
Hope in the Time of Chaos:

CHOC Children's Strengthened Response to COVID-19 through DULCE

October 2020



About CSSP

The Center for the Study of Social Policy works to achieve a racially, economically, and socially just society in which all children and families thrive. We do this by advocating with and for children, youth, and families marginalized by public policies and institutional practices. For more information, visit <http://www.CSSP.org>.

About DULCE

Developmental Understanding and Legal Collaboration for Everyone (DULCE) is a universal, evidence-based pediatric care innovation that addresses the social determinants of health and supports early relational health for families with infants from birth to six months. DULCE does this by introducing a Family Specialist, trained in child development, relational practice, and concrete support problem solving, into an Interdisciplinary Team enhanced by the integration of early childhood, health, and public interest law communities. The DULCE model is implemented in California, Florida, and Vermont across 13 clinics, with intentions for strategic growth in communities that are under-resourced and have been marginalized by racist systems. To learn more about DULCE, please visit www.CSSP.org/our-work/project/dulce/.

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Early Childhood Learning and Innovation Network for Communities (EC-LINC)

EC-LINC is a network of partners working to support families and improve results for young children in communities across the country. EC-LINC communities quickly adapted their priorities and partnered with local leaders, parents, and organizations to respond to the COVID-19 pandemic. This series of briefs highlights those efforts at a community and practice level:

- **Coming Together During COVID-19: Early Childhood Systems Supporting Families** highlights how the infrastructure and partnerships EC-LINC communities have developed over years of building their early childhood systems allowed them to address the needs confronting families with young children.
- **Equity in Action: DULCE Addresses the Health and Emotional Needs of Families During the COVID-19 Pandemic** demonstrates the power of DULCE (a pediatric clinic-based approach to family support) in addressing critical concrete needs of families with newborns during the pandemic. The five original DULCE sites are EC-LINC communities.
- **Strength in the Time of Chaos: CHOC Children's Strengthened Response to COVID-19 through DULCE** provides a snapshot of how one pediatric practice in an EC-LINC community was able to keep their clinic open during the pandemic to care for families and address their needs.



Introduction

This case study explores the response to the COVID-19 pandemic by CHOC Children's (CHOC), a regional pediatric healthcare system located in Orange County, CA, and the importance of Developmental Understanding and Legal Collaboration for Everyone (DULCE) in that response. DULCE is an effort to address the social determinants of health (SDOH) and the early relational health (ERH) of families with newborns up to six months of age. It introduces Family Specialists into pediatric practice,

who are drawn from the community and trained in child development. They foster a relationship with parents, provide peer support, and help connect families to the resources and services that they need to thrive. Family Specialists are also part of an Interdisciplinary Team, which includes a medical provider, a legal partner, a mental health specialist, and a representative of the community's early childhood system who all play important parts in this work.

When the pandemic began, CHOC, like health care organizations across the country, was forced to rapidly change

how it delivered care to patients. CHOC was able to expand access to telehealth for primary and specialty care with remarkable speed. While immunization rates and well-child visits declined in the short run, they dropped by a lesser amount than experienced in most health care settings. Moreover, the sites where DULCE was implemented did better on these metrics. Because CHOC has been part of the DULCE network since 2016, this brief will explore the ways in which DULCE has contributed to CHOC's accomplishments and explore implications for pediatric care nationally even after the eventual conclusion of the pandemic.

