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# Equity in Action:

## DULCE Addresses the Health and Emotional Needs of Families During the COVID-19 Pandemic

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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

[CSSP.org/our-work/project/dulce/](http://CSSP.org/our-work/project/dulce/).

## Suggested Citation

Lee, J., Ermias, A., Cohen, S. (2020) "Equity in Action: DULCE Addresses the Health and Emotional Needs of Families During the COVID-19 Pandemic." Washington DC: Center for the Study of Social Policy. Available at: <https://cssp.org/resource/equity-in-action-dulce-covid19/>.

## Acknowledgements

Jang Lee, Azieb Ermias, and Steve Cohen are the primary authors of this document. We would like to express our deep gratitude to the DULCE communities in Los Angeles, CA; Oakland, CA; Orange County, CA; Palm Beach, FL; and Vermont, whose experiences in DULCE implementation during the COVID-19 pandemic were central to the findings of this brief. We are particularly grateful to the following DULCE partners for their insights during interviews: Michelle Abarca, Olivia Graffeo-Cohen, Jessica Levya, Liliana Martinez, Sam Singer, Rhonda Throop, and Heather Wilson.

We also wish to thank the DULCE National Team for their nimble leadership and guidance during an unprecedented public health crisis: MaryCatherine Arbour, Jeannine Casselman, Stephanie Doyle, Dina Fico, Baraka Floyd, Patsy Hampton, Samantha Morton, Robert Sege, Jennifer Murphy Sims, and Jayne Singer.

CSSP wishes to thank The JPB Foundation for their generous support of this project and publication.

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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.
- **Hope 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

The COVID-19 pandemic has unearthed challenges across a range of social and economic domains that will affect the health and well-being of young children for years to come. Children are positioned to feel the impact of the pandemic because of their vulnerability to the economic and social stressors their families face during this time.<sup>1</sup> Just four months into what has been forecasted to be a prolonged pandemic,<sup>2</sup> we've seen a sharp rise in intimate partner violence, unemployment, and food insecurity, which threatens the

health of many young children.<sup>3,4,5</sup> These determinants, alongside a variety of other social factors, contribute to family susceptibility to poor health outcomes and are associated with adverse effects on a child's developing brain, possibly leading to maladaptive changes in learning, behavior, and physiology.<sup>6,7</sup> Families of low-income and communities of color are bearing the brunt of the pandemic's immediate effects and are anticipated to disproportionately experience its long-term challenges—revealing the link of health outcomes to the inequitable distribution of power and resources, and the extent to which racist policies and systems marginalize families



of color. Despite these challenges, the resilience of families continues to highlight the strength of caregivers and their communities. Parents contribute to growing mutual aid networks, take on new roles as both caregiver and educator, and discover the joy of welcoming a newborn to the family.

Developmental Understanding and Legal Collaboration for Everyone (DULCE) is a universal, evidence-based pediatric care innovation that addresses the social determinants of health (SDOH) and supports early relational health (ERH) for families with infants in communities that are under-resourced and have been marginalized by racist systems. It meets the urgent needs of this moment and also provides a structure to support families when the pandemic subsides. By facilitating and leveraging a multi-sector collaboration between early childhood, health, and legal sectors, DULCE transforms the way families engage with pediatric care and addresses the social and economic challenges they encounter.

This brief explores the response and strength of the DULCE approach during the first four months of the COVID-19 pandemic, the essential elements of the model that support its value, and lessons learned. The information presented in this brief draws from interviews and survey responses of partner communities implementing DULCE. Interviews were conducted from March to June 2020, when the pandemic began spreading in earnest across the United States. As of October 2020, COVID-19 continues to persist among almost all states.

## EARLY RELATIONAL HEALTH

Early relational health describes the positive, stimulating, and nurturing early relationships that ensure the emotional security of infants. These connections advance their physical health and development, social well-being, and resilience.<sup>8</sup>



# DULCE Overview

## Background

The DULCE model is supported by the findings of a randomized controlled trial (RCT) conducted at Boston Medical Center from 2010 to 2012. Given the promising results of the RCT, beginning in 2015, the Center for the Study of Social Policy (CSSP) began a process of replication, evaluation, and refinement of DULCE in five distinct early childhood systems as part of CSSP's Early Childhood Learning and Innovation Network for Communities (EC-LINC). Given CSSP's commitment to equity and mission of ensuring all children and their families thrive, DULCE provided a structure to address the social and economic hardships that impact the well-being of infants and their families, mitigating early life stress. Currently, DULCE is in its fifth year of implementation in California, Florida, and Vermont, across 13 clinics, with intentions for strategic growth by innovating and testing the model in other localities.

