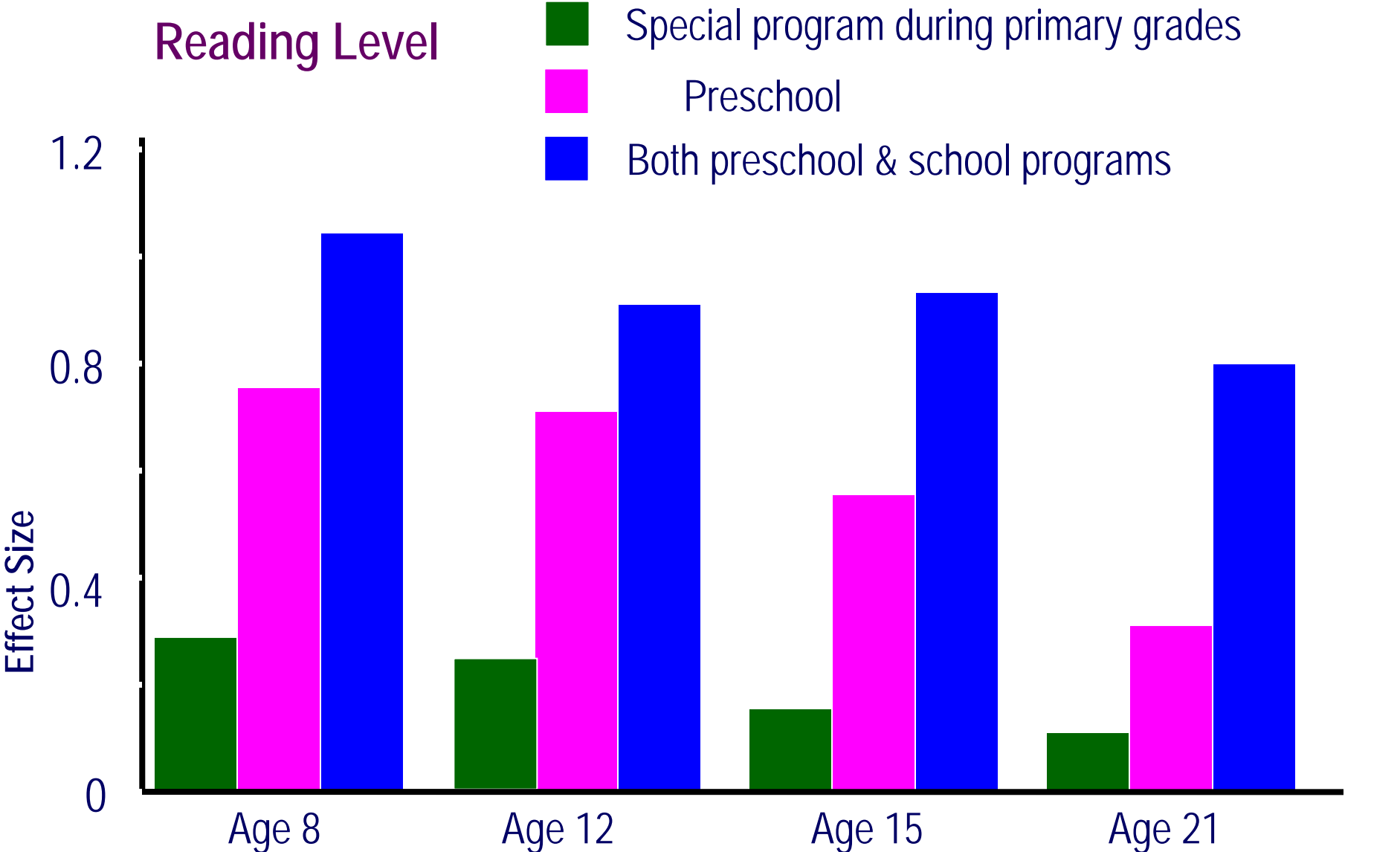
## The Cuba Model: Prioritizing Mothers and Children

- First nation in Western Hemisphere to implement maternity leave
- Prioritizes limited resources to child and maternal health
- Families and children have access to prenatal health care, high quality and universal preschool programs, weekly home-visiting programs, “park preschools”, etc.