CHOC's Response to COVID-19 and DULCE's Role

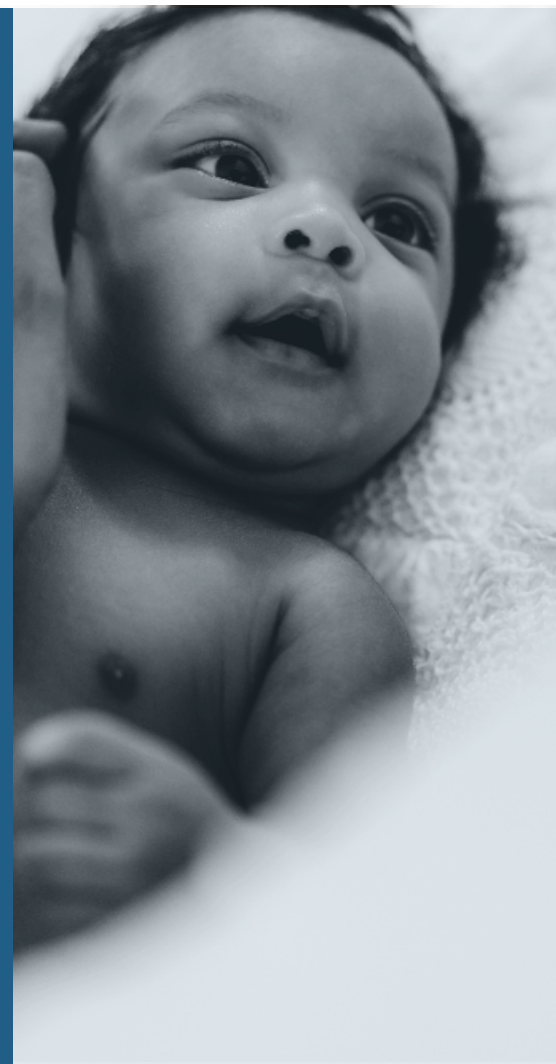
Within a matter of days after California declared a state of emergency due to the coronavirus, CHOC worked to expand its telehealth platform, reaching large numbers of families. CHOC's leadership moved quickly to separate the health system's locations by function, with all sick and emergency visits moved to designated sites while routine well-care was routed to off-site health centers and designated provider practices. This decision allowed the health system to move staff and patients at highest risk

ABOUT DULCE

Developmental Understanding and Legal Collaboration for Everyone (DULCE) is a universal approach based in the pediatric care setting that proactively addresses SDOHs, promotes the healthy development of infants from birth to six months of age, and provides support to their families. It operates through an Interdisciplinary Team—clinical staff, early childhood systems leaders, and legal partners—that meets weekly to review family needs.

DULCE is currently implemented in three states, nine communities, and 13 clinics through partnerships across the early childhood, health, and legal sectors, with plans in place to continue national expansion.

DULCE is informed by CSSP's commitment to equity and journey toward becoming an anti-racist organization. CSSP works toward a just society in which all children and families thrive, and to recognize the deep and abiding social effects of systemic racism on families and communities. Omitting a racial analysis from any work allows racist systems, laws, and policies to continue operating within the status quo. DULCE moves this agenda through system changes that address SDOHs.



for COVID-19 to locations where they would not be in contact with those who were ill and to dedicate the necessary protective equipment to the site where it was most needed. CHOC also reached out to families during this time to create open lines of communication, working to understand and help meet their needs and to reassure them that they could continue to bring children in for well-care visits and inoculations.

In the two CHOC health centers (Clinica Para Niños and the Santa Ana Boys and Girls Club) where DULCE has been implemented, CHOC implemented numerous safety precautions and preventative care visits continued in-person with a DULCE Family Specialist present.

One of the reasons for CHOC and DULCE's success during this time was that they were able to respond flexibly and rapidly to the needs of families. Their adaptive response was built on a pre-existing foundation of strong relationships with patients and community partners, in-depth knowledge of family needs, and a well-developed Interdisciplinary Team that provided access to the supports and services families needed.

Relationships. Family Specialists spend time with parents, often seeing them before, during, and after their visit with a medical provider. As is the case in other DULCE sites, the Family Specialists at CHOC, Jessica Canizal and Mayra Moreno, use this time to build trusting relationships. With the onset of COVID-19, Mayra says, “it was amazing

to have families be able to reach out to me more often...they knew who they could come to” both for advice and for practical help like access to free food and diapers. Building this trust is no small achievement. Many CHOC families are immigrants and have low incomes, and may hesitate to ask for help because of fears about child protective services investigations and targeting by immigration enforcement.

DULCE has developed a network of relationships with other service providers in the community that benefitted CHOC families. For example, Mayra noted how many new mothers in DULCE needed help with lactation and reached out to one of CHOC's community partners, MOMS Orange County, that could provide this service. Working closely with MOMS helped not only DULCE families, but also others within the CHOC network. When home visits were suspended because of COVID-19, MOMS quickly developed the capacity to continue to work with families by video. Martha Arambula, Health Educator at MOMS, says “DULCE has been a lot of support for MOMS and for me personally...I feel that we are all working the same way to provide services to the community.”

Similarly, as the scope of community needs became clearer early in the pandemic, the Family Specialists shared their observations with Carmen Namanek, the manager of Primary Care Operations at CHOC, highlighting key areas of need they were learning about. Carmen was able to work with the CHOC Children's Foundation and a group of

donors who contributed to or arranged for the purchase of supplies to meet the needs of both DULCE and other families in CHOC health centers.