## How DULCE Works

DULCE facilitates a multi-sector collaboration between early childhood, health, and legal sectors to transform the way families engage with pediatric care. The approach is based in pediatric clinics, and supported by local public interest law and early childhood systems-building organizations. A specialized Community Health Worker (CHW), known as a Family Specialist, is integrated into a local pediatric care team, joining well-child visits during the first six months of an infant's life through a partnership

with families and the medical provider. While the medical provider provides quality clinical care to families, the Family Specialist works to better understand needs by meeting with families in between routine visits, screening for concrete support and mental health needs, and supporting the parent-child relationship and infant development. Because almost all families bring their baby to routine health care visits, Family Specialists can meet families where they would typically go to receive medical care for their infant, allowing them to simultaneously address clinical and social and economic needs.<sup>9</sup>

As part of a broader team of experts known as the Interdisciplinary Team, the Family Specialist collaborates with the medical provider, a mental health representative, and partners from early childhood and public interest law systems during weekly case review meetings. During these meetings, each member brings their own unique expertise to problem-solve and identifies appropriate services, supports, or resources to assist families. The Family Specialist then closely works with families to identify and connect them with supportive resources and services. In subsequent encounters, the Family Specialist inquires about the family's experience with the service and provides additional assistance where needed. Concurrently, the Interdisciplinary Team works to address any barriers identified by the family and for families with more complicated needs, legal partners are able to address barriers that involve families' legal risks, rights, and remedies.<sup>10, 11</sup>

Together, these components create DULCE's four essential elements which work together to build the foundation of the DULCE approach: 1) the Family Specialist, 2) the legal partner, 3) the early childhood system, and 4) the Interdisciplinary Team. These elements allow partners to implement DULCE while still maintaining the flexibility to adapt to the needs of each community.

## Underpinning Frameworks of DULCE

DULCE is guided by two frameworks—Targeted Universalism and Strengthening Families. Targeted Universalism sets universal goals by employing targeted processes to achieve those goals. Within a Targeted Universalism framework, universal goals are established for all groups concerned. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal. Targeted Universalism is goal oriented, and the processes are directed in service of the explicit, universal goal.<sup>12</sup> To achieve the universal goal of mitigating early life stress, DULCE works to address social and economic hardships that impact families and their infants and allows families more time and energy to nurture and care for their newborn. By employing Targeted Universalism, DULCE clinics are strategically identified and located in communities that are under-resourced and/or have been historically marginalized by racist systems. All families with newborns who walk through the doors of a clinic are offered DULCE. While some clinics offer DULCE to families who visit on even-numbered days due to capacity, this approach

works to address systemic exclusion and eliminates the stigma families may feel when accessing support.

DULCE employs Strengthening Families, a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. By employing this strength-based approach to help caregivers navigate the challenges of caring for babies, raising healthy children, and advocating for what they need, DULCE helps families to build the five Protective Factors: (1) parental resilience, (2) social connections, (3) knowledge of parenting and child development, (4) concrete support in times of need, and (5) social and emotional competence of children. By partnering with families, the Family Specialist is able to understand their priorities and bring the Strengthening Families approach to life. DULCE operates from the premise that families know what they need and honors them as the key decision-makers.

To reinforce the Strengthening Families approach and help build the Protective Factors, Family Specialists are trained in Touchpoints, an evidence-based, relational approach to strengthen the parent-child relationship. While the medical provider supplies clinical and developmental guidance to families about their infant, the Family Specialist incorporates their Touchpoints training to reinforce infant development guidance to the parent. Not only does the relational approach support infant development competency, it fosters trusting relationships between families and the Family Specialist and, by extension, the pediatric medical home.

