





Our work takes place on the traditional, ancestral, unceded territory of the x^wməθk^wəýəm (Musqueam) people

Cross-Ministry EDI Table

AGENDA Nov 22, 2022 | 10:00 – 11:30 am

Discussion: How does data inform the strategies your Welcome and Land Acknowledgement ministries are currently using? Mariana Brussoni, HELP Brainstorming: If there were no barriers or constraints Introductions at all, what is the suite of interventions -- within your 40 mins 15 mins Focus of this meeting: policy implications ministry, across ministries-- that together could make an Sarah Gosman & Cynthia Lee, MCFD impact in reducing vulnerability? All, break-out rooms if large group EDI Provincial Synthesis of Wave 8 is ready! Next meeting Feb 7, 2023 **Brief Feedback Survey** Trends over time 5 mins **Barry Forer, HELP** MCFD Using EDI to shed light on policy

- Using the EDI to understand the impact of policies that influence population health
- Using the EDI to explore the impact of the social determinants of health on child development

Magdalena Janus, HELP

30 mins









Questions

Using **EDI** to shed light on policy

Magdalena Janus 22 November 2022

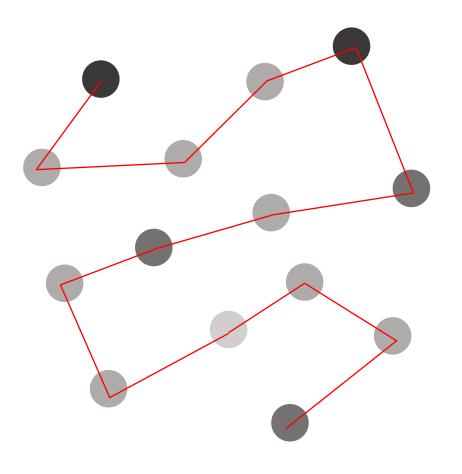


Data are gold

EDI data over time allow:

- seeing trends over time and for different groups
- relate child development to geographical and social contexts

Data are gold; Linked data are platinum



EDI in linkages with other datasets

- Add the "early childhood" point to the educational and health trajectory
- BC and Manitoba at the forefront in enabling use of administrative health and education data for meaningful research
- Room for improvement?...
- Big picture can be enhanced with program, implementation, evaluation data
- Expansion of education ID (PEN) to child care entry

What makes a difference?

Policy evaluation:

- Outcome may be dependent on immediate family and environment context
- Policies take a while to show measurable effect

By comparison:

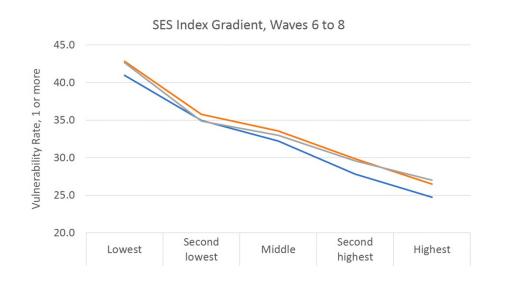
- Same measure before and after ...
- Same measure with and without ...
- Same measure in two places with different degrees of



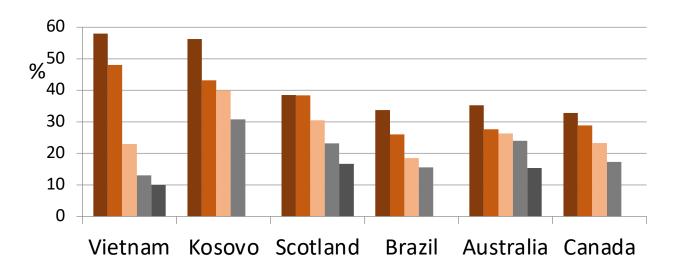


What makes the biggest difference?