Knowledge. Relationships generated knowledge of family circumstances beyond infants' medical needs. Because DULCE is intended to address the economic, social, and relational needs of families, the Family Specialists talk with caregivers about both their strengths and the challenges that they are facing. Over time some families will reveal issues, such as a serious housing problem or domestic violence, that they would not ordinarily consider raising even with a trusted medical provider. While COVID-19 exacerbated the stress faced by all families, at CHOC the Family Specialists knew which families were most likely to need extra support and could reach out to them to intervene proactively.

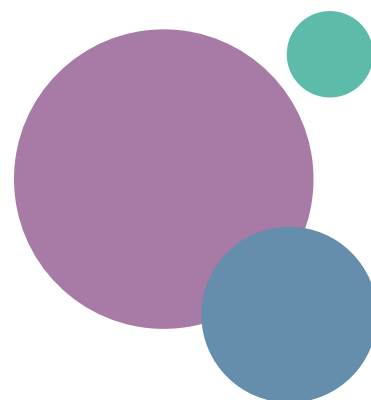
Interdisciplinary Team. DULCE's Interdisciplinary Team is connected to a community's broader early childhood system and includes a legal partner and a mental health specialist. It provides the structure for responding to family needs. The legal partner answers questions from other team members, for example about protecting families from eviction and providing support related to immigration. The mental health specialist offers brief, informal mental health support for caregivers; helps connect those who need ongoing mental health services to an appropriate program; and supervises and guides the Family Specialists in reflective practice. The

*A pseudonym.

early childhood systems representative can help connect families to supports for older siblings and to parenting resources in the community.

When the pandemic struck, the team members also became an important source of support for each other. As one member said, "I was overwhelmed myself" by work and family needs when the pandemic hit, but "we all went through it together."

All these elements can be seen in the story of Sandra*, a parent who brings her children to CHOC for medical care and who enrolled in DULCE when her youngest child was born after the pandemic began.