## The DULCE Impact

Rooted in a coordinated network of trusting relationships, DULCE has a track record of improving the well-being of infants and their families. Through the collaboration DULCE facilitates among early childhood, health, and legal sectors, the pediatric medical home increases its capacity to respond to the social and economic hardships that families experience.

- Of those families offered DULCE, 98% choose to enroll.<sup>13</sup>
- Compared to non-DULCE families, DULCE families showed better completion rates for well-child visits and immunizations, reduced use of emergency room visits, and accelerated access to concrete supports.<sup>14</sup>
- DULCE successfully implements Bright Futures health-related social needs screening requirements.<sup>15</sup> Bright Futures, a health promotion and prevention initiative led by the American Academy of Pediatrics, provides theory-based and evidence-driven guidance for all preventive care screenings and well-child visits.
- DULCE catalyzes systems change. Integration of the legal partner into the primary care team led to Medi-Cal reforms that improved timely access for infants in two California counties.<sup>16</sup>

## DULCE's Commitment to Equity and Anti-racism

CSSP is an anti-racist organization committed to confronting racial inequity and recognizing the long and devastating history of racism and discrimination in our country. An initiative of CSSP, DULCE is on its own parallel anti-racist journey and strives to center equity within its approach.

- DULCE employs Targeted Universalism, a framework to combat inequities by supporting the needs of particular groups while rejecting blanket approaches that might ignore a group's positionality relative to institutions and the group's access to power and resources.<sup>17</sup>
- Multi-sector collaboration has become an increasingly central strategy to advance health equity by addressing SDOHs.<sup>18</sup> DULCE's interdisciplinary approach creates the infrastructure for traditionally siloed systems to share knowledge and resources across the early childhood, health, and legal sectors.
- Family Specialists serve as the bridge among families, community support, and health systems.<sup>19,20</sup> By building trusting relationships with families and honoring them as key decision-makers and experts of their newborn, Family Specialists reaffirm the power families and their communities hold.
- Legal partnerships provide families with access to justice,<sup>21,22</sup> particularly for those who face greater challenges in navigating legal obstacles like undocumented immigrants.





# DULCE's Response and Adaptability During COVID-19

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When the pandemic began to gain traction in the United States and stay-at-home orders were issued, clinics implementing DULCE—like other health care facilities nationwide—were confronted with an unprecedented public health challenge. Although responses to adapt existing protocols and workflows varied, DULCE's essential elements were vital in responding to family needs across the 13 DULCE implementing clinics. These essential elements are 1) the Family Specialist, 2) the legal partner, 3) the early childhood system, and 4) the Interdisciplinary Team, which all work together, to provide structure and flexibility in the face of disruption.

## 1 Trusted Support of the Family Specialist

As pediatric clinics nationally struggled to engage families and address heightened needs,<sup>23, 24</sup> DULCE Family Specialists leveraged existing relationships with families, the Interdisciplinary Team, and community organizations to provide relief in the face of unpredictable challenges.

All DULCE implementing clinics made swift, drastic changes to clinic workflow and protocols that varied according to state and local guidelines as well as clinic leadership. While DULCE is typically structured around in-person interactions at the clinic among the Family Specialist, medical provider and family, some clinics temporarily suspended in-person well-child visits while others continued well-child visits under strict safety protocols that limited the number of participants. As a result of these changes, Family Specialists adapted. They continued their partnerships with families to reach out virtually or by phone and provided

updates on clinic changes, inquired about babies, came to understand exacerbated needs, and extended a hand of support during a time of extreme social isolation. For many families, this outreach was meaningful and provided them with a sense of relief in knowing that support existed through the pediatric medical home.

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***‘The most touching part of DULCE during this pandemic has been seeing the relationships I developed with families translating to remote contact in a meaningful way. Parents were happy I was calling them or emailing them, thanked me for caring and being there, and said they missed me at their appointments when they had to go in.’***  
—Vermont Family Specialist

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These virtual connections with DULCE families along the six-month journey of the approach continued, screening families for concrete supports and mental needs. Virtual check-ins also provided opportunities to partner with families in observing their child's development and key milestones. And because of existing relationships

with families, community agencies, and the Interdisciplinary Team, Family Specialists and, by extension, the pediatric medical home were positioned to not only address immediate hardships but also provide quality, holistic care in a challenging environment. Three strengths particularly stood out that were crucial in supporting families