- Child development and learning outcomes measured all over the world demonstrate the "social gradient"
- That means that children from less advantaged families/neighbourhoods have poorer outcomes than those who are more advantaged and that relationship forms a continuous line



BC

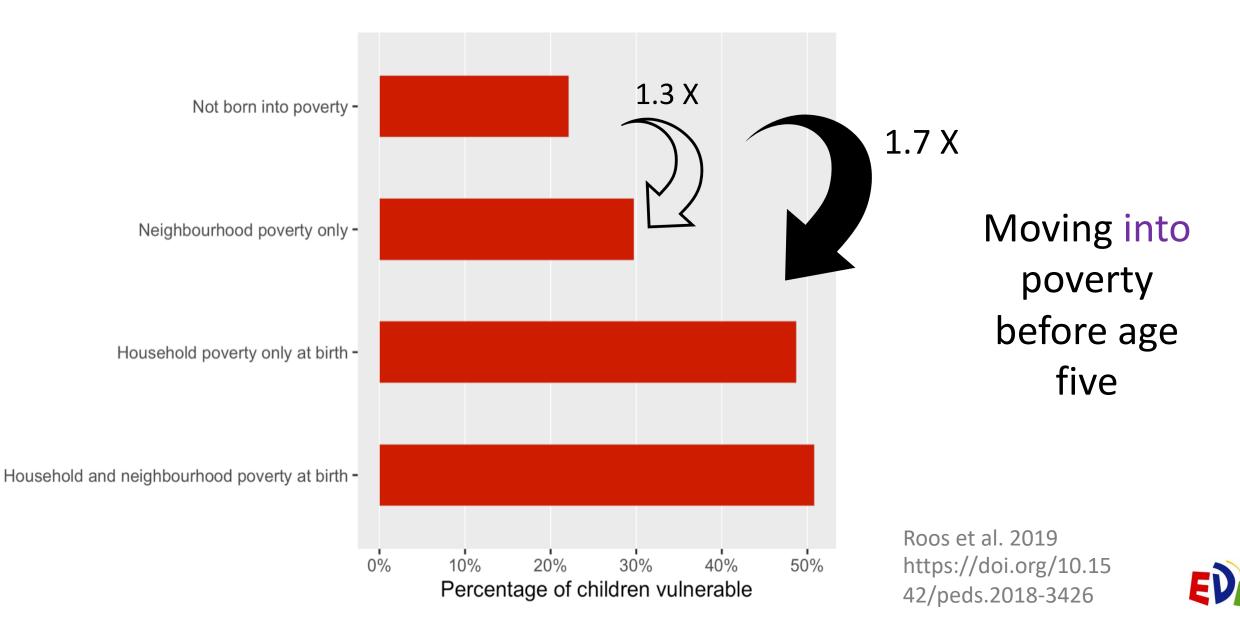


Social gradient is tied to measures of poverty (that need to be nuanced)

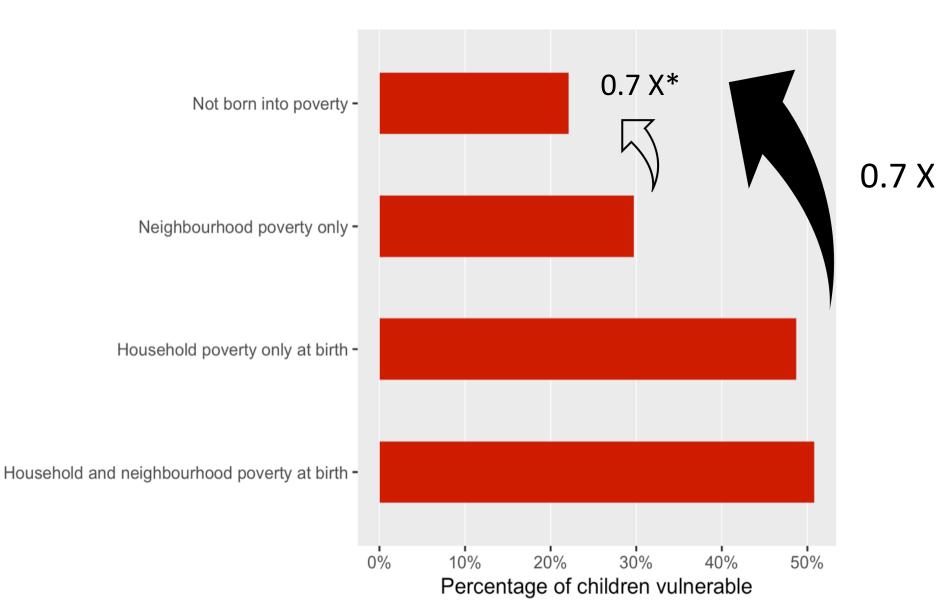
But examining the impact of poverty over time can tell us a lot about what matters, and when