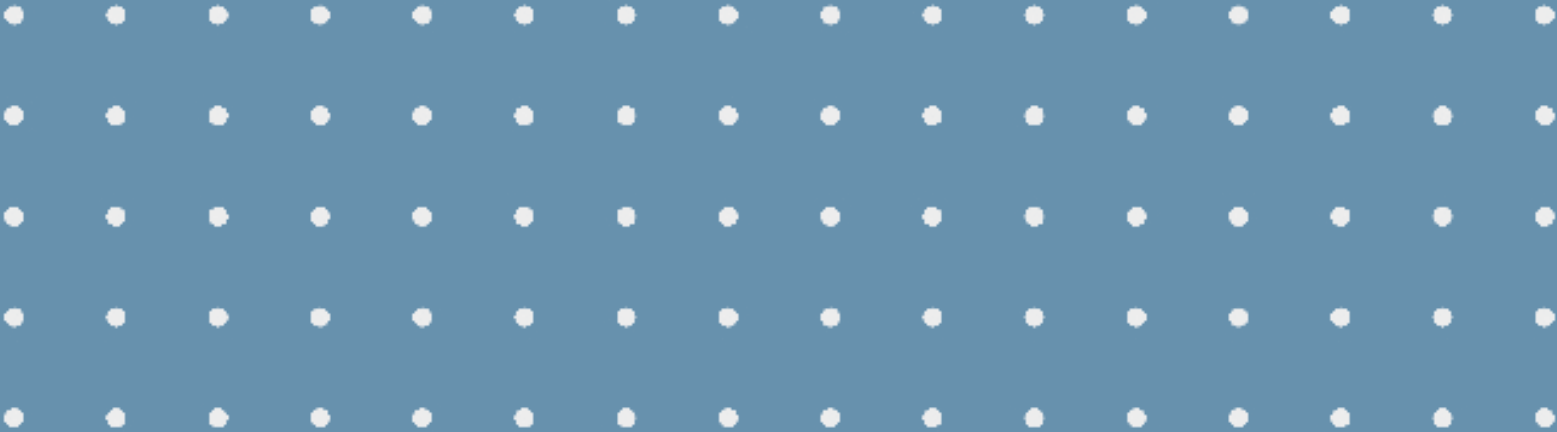
Sandra’s Story

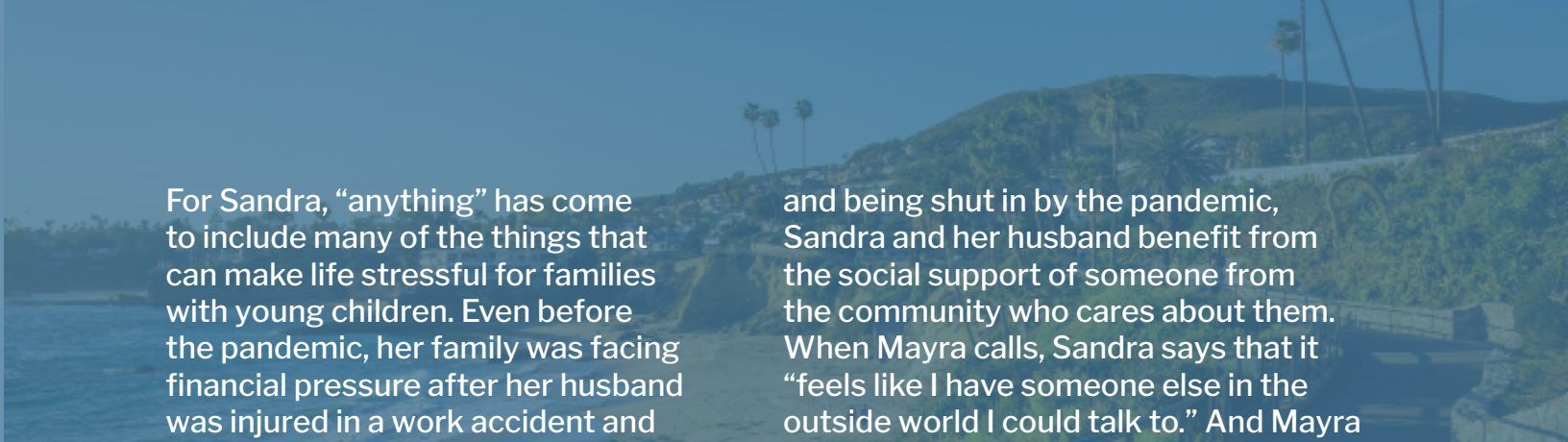
Sandra, an immigrant mother of two children, does not think of herself as someone who wants or needs help. She and her husband are proud of working hard and providing for their family. So, she was skeptical about DULCE when one of the Family Specialists approached her at an early well-child visit. She thought her family was doing well relative to many others in the community, and that what was available should go to those who needed it more.

She might have said no, but for the fact that both her interactions with Mayra and the design of DULCE seemed respectful to her. Mayra made clear that DULCE was open to all parents in the health center, so Sandra’s participation wouldn’t deprive anyone else of help. DULCE would be a resource she could draw on, not an obligation she had to fulfill. She could use only what she

needed, and the decision about what she needed would be up to her. Because DULCE was for everyone, there was no implication that taking part meant that there was something wrong with her family. And there was no enrollment process to go through or documentation required to prove her eligibility.

Still, Sandra didn’t answer the first time Mayra called. When she heard the “friendly message” that Mayra left, Sandra thought about the fact that her baby was having trouble sleeping, and that it might be helpful to talk to someone who could help her figure out what to do. And that opened the door, to “knowing someone that’s there for me if I need anything.” Over time it became clear that anything really meant anything; Mayra wouldn’t know all the answers, but she’d know who to talk to, and she’d have the Interdisciplinary Team behind her offering non-judgmental, supportive resources.



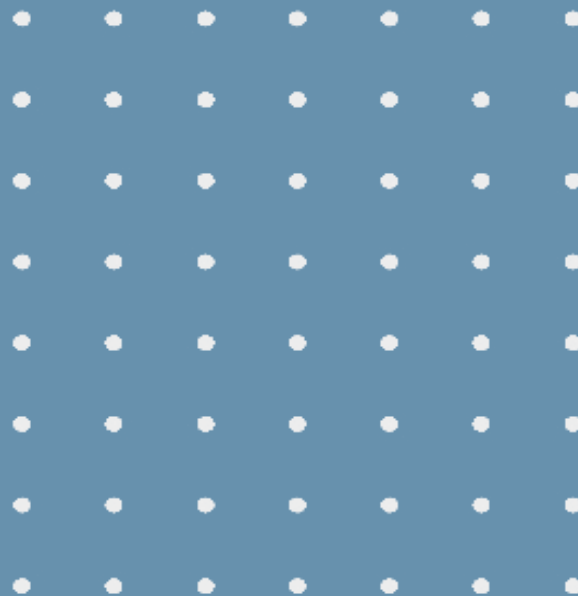


For Sandra, “anything” has come to include many of the things that can make life stressful for families with young children. Even before the pandemic, her family was facing financial pressure after her husband was injured in a work accident and had to remain at home to recuperate. Once everyone was in quarantine, they found that their older child didn’t like doing hours of Zoom schooling every day, and it was challenging to explain the pandemic in a way a young child could understand but wouldn’t provoke excessive fears. Moreover, Sandra is a Deferred Action for Childhood Arrivals (DACA) participant and needed help with her immigration status.