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*‘COVID-19 created a lot of mental stress, and my Family Specialist giving us calls helped. It made me feel like I had someone else in the outside world I could talk to. She would also send me flyers or links with activities to do around the house. For me, it was a big deal because it made me feel like I wasn’t doing this alone.’*

—DULCE Parent

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### **Training in the Brazelton Touchpoints™ Approach and Newborn Behavioral Observations.**

Family Specialists are trained in the Brazelton Touchpoints Approach, an evidence-based relational approach, to enhance relationships among families, their infants, and providers, supporting child development and positive health outcomes for infants within the pediatric setting.<sup>25</sup> Family Specialists also receive training in the Newborn Behavioral Observations (NBO), a tool designed for providers and allied professionals to assist families in understanding their babies. As Family Specialists enroll new families into DULCE and develop relationships without the ability to interact face-to-face, Touchpoints and the NBO were critical for Family Specialists to support relationship continuity and to understand infant developmental milestones.

Many Family Specialists referenced the Touchpoints guiding principle of valuing disorganization and vulnerability as a fitting opportunity during this disruptive moment. By applying this guiding principle, Family Specialists discovered teachable moments for cultivating empathy and compassion when participating in virtual calls with the family. Other Touchpoints principles, such as focusing on the parent-child relationship and supporting mastery in the parent and child, were invaluable skills that helped Family Specialists to cultivate the emotional competence of the parent and child. Family Specialists applied these principles by encouraging parents to focus on what they have control over despite the uncertainty of the pandemic and guiding parents to reassure the child of the parents’ physical and emotional presence and ability to provide safety.

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*‘The Touchpoints training has been very helpful. One of the Touchpoints principles is to value disorganization. Since more families are working from home with their children, they share new things the babies are doing that they weren’t aware of.’*

—Orange County Family Specialist

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### **Trusted relationships built between the Family Specialist and the family.**

Family Specialists have been an important source of emotional support during this time of extreme social isolation. Through frequent communication, virtually or by phone, families have been delighted by the opportunity to connect with Family Specialists, who they view as a trusted source of support. While there have been reported challenges in engaging and developing relationships with new

families virtually or by phone, the Family Specialists' relational approach provides reassurance and confidence to initially reluctant caregivers.

### **Leveraging the Family Specialist's knowledge of community resources.**

Family Specialists continue to screen families for concrete supports and mental health needs. As many social service offices have closed and benefit enrollment has shifted online, this has created additional steps for families to navigate. The Family Specialists' knowledge of community resources and relationships have been important. In Oakland, California, the clinic has direct contact with supervisors in various social service offices who are in charge of enrollment. Because of this established contact, it is much easier to problem-solve for families and figure out the best way to get enrolled. These connections were made by the Family Specialist over the years of DULCE implementation and have quickly become a crucial repository of resources during the pandemic. In addition to connecting families to support, these relationships have been helpful when more complicated cases arise, such as changing the spelling of a baby's name on Medicaid enrollment.

*'We're being inundated with lists of community resources. When I'm with a family with an identified need, I can't find the right one. The Family Specialist keeps a curated list at a manageable length. She calls each number to understand what it's going to be like for the family and never wants to just hand the number out.'*

*—Oakland Medical Provider*

## **2 Expertise of the Legal Partner**

*'Every week, the legal partner sends out a summary of updates. It's been a highlight for us and has helped us to connect families to resources that seem to be changing rapidly. It's really been a shining moment for our legal partner.'*

*—Vermont Mental Health Lead*

The COVID-19 pandemic has rapidly altered the social service landscape. As the economy drove to a standstill in March, many families experienced significant losses in income. Unemployment rates spiked to their highest levels since the Great Depression.<sup>26</sup> Many, some for the first time, were navigating the complex and ever-changing social service landscape to address their needs. And as the pandemic continued, policies shifted quickly and families found it difficult to keep informed, understand, and utilize new and existing services. Legal partners have leveraged the structure DULCE facilitates to disseminate critical information to Interdisciplinary Team members and DULCE implementing clinics. The frequent and accurate legal information to Interdisciplinary Team members, families, and the clinic not only attended to the immediate housing, food, and income needs of families but also proactively addressed potential legal challenges for them.

