

Welcome to the First EDI on the Go! The Newsletter on the EDI Projects in Canada and across the World

Developmental Health at School Entry

A teacher-completed instrument called the Early Development Instrument (EDI) was developed at the Offord Centre for Child Studies at McMaster University, to measure children's ability to meet age appropriate developmental expectation at school entry. The Early Development project focuses on the outcomes for children as a health-relevant, measurable concept that has long-term consequences for individual outcomes and population health. The data derived from the collection of the EDI facilitates and encourages community, provincial, national and international monitoring of the developmental health of our young learners.

The process of development of the EDI began in 1998 in Ontario, Canada, in Hamilton at McMaster University, under the leadership of Dr. Dan Offord, with an advisory board lead by Dr. Fraser Mustard. The EDI was finalized in 2000 in Ontario, Canada and has since become a population-level research tool utilized to various degrees in all Canadian provinces and territories. By the end of 2012 Ontario, Manitoba, British-Columbia, Saskatchewan, Alberta, PEI, New Brunswick, Yukon, Northwest Territories, and Quebec will all have completed full population level implementation, and Nova Scotia, Newfoundland, and Nunavut will have partial coverage.

EDI data are also linked to various other sources of information in order to provide a contextual background to children's strengths and vulnerabilities. Ensuring a lasting impact on children's healthy development requires a sophisticated understanding of the character of the experiences that are contributing to the outcomes and the kinds of interventions and activities that can successfully improve the quality of these experiences. The existence of pan-Canadian data on children's developmental status presents a rich opportunity to further our understanding of trends and issues in child development across the country.

Current findings from the administration of EDI in Canada show that in most jurisdictions 25% or more of children entering kindergarten are vulnerable in at least one aspect of their development. Further research linking EDI findings to later educational data demonstrate that, on average, kindergarten vulnerability predicts ongoing vulnerability in the school system. Numerous studies have shown that early vulnerability predicts much about a person's lifelong health, learning and behaviour.

The EDI is designed to be a tool to increase the mobilization of communities and policy makers in order to bring a positive impact on children's development in their local areas. Understanding the state of children's development at the level of the population, that is for *all* children, is foundational to mobilizing stakeholders towards change.

International EDI

At the international level, Dr. Janus and her team and colleagues have worked with many countries who have shown interest in the EDI. A Licence for the use of the EDI has been negotiated in all of the countries listed in the table. In most of the countries, a pilot project has been completed, and in others at least one population-based or project-evaluation implementation has been conducted.

How does it work?

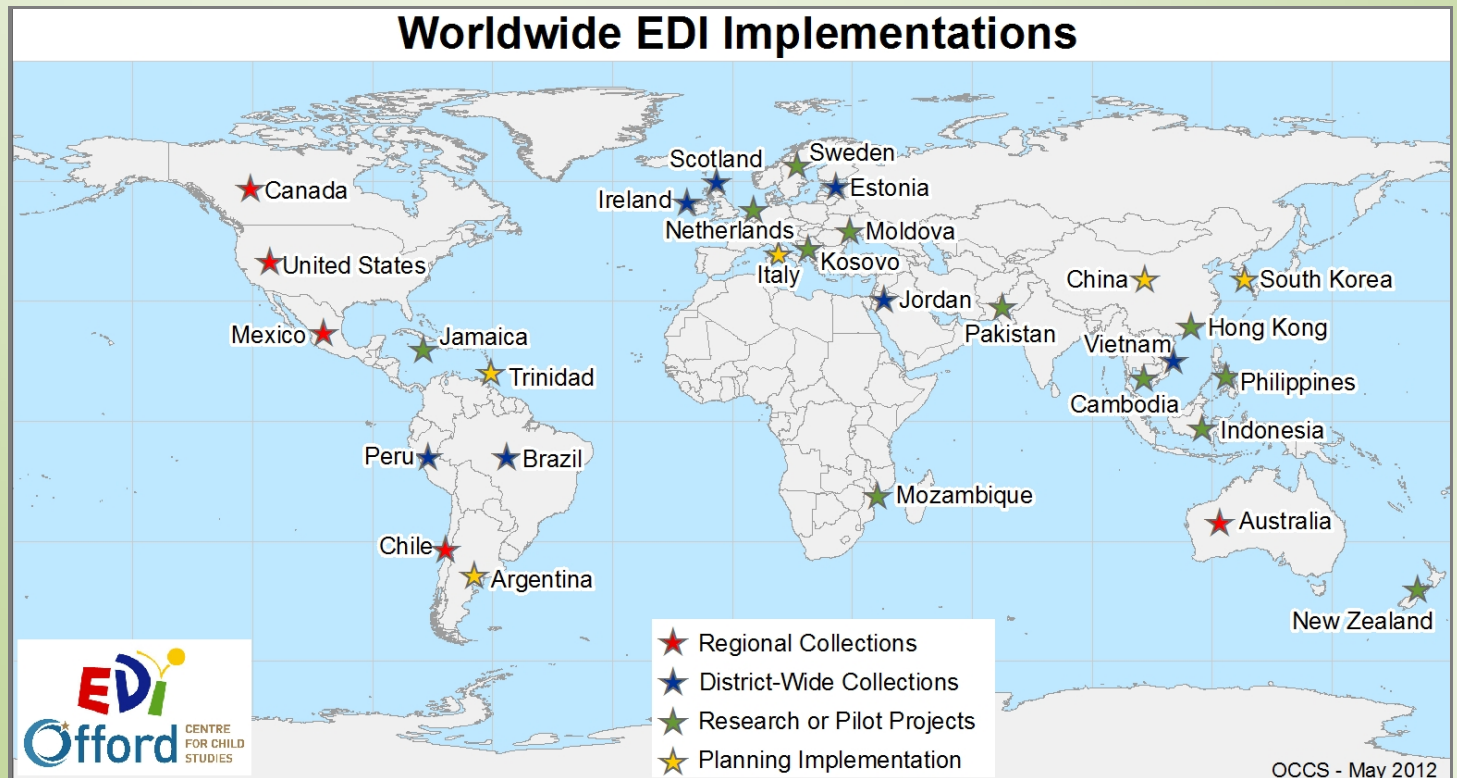
A great deal of time and communication between the local team and the EDI team is required to adapt the instrument to the local context. The EDI Licence is not granted unless a satisfactory adaptation and a local validation has been completed. Considerable time is invested communicating back and forth reviewing back-translated documents, training, analysis of pilot data, and changes required to come up with the final questionnaire and guide relevant to the context in each region, yet with the level of scientific integrity across adaptations which would allow international comparisons. Magdalena or members of her team or colleagues have made trips to many of these countries and where travel is not an option, much time is invested in sharing expertise and providing information and training materials. An adaptation protocol and training module have now been developed for international use. The training, which has been standardized since 2009, is essential to ensure the integrity of the data collected with the international versions of the EDI.