In and out of early poverty: Manitoba, children 0-5 years



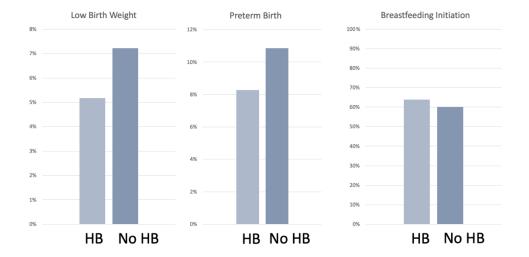
Impact of early poverty: Manitoba, children 0-5 years



Moving out of poverty before age five



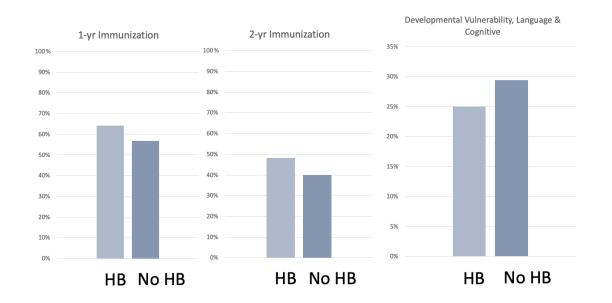
Perinatal Outcomes



Manitoba Healthy Baby (HB) Prenatal Benefit For low-income pregnant women With "no strings attached"

Benefits start in 2nd trimester of pregnancy; monthly cheque for \$81.41

Longer-term Outcomes



Brownell et al. 2016 Brownell et al. 2018

Improving family socioeconomic

circumstances

Changes in household and neighbourhood poverty matter (Manitoba)

- Financial support for pregnant women with very low income brought health & development benefits for their babies (Manitoba)
- Early targeted home visiting improves babies' health (e.g., immunizations), but not child development (Manitoba and Australia)

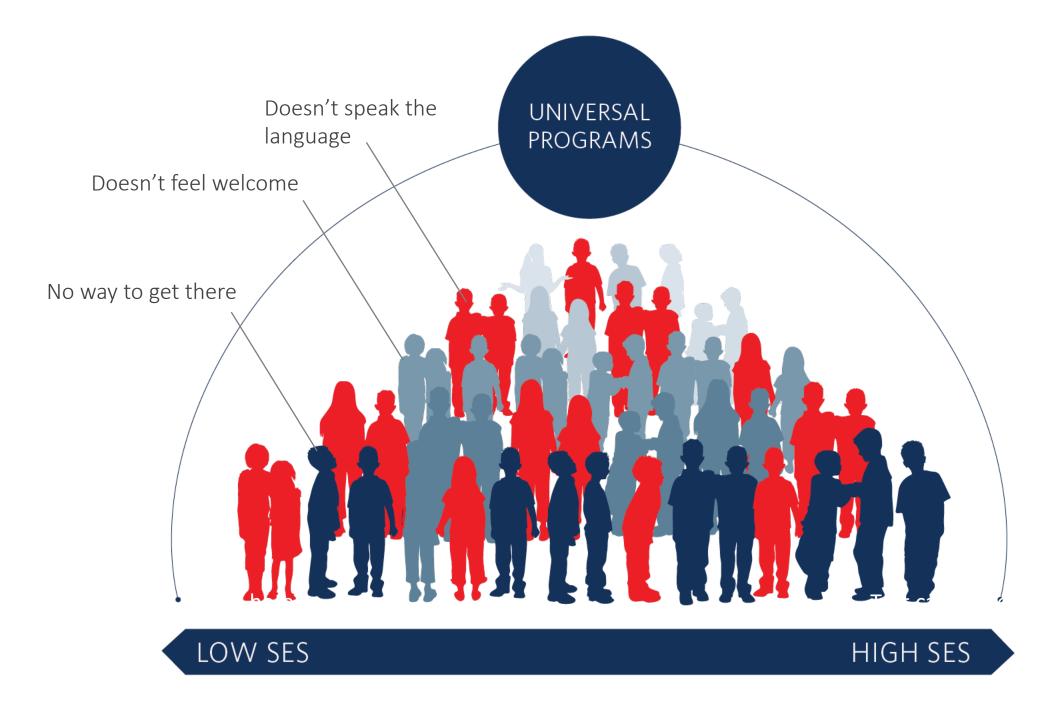
Preschool and full time kindergarten

A universal panacea or a bit of a smokescreen?...