Weekly case review conducted virtually with the Interdisciplinary Team has also served as the primary source for sharing changes in policies impacting social services. For example, in Vermont

some families wondered if they would be eligible for unemployment benefits given they were voluntarily not working to care for their children due to the closure of child care facilities. The legal partner was able to answer this question, arming the Family Specialist and other Interdisciplinary Team members with the correct information to share with families. Representatives from early childhood and mental health also benefited from the knowledge exchange, supported their respective systems and thereby families outside of DULCE. In addition to using weekly case review meetings to inform DULCE colleagues, legal partners also share information with the broader clinic, are available to assist with challenges related to immigration, or address concerns related to housing stability and utility repairs. In a time of rapidly developing laws and policies, the pandemic has confirmed just how beneficial it has been for DULCE Interdisciplinary Teams to integrate a legal expert.

### 3 Knowledge-base of the Local Early Childhood System

*‘We had built up a connection with a food bank and we were getting distributions of food from them. The food bank has gone into ‘pandemic mode’ where they want to get more food out. They’re happy they have this connection and want to keep it going.’*  
—Oakland Medical Provider

Leading the DULCE collaboration is an early childhood system-building organization that is immersed in

community support and evidence-based programs tailored to infants and their families. The local knowledge-base of services lends itself well to the Interdisciplinary Team, where the early childhood systems representative provides mentoring and problem-solving support around available services and resources in the community for families. Through the early childhood system, the pediatric medical home can connect families to an array of services that extend beyond health care.

Clinics implementing DULCE found that local early childhood system partners were able to share information on local supports and distribute food, toiletries, diapers, and infant supplies. For example, one DULCE community partnered with their early childhood system to provide diaper kits and bags of food to families. This partnership was also utilized to distribute gift cards to families in need of immediate assistance. The distribution of food, diaper kits, and gift cards was facilitated at the clinic, often when a family arrives for their baby’s routine visit. At another DULCE community, the early childhood system strengthened an existing DULCE relationship with UberHealth, a HIPPA-compliant rideshare platform, to address family transportation challenges.



Generally, through DULCE, UberHealth is funded to ensure families make it to well-child visits. During the pandemic, allowances were broadened to assist families with getting essential needs like groceries and medication. Early childhood systems served as the backbone agency to facilitate the care coordination among families and community partners and provide immediate relief to families. Their role will continue to be crucial in guiding the overall strategy and long-term planning of DULCE.



## 4 Multi-sector Collaboration to Support Problem-Solving

*‘The whole team gets the benefit of weekly case reviews. I’m learning things about the child care sector that I wouldn’t otherwise know. I provide information about the legal side that team members might otherwise not know. Because we had those relationships and connections, it has been easy to share information.’*

*—Vermont Legal Partner*

DULCE’s Interdisciplinary Team creates the infrastructure for the cross-pollination of traditionally siloed sectors. As COVID-19 exposes the interconnectedness of systems, the Interdisciplinary Team is equipped with multi-sector knowledge to support the parent-child relationship and address the concrete supports especially critical to families with newborns.

As a result of the pandemic, meetings with the Interdisciplinary Team have evolved from primarily reviewing specific families to also addressing the “big picture” challenges affecting families. For example, Interdisciplinary Team members at one DULCE community worked to collectively identify local food pantries because families expressed concern in accessing food. The clinic addressed the need of food security not only for individual DULCE families but for every family in that clinic. Originally, the clinic distributed food from a county food bank for specific families, but given the increased need, all families who came to the clinic for a routine visit received a bag of food.

A few months into the pandemic, clinics continue to adjust to a “new normal.” Through it all, DULCE’s four essential elements provide a structure for clinics to leverage as an emergency response tool, providing critical services and support to families with infants. These essential elements will continue to play a crucial role in supporting families beyond the pandemic, and their adaptability during this unprecedented public health crisis has tested their viability as key ingredients to the DULCE approach.



# Themes

In addition to the strength of DULCE’s essential elements in supporting families, several key themes emerged, revealing the extent to which the DULCE model is positioned to continue serving infants and their families long after the pandemic has subsided.