and being shut in by the pandemic, Sandra and her husband benefit from the social support of someone from the community who cares about them. When Mayra calls, Sandra says that it “feels like I have someone else in the outside world I could talk to.” And Mayra “probably knows a lot more than I do” because she works in the health center and has had opportunities to learn from training and from colleagues, so these conversations are also a vehicle for trusted advice.

Mayra was able to support Sandra across this wide range of issues. She provided access to free diapers and other supplies, some of which could be picked up right at CHOC because of the work CHOC leaders had done with donors and community partners. Mayra sent information about activities to do with children and about how to talk about COVID-19 in age-appropriate ways with them. She also helped Sandra get an appointment with DULCE’s legal partner. In a time when most service programs are limited to dealing with very specific needs, it is rare to be able to support families in this holistic manner.

Perhaps as important as any of those specific supports, Sandra and Mayra were able to just talk. Unlike other programs, the experience with Mayra and DULCE is “more on a personal level.” Without extended family nearby,



Observations and Conclusions

We note here three themes emerging from the role played by DULCE in CHOC's response to COVID-19.

Targeted Universalism as an anti-racist approach. As is well-known, inequities are pervasive across virtually all early childhood outcomes in the United States, grounded in our long history of racism. The need to embed anti-racist approaches in every aspect of public health work has never been more clear, with recent data showing that Latinx people are more than three times as likely, and Black people more than two and a half times as likely, as White people to contract coronavirus.¹

DULCE is rooted in a framework known as “Targeted Universalism,” which calls for targeted strategies to reach universal goals in order to achieve more equitable outcomes. The communities served by CHOC include some that are severely affected by racism, disinvestment, and other structural challenges. “Targeted Universalistic interventions undermine active or passive forces of structural exclusion and marginalization and promote tangible experiences of belonging.”²

Families at the CHOC health centers where DULCE has been implemented can take advantage of additional supports without an intrusive, complicated application process and without stigma. Most importantly, DULCE doesn't try to “fix” families. It is guided by a family's

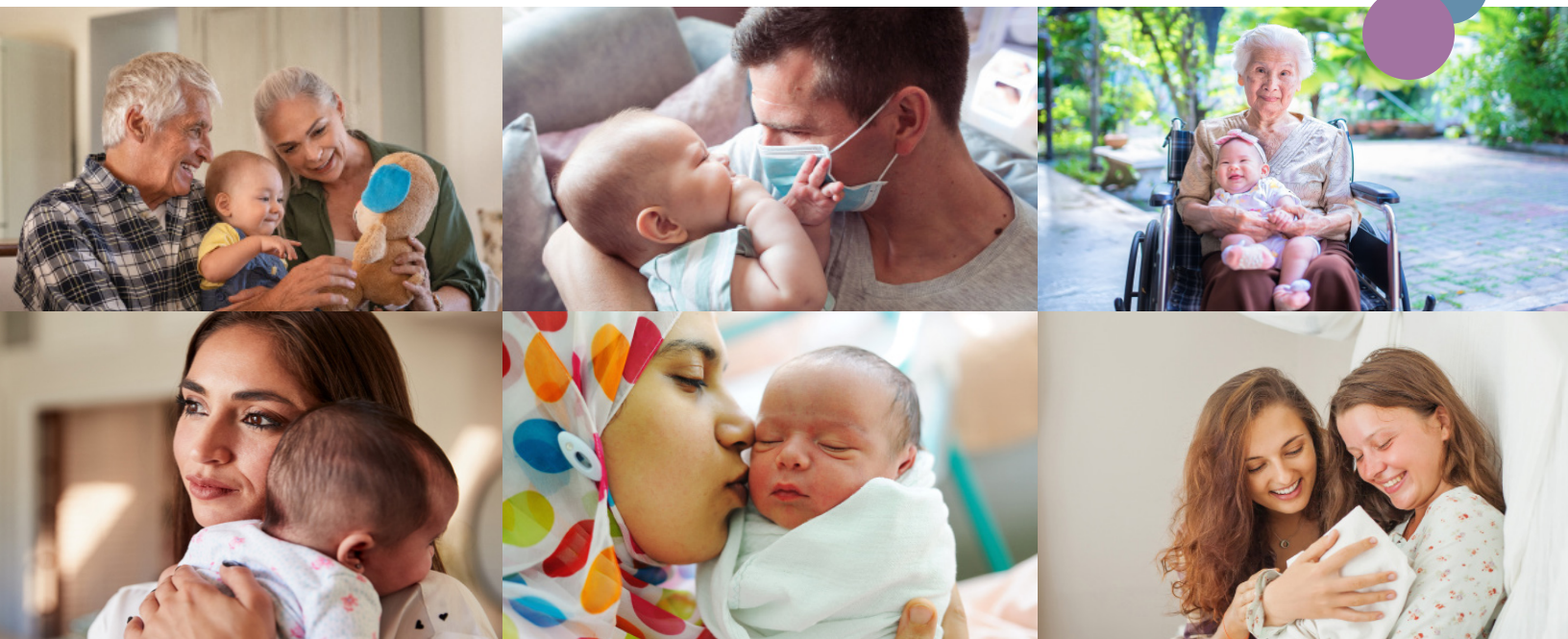
priorities, and it supports caregivers who face structural disadvantages in getting what more privileged families take for granted. It helps families address sources of stress like housing or food security, and provides social support and trusted advice about child development.³