The result? A flat gradient – Equity from the Start  
High literacy, low infant and child mortality, and high rates of school completion

*Source: EY2 – Putting Science into Action*

# The Abecedarian Effect



Source: Early Years 2

# Equity from the start...What do we do?

- **Prevention, prevention, prevention – prenatal and postnatal supports**
- **Quality ECD programs, supports and opportunities for *all* children**
- **Early identification of vulnerability and targeted early intervention services that meet the broad spectrum of needs of parents, children and families (e.g. parenting, mental health, financial, safety)**
- ***It takes a village to raise a child...***

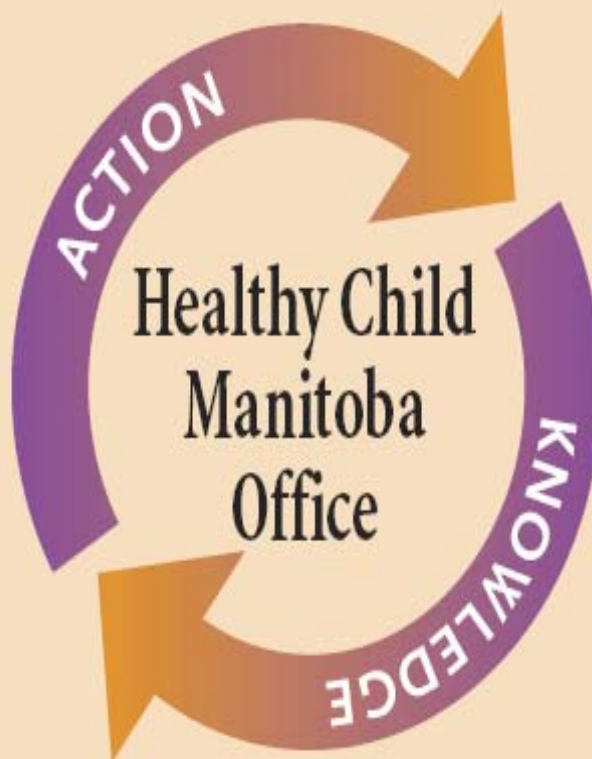
# *It takes a village to raise a child...*