The network of relationships cultivated through years of implementing DULCE facilitate families’ connections to concrete supports across systems. As the former Federal Emergency Management Agency (FEMA) Deputy Administrator Tim Manning highlights, “disaster is the wrong time to exchange business cards.” <sup>27</sup>



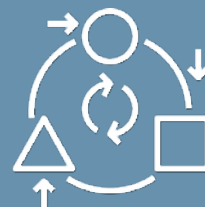
DULCE’s impact extends beyond the program, leading to improved changes in clinic workflow and practice that benefit all families. Many clinics are quickly adapting to address the SDOH for all their families, not just those enrolled in DULCE.



DULCE’s multi-sector, universal approach ensures equitable access to support. During a public health crisis that has exposed the glaring inequities within all systems, DULCE has been effective in supporting families that have been most marginalized by public policies and oppressive institutional practices.

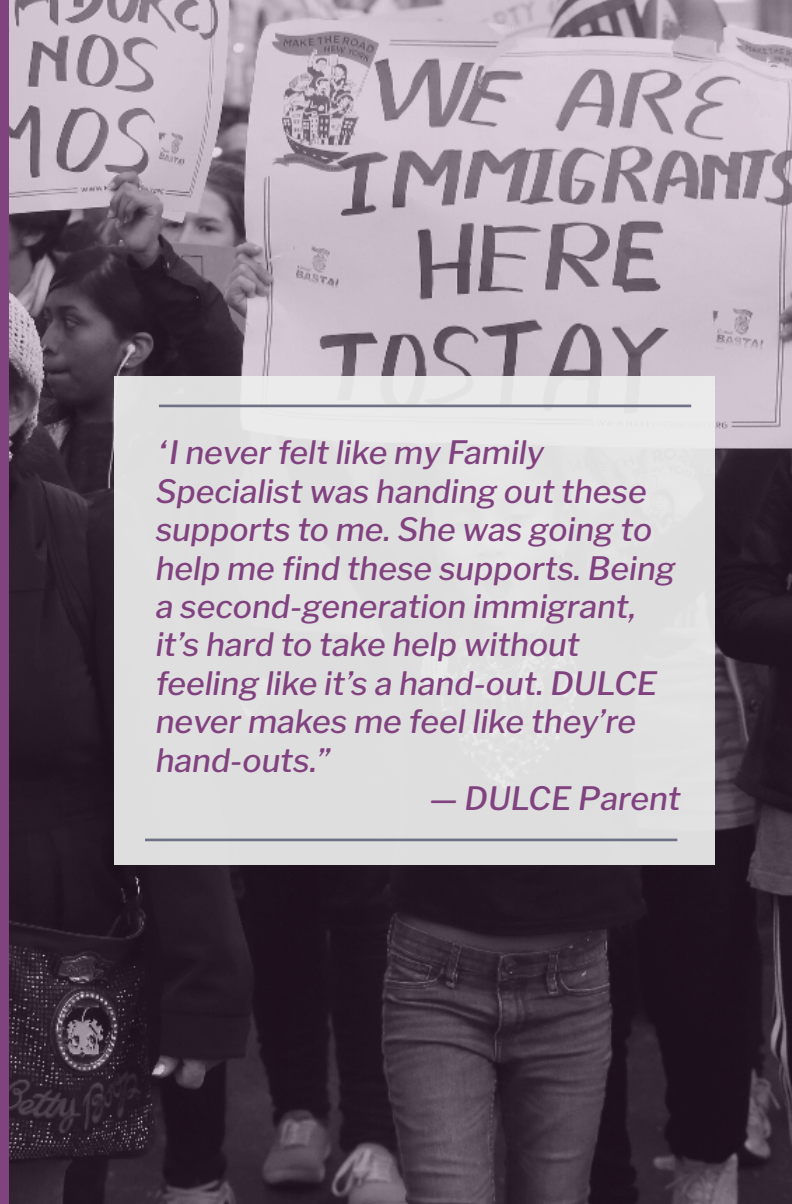


DULCE’s model allows for rapid adaptation and the flexibility to work within local community contexts. The pandemic affected states across the country differently and DULCE provided the flexibility for communities to face unexpected challenges.



