

Understanding the EDI Results: Fact Sheet

What is the EDI?

The Early Development Instrument (EDI) is a population measure of how young children are developing in communities in the United States.

The EDI measures five areas, or domains, of early childhood development:

- Physical health and wellbeing,
- Social competence,
- Emotional maturity,
- Language and cognitive skills, and
- Communication skills and general knowledge.

The EDI is helpful not only in describing how children are developing, but also in predicting health, education, and social outcomes. EDI data are a key component of Transforming Early Childhood Community Systems (TECCS), which is an initiative to guide local community efforts to help children reach school healthy and ready to succeed.

How are EDI results reported?

EDI results are reported at a population level as the percentage of children vulnerable in each of the five domains.

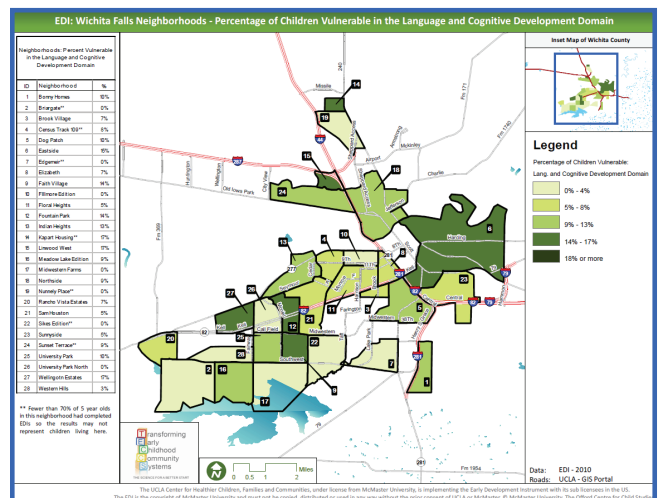
Children who score at or above the 75th percentile of the national EDI population are considered “very ready.” Those who score at or below the 10th percentile in any domain are considered “developmentally vulnerable.”



How are the EDI results presented?

Geographic maps show the percentage of children in local communities who are developmentally vulnerable on the EDI domains. Other important indicators or factors that may influence health and well-being can be mapped on top of community-level EDI results.

EDI maps are colored in shades of green to represent the range of developmental vulnerability. The shading shows how a community is doing compared to other communities where the EDI has been used. Areas shaded in lighter green have a lower percentage of developmentally vulnerable children, while areas shaded in darker green have a higher percentage of developmentally vulnerable children.





EDI profiles and reports

Community profile reports provide a comprehensive set of maps, tables, and contextual information about how children are doing developmentally in a given community, along with detailed information about how to understand what the EDI results mean.

No data is ever reported on individual children or teachers. Rather, the confidential school reports provide data to participating teachers and their school administrators about how the children in a school are doing developmentally compared to children in other local schools using the EDI. This helps schools implement programs that will help children succeed as they progress through the school years.

	N	Percentage of Children Developmentally Vulnerable				
		Physical Health & Well-Being N(%)	Social Competence N(%)	Emotional Maturity N(%)	Language & Cognitive Development N(%)	Communication & General Knowledge N(%)
Central						
Central City	489	58 (12%)	47 (10%)	47 (10%)	68 (14%)	69 (14%)
District 6	30	3 (10%)	3 (10%)	3 (10%)	3 (10%)	10 (33%)
Mid-City Santa Ana	40	3 (8%)	1 (3%)	2 (5%)	3 (8%)	5 (13%)
Mini Street	73	6 (8%)	8 (11%)	8 (11%)	10 (14%)	22 (30%)
Santa Ana Commercial District	52	6 (12%)	3 (6%)	3 (6%)	2 (4%)	10 (19%)
Villa Vista	163	21 (13%)	9 (6%)	24 (15%)	19 (12%)	24 (15%)
Wilshire Square	177	29 (16%)	23 (13%)	19 (11%)	28 (16%)	41 (23%)

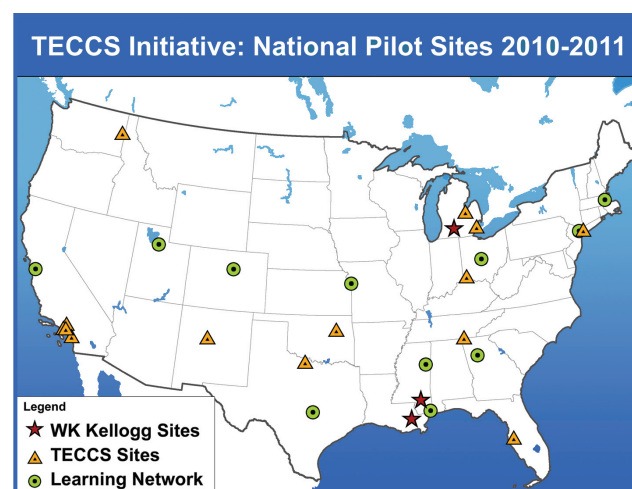
It is important to consider both the percentage of children developmentally vulnerable and the number of children this represents. A higher proportion does not necessarily mean a large number of children. Similarly, a lower proportion in a large community may still equate to a large number of children.

How EDI results are used

The EDI data maps allow community members and leaders to:

- Compare the strengths and weaknesses in children's development and school readiness across communities and EDI domains;
- Understand the relationship between children's EDI results and other important factors that may influence their health and well-being (e.g. poverty rates, resident mobility, and the availability of community assets like preschools, health providers, and libraries);
- Band together to motivate action and advocacy efforts to help children reach their potential;
- Plan interventions and resource investments; and
- Track progress over time to see how changes in investments, policies, or other factors influence children's health and well-being.

EDI-TECCS initiative map



In 2009-2010, 14 sites across the U.S. used the EDI in their communities. These 14 sites completed EDIs on 10,734 kindergarteners from 38 U.S. school districts. In 2010-2011, we expect 11 additional sites to join the EDI-TECCS initiative.

Where can you get more information?

For more information about the EDI, please contact TECCS@mednet.ucla.edu.