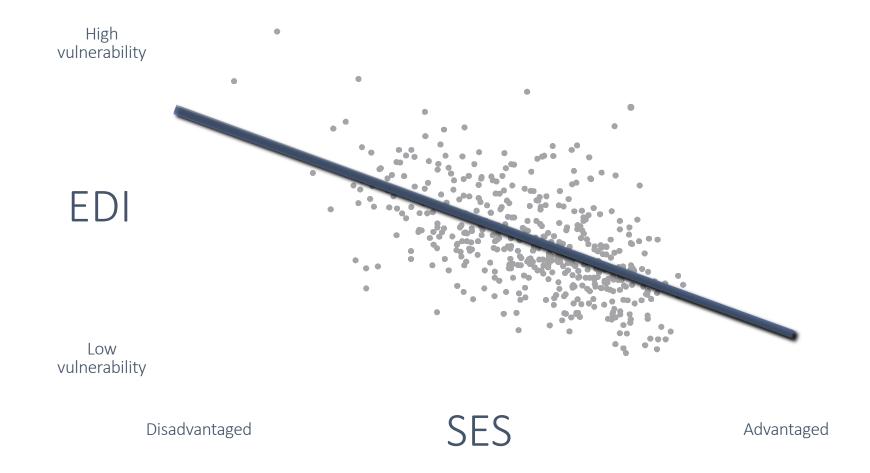
Preschool and full time kindergarten



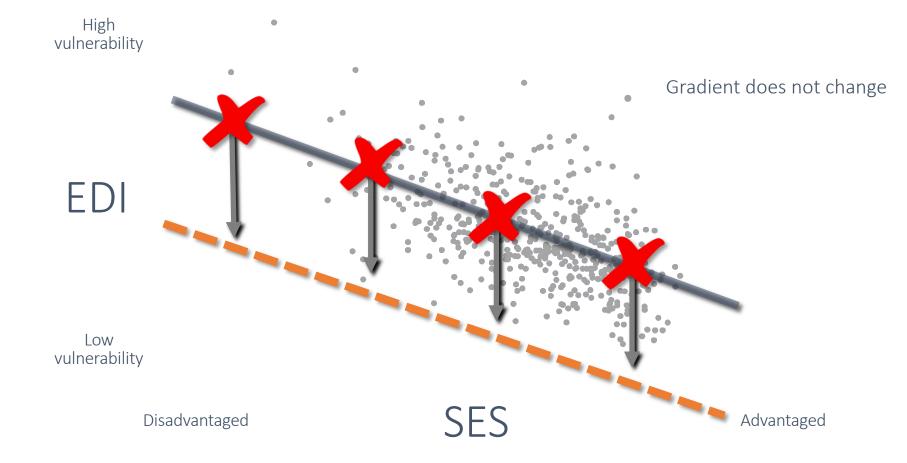
- Most existing evidence indicates that preschool attendance is associated with better developmental outcomes at school entry and in elementary school
- Full-time kindergarten (BC and Ontario) are **universal interventions**
- They deliver the same support for **all** children without considering the **proportional universality** dilemma