## Supporting Immigrant Families During the Pandemic

Undocumented immigrants have had an especially difficult time during the pandemic because although they were hit financially hard, they are excluded from federally-funded programs and COVID-19 legislation.<sup>28</sup> 13.7 percent of immigrant men and 18.5 percent of immigrant women were unemployed by the end of May 2020, compared to 11.4 percent of U.S.-born men and 13.5 percent of U.S.-born women.<sup>29</sup> To serve undocumented immigrants left out of federal legislation, cities and states have created new disaster relief and unemployment funds. In California, the state created a disaster relief fund to provide a one-time cash benefit of \$500 per adult for undocumented Californians who are ineligible for unemployment insurance.<sup>30</sup> Legal partners have been important in deciphering these benefits so families receive the money they are eligible for. The DULCE Interdisciplinary Team directly supports undocumented immigrants in receiving their cash payments by helping them navigate complex rules regarding eligibility.



*‘I never felt like my Family Specialist was handing out these supports to me. She was going to help me find these supports. Being a second-generation immigrant, it’s hard to take help without feeling like it’s a hand-out. DULCE never makes me feel like they’re hand-outs.’*

*— DULCE Parent*

## Challenges

Despite the nimble adaptations of DULCE communities, COVID-19 brought with it a myriad of challenges. Four months after the pandemic first spread across the United States, direct providers continued to report an array of barriers that made it difficult to provide care to families. In order for systems supporting infants and their families to re-imagine a new path forward, it must also recognize the existing challenges.

Medical providers are busy, often having to miss weekly case reviews with the DULCE Interdisciplinary Team. Family Specialists needed to find creative ways to connect with doctors and nurse practitioners, and many of these relationships have shifted to individual phone calls or emails.

The shift to virtual platforms because of social distancing regulations make it difficult for Family Specialists to maintain connections with current families. They reported missing the face-to-face communication they had with

families and are having a more difficult time building relationships with newer families. Families' inability to access stable internet has also made virtual connection difficult.

The pandemic has affected everyone, including DULCE partners, and many direct providers are experiencing burnout. Juggling both professional and personal needs, they feel the mental strain and stress from serving on the frontlines of care. In particular, because of the close partnership between Family Specialists and families, Family Specialists note the heavy emotional toll that comes with this relationship.

Although DULCE continues to provide a robust model that supports the health of families and infants, system leaders must take on the burden of recognizing barriers to addressing SDOHs during the COVID-19 pandemic. The accessibility of virtual platforms and provider burnout are challenges that will continue beyond the pandemic and are symptoms of underlying root causes that must be addressed through large scale systems change. These challenges offer an opportunity to reimagine what new systems of care might look like after the pandemic has upturned every system imaginable.



## Lessons Learned and Future Directions

The experience of DULCE clinics confronting COVID-19 offers some important lessons for the field and areas for future improvements.

### **The value of cross-sector approaches.**

Families are complex and have different strengths and needs. Individual service providers can address some of those needs, but lack the expertise and resources to help families address others. As a result, providers may either choose not to ask about problems they cannot solve or to ask and respond only by providing generic information, such as a general list of local service providers.

This risk is particularly high in pediatric settings, where practitioners are under significant time pressure. There is a large gap between their clinical expertise and their ability to intervene in the social and economic challenges affecting families with infants. Moreover, the high degree of trust parents have in their medical providers is focused on health. They do not necessarily see them as the person to whom they can reveal a sensitive problem, such as experiencing domestic violence or not having enough food or diapers for their baby.

DULCE changes these dynamics. The Family Specialist is recruited from the community and engages a new family as a well-informed and well-trained peer rather than an expert who will tell them what to do. Family Specialists have time to get to know caregivers and to make clear their interest in their holistic health. The trusting relationships they



develop encourages families to be open about their needs. Family Specialists are well situated to help families meet these needs through their role on the Interdisciplinary Team, whose regular weekly meeting creates a structure for discussing and helping to address family needs.

DULCE is a practical mechanism for knitting together sectors that are too often siloed and to holistically help families address a full range of issues that affect an infant's healthy development.

**COVID-driven adaptation.** Across the country, medical care changed with incredible speed as a result of the pandemic. The