## Bridging Government and Community: Intersectoral Structures in Manitoba

Healthy Child  
Committee of Cabinet

Healthy Child Deputy  
Ministers' Committee

Healthy Child  
Interdepartmental Committees



Citizens and communities

Parents and families

Children and youth

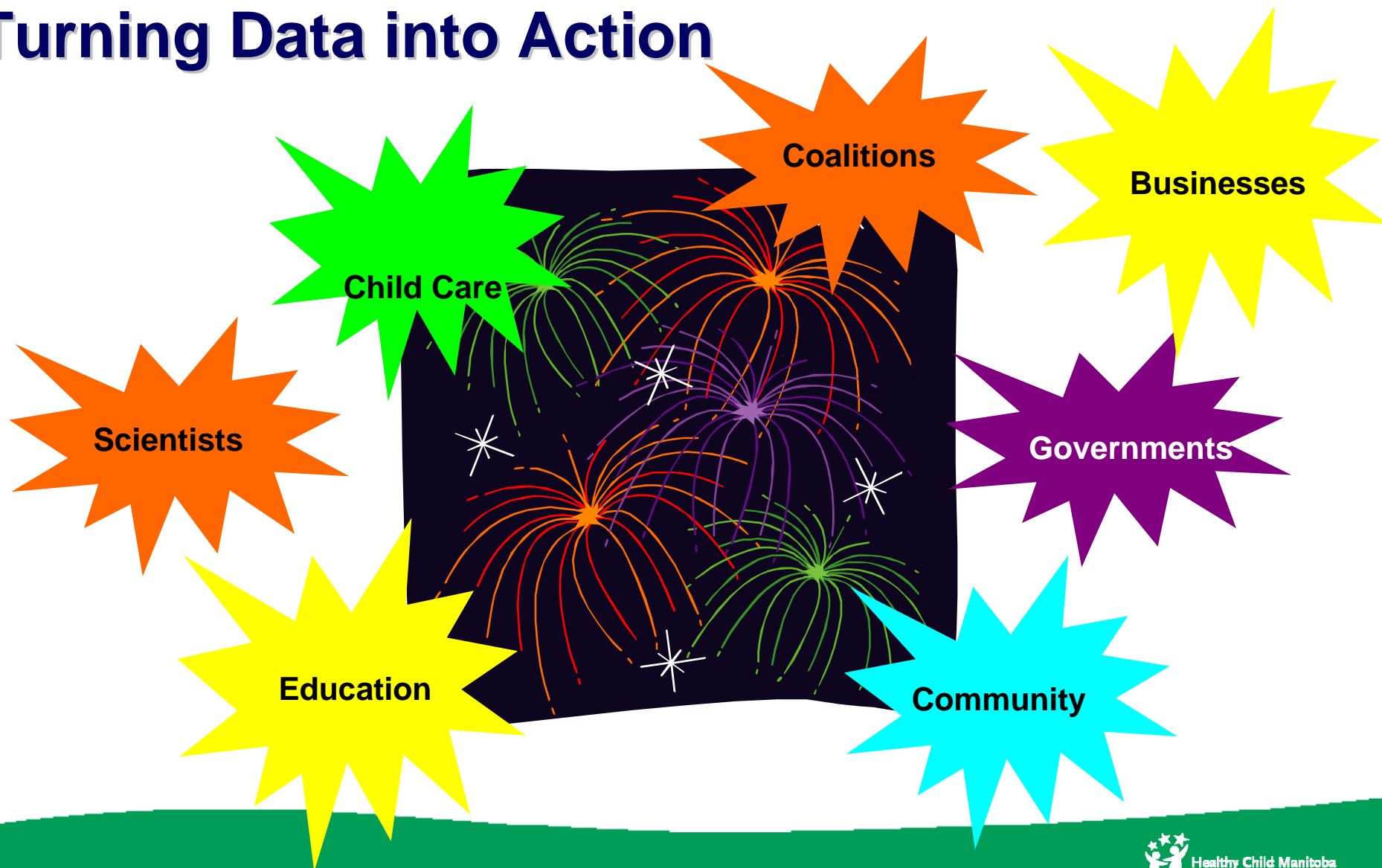
Community agencies

Provincial Healthy Child Advisory  
Committee

Parent-Child Coalitions  
and Council of Coalitions

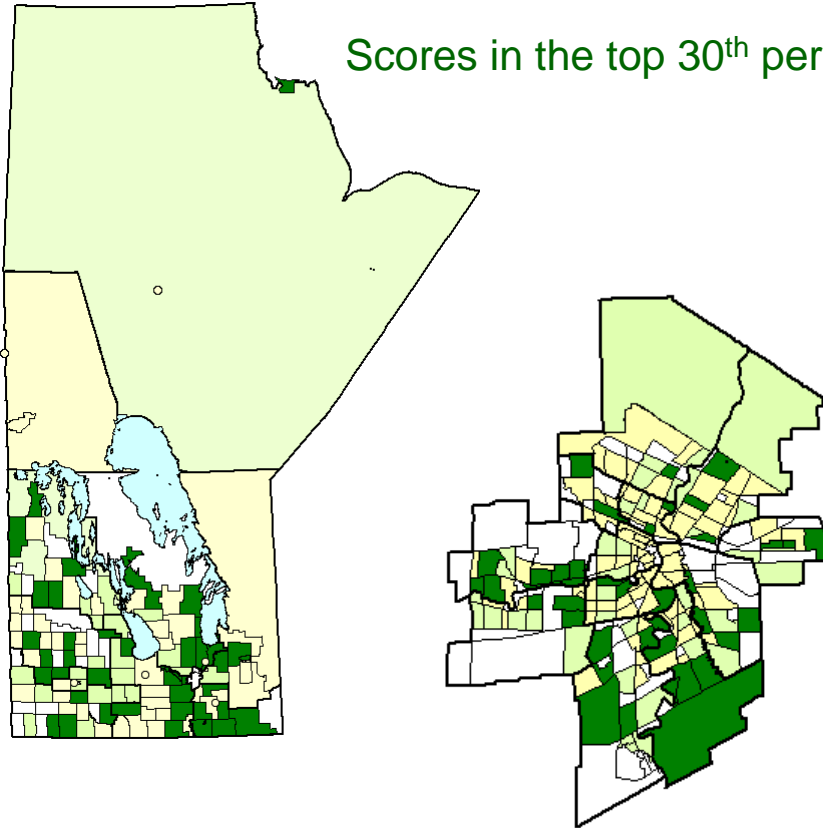


# Turning Data into Action

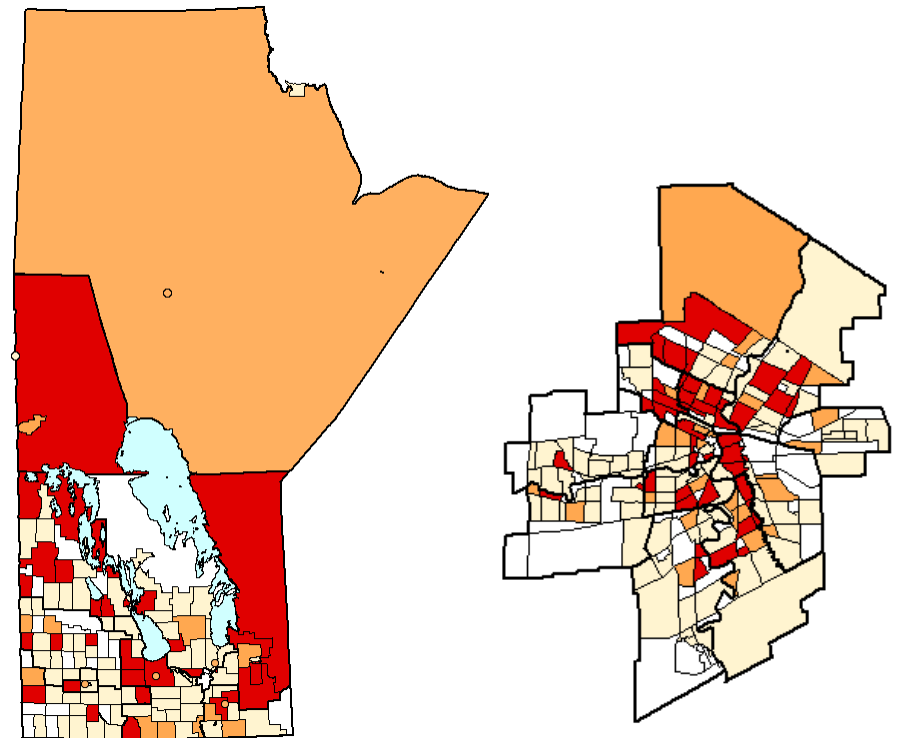


# Community data = Community action

**Very ready for school –**  
Scores in the top 30<sup>th</sup> percentile



**Not ready for school –**  
Scores in the bottom 10<sup>th</sup> percentile



# Community data = Community action

## *Parent Child Coalitions*

**“We use the EDI in lots of ways. The decision to develop our Coalition’s “Kit and Kaboodle” program, a literacy-focused preschool program, evolved from our EDI data which showed ‘need’ in the Language and Thinking Skills domain. Our Coalition Steering Committee consults with our EDI data in reviewing our grant applications, and the data is one of the factors we consider when making our funding decisions.”**

Kathy Wightman

Chair of the Central Region Parent-Child Coalition

# Community data = Community action

## *Child Care*

**“The SPLASH nursery school is one of the programs made possible by the enhanced nursery school funding strategy that is being further expanded in the *Family Choices* child care agenda. This nursery program is a great example of how we can address the evidence-based needs of communities, using EDI results, as we move forward with our 5 year plan to improve early learning and child care across Manitoba”.**

Lois Spiers

Acting Director of the Manitoba Child Care Office

Community data = Community action

## *School Divisions*

***“Our nursery school and Kindergarten Here I Come programs are quality investments that help our community’s children get the best start to school. We know that this great start to school will set the stage for their future successes in learning as they progress through their school years.”***

Bev Szymesko, Superintendent, TRSD

# Data = Action = Change

*“It’s not just that infant mortality, pre-term births, teen pregnancy, high birth weight babies, and hospital admission rates are higher, there is also little data, and almost no consistent information, that can be used to track these disturbing trends. Without this, change is nearly impossible.”*

***Grand Chief Ron Evans, Assembly of Manitoba Chiefs***

*In response to “The motherhood issue” (WFP, Feb 13, 2010)*

# ***Equity from the start***

***“Achieving health equity within a generation is achievable, it is the right thing to do, and now is the time to do it...  
Investment in the early years provides one of the greatest potentials to reduce health inequities within a generation.”***

***Closing the Gap in a Generation:***

***Health Equity through action on the social determinants of health***

***Equity from the Start***

***World Health Organization***