Equity. The COVID-19 pandemic has made even more clear the challenges involved in addressing disparities and supporting equity for families with infants. In Orange County, CA, Latinx children make up 47.4% of the child population⁴ with a poverty rate of 23.9%, nearly three times the rate of poverty for White children.⁵ Their parents are far more likely to have had to continue to go to work during the pandemic, because many are employed in “essential” jobs, while still attending to the care of infants and, in many cases, also to the schooling of older children.^{6,7} Despite outreach by school districts, there are major educational challenges for families that lack technology, and especially for those in which parents are not fluent English speakers. High-quality medical care at CHOC and participation in DULCE are beneficial, but they should not obscure these larger challenges.

Learnings for the Future. As has been widely observed, the disruptions caused by the COVID-19 pandemic opened opportunities to work for a “new normal” rather than a “return to normal” when the virus is finally under control. While there is good reason to want most pediatric visits to happen in person, the continued availability of telehealth can be an important support for parents. The ways in which communities and institutions pulled

together to address urgent needs can be a model for how things ought to work routinely, replacing the common emphasis on bureaucratic procedures designed to limit participation. The extent to which community members have supported one another is a strength to be built upon. As one of the Family Specialists said, “The resilience of the families was amazing.”

DULCE can play a part in building that better future for the well-being of families and children. It provides a structure that supports relationships of many kinds: within an Interdisciplinary Team in the medical settings; with community service providers that help address the social determinants of health; and most importantly with families. In creating the “new normal,” developing funding models that support such team-based practice should be a priority.



Endnotes

¹ Oppel Jr., Richard et al. “The Fullest Look Yet at the Racial Inequity of Coronavirus.” *The New York Times*, July 2020. Available at: <https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html?referringSource=articleShare>.

² powell, john et al. “Targeted Universalism.” Hass Institute for a Fair and Inclusive Society, May 2019. Available at: <https://haasinstitute.berkeley.edu/targeteduniversalism>.

³ These are among the five Protective Factors set out in CSSP’s Strengthening Families framework; see <https://cssp.org/our-work/projects/protective-factors-framework/> for further information.

⁴ “Children Population, by Race/Ethnicity.” Kidsdata, 2018. Available at: <https://kidsdata.org/topic/33/child-population-race/table>.

⁵ “Children in Poverty, by Race/Ethnicity (Regions of 65,000 Residents or More).” Kidsdata, 2017. Available at: <https://www.kidsdata.org/topic/234/childpoverty-race250/>.

⁶ Despres, Cliff. “Reports: Latino Workers are Hit Hardest by COVID-19 Pandemic.” *Salud America!*, March 30, 2020. Available at: <https://salud-america.org/latino-workers-are-hit-hardest-by-covid-19-pandemic/>.

⁷ Brown, Steven. “How COVID-19 is Affecting Black and Latino Families’ Employment and Financial Well-Being.” Urban Institute, May 2020. Available at: <https://www.urban.org/urban-wire/how-covid-19-affecting-black-and-latinos-families-employment-and-financial-well-being>.