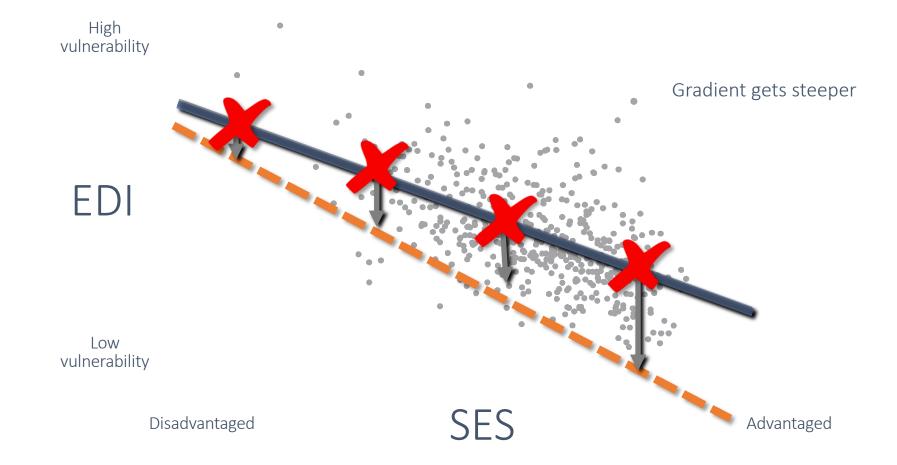
Social Gradient



Universal access – does not address barriers

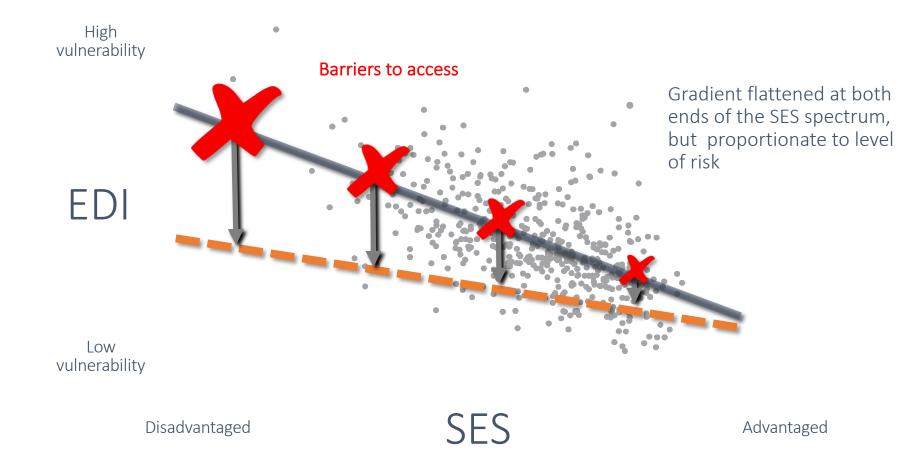


Universal approach Worst case scenario



Proportionate Universality

Universal access at a scale and intensity that addresses barriers at every level



Universal approaches benefits (and risks)

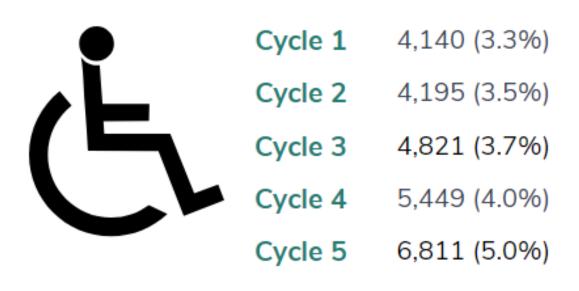
- At best, the universal approaches diminish the level of vulnerability with the same intensity for all
- Need to focus on barriers in addition to outcomes
- BUT universal approaches provide a platform from which it may be easier to launch equity-based approaches guided by inclusivity



Surprising benefits for special groups of children

- After the implementation of full-time kindergarten, the percentages of children deemed as having special needs rose
- In Ontario, we also saw increase in vulnerabilities on the Emotional domain (from about 10.1% to 12.3%)

Children with Special Needs



Surprising benefits for special groups of children

Identifying problems early is a good thing



- we have supports for these children and hopefully early amelioration/accommodation that could bring lifelong advantage
- It is not just about the measurable outcome, but about what led to them and what to do with it/action plan

Lesser known small groups – equity and inclusion

Advantages of the population level coverage:

- Inclusivity of small or underrepresented populations
- For example: Children with special educational needs, or children with specific conditions or health disorders