Country	Scope	Funder	Year
Canada	Nearly Full Population	Provincial Gov	Ongoing
Australia	Full Population	Federal Gov	Ongoing
United States	Regional Population	Various Foundations	Ongoing
Mexico	Evaluation	World Bank	2007
	Regional Population	State Gov	2008
Jamaica	Randomized Study	World Bank	2003
Peru	Regional Population	World Bank	2010
Brazil	Regional Population	Foundation	2010-11
	Evaluation	UNESCO	2010-11
Chile	Regional Population	Foundation	2003-10
Scotland	Regional Population	Public Health (SCPHRP)	2011-12
Ireland	Regional Population	University College Cork	2010-11
	Evaluation	University College Dublin & NEYAI	2012
Netherlands	Research		2007
Sweden	Regional Population	Karlstad University	2011
Estonia	Regional Population	Tallinn City Social Welfare & Health	2011
Moldova	Pilot	World Bank	2006
Kosovo	Evaluation	World Bank	2005
Jordan	Regional Population	UNICEF	2008-09
Mozambique	Evaluation – population	World Bank	2009-11
Pakistan	Research	Aga Khan University	2011
Hong Kong	Research	Hong Kong University	2011
Vietnam	Evaluation – Regional	World Bank	2012
Philippines	Research	UNICEF	2008
Indonesia	Evaluation	World Bank	Ongoing
New Zealand	Research		2002
Cambodia	Evaluation	World Bank	2010-11

In June 2010, a first EDI International Meeting of researchers from around the world using EDI or interested in early child development, has been held at McMaster University in Hamilton, to honour Dr. Dan Offord, the co-developer of the EDI. Drs. Fraser Mustard, Magdalena Janus, and Clyde Hertzman opened the conference, and Sir Michael Marmot delivered the keynote speech. These four presentations, as well as presentations from the second day of the conference are available at:

http://www.offordcentre.com/conference/edi_home.html

In future editions of the newsletter we plan to profile some of our partners and their achievements, both from Canada and internationally.



For EDI related publications please visit:
<http://www.offordcentre.com/readiness/bibliography.htm>

Dr. Fraser Mustard – A Tribute

Dr. Fraser James Mustard was a giant. A giant in intellect, personality, and in the impact he had on those around him and the world. On November 16th 2011, Fraser Mustard passed away peacefully in Toronto.

By training, Fraser Mustard was a medical doctor – he completed his training at the University of Toronto in the early fifties, then continued with a PhD from Cambridge University and did ground-breaking research in haematology. By the time he was recruited to McMaster University in the mid-sixties, he was already a scientist known for his intellectual achievements and his ability to develop and nurture networks of researchers. At McMaster Medical School he laid the foundations of problem-based learning – revolutionary for its time and now a core of students' experience in the Faculty of Health Sciences.

Once Fraser decided to retire from an active scientific career, he turned his amazing brainpower and matching energy into changing the world – one convert at a time. How? Simple – all you had to do was to demonstrate your understanding of the importance of the early years in development – and not just in humans. In his authoritative way, he tended to categorize people as level four or five (passing grade), or below (not worth bothering). Apart from that, he was fully egalitarian in choosing his followers – scientific background or lack of it did not matter.



**EDI On
The Go...**

It is through those followers that Fraser Mustard's legacy will continue. Full day kindergarten in Ontario, Children's Centers for Early Childhood Development and Parenting in South Australia, early development programs at Aga Khan University, the outcomes of Experience-based Brain and Biological Development Program, monitoring early child development outcomes using the Early Development Instrument, and the Early Years Curriculum in the Family Medicine clerkship at McMaster, are but a few initiatives that he facilitated.

Fraser Mustard will be remembered as a pioneer, as a fearless advocate who could make hard-nosed politicians crumble, and as a scientist. But he was also a complex human being. When I first walked into his office, I was intimidated by his abrupt manner, yet at the same time touched by his gentleness with his cats. Both were his trademarks; and both made an indelible imprint on my own memory of Fraser. While his influence in my professional life was characterised by his relentless and challenging demands, he was full of gentleness and understanding when it was my own young family that sometimes had to take precedence over the world's children.

Perhaps to put it simply, Fraser Mustard was the ultimate advocate for happy parenthood – and thus optimal child development. He will be greatly missed – but his legacy lives on.

**Magdalena Janus
16 December 2011**

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