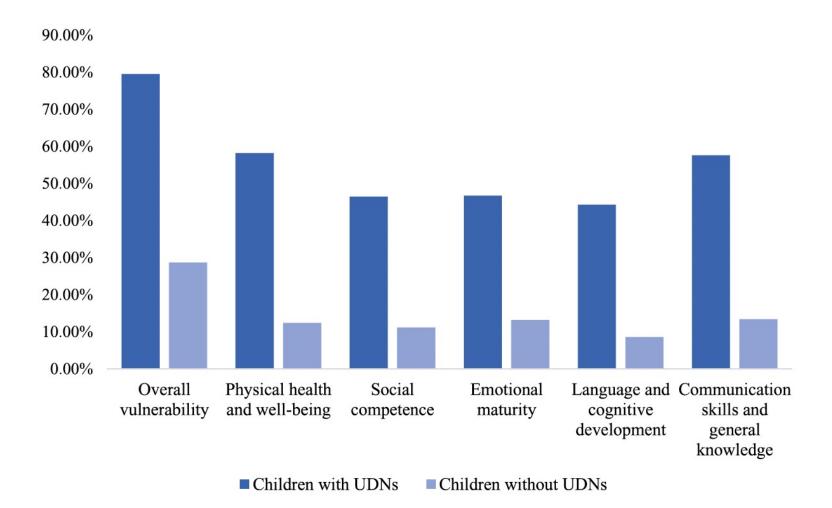
Neighbourhood SES and variance explained

	Typically developing CanNECD study	Children with special needs CCHICS study
Physical Health & Well-Being	23%	17%
Social Competence	18%	17%
Emotional Maturity	14%	12%
Language & Cognitive Development	28%	29%
Communication Skills & General Knowledge	29%	19%

This table shows that the neighbourhood disadvantage acts on children with and without disabilities in a similar way and yet how often where a child lives is considered when planning treatment or services for children with disabilities?

Forer et al., 2019; Zeraatkar et al., 2020

Special concerns: Unaddressed dental needs

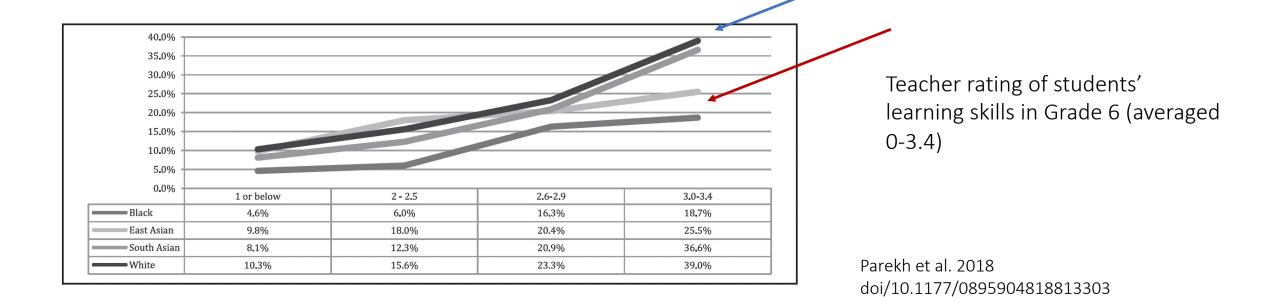


In the Section D of the EDI, educators are asked whether a child has some additional difficulty that impacts their classroom learning. One of these are "unaddressed dental needs". It turns out that while it doesn't happen often, these children predominantly live in poorer neighbourhoods and are more likely to be vulnerable on the EDI.

Janus et al. 2019 https://doi.org/10.1186/s12887-019-1868-x

Respect for diversity

- Availability, access and accessibility for all
- Cultural sensitivity and implicit bias
- Thus far, most long term data on race-based outcomes come from TDSB in Ontario
- Attention to: implicit bias, cultural responsiveness, or both
- New mandates to collect race-based data



Respect for diversity of gifts and needs

- Availability, access and accessibility qualitative, ethnographic studies show that there are some systemic issues that cannot be fully addressed by broad level policies
- "Standard" (colonial?...) approaches may not work for everyone
- The outcome measures also need to be interrogated for their ability to reflect a "successful" intervention *optimal well-being* rather than academic success

In conclusion...

 Not one single thing but if you asked me... complex poverty (and the disadvantage that it includes) is the reason for vulnerabilities to occur and persist

 Ability to work intersectorally to communicate and support that complexity

Ability to address barriers





Thank you for listening!

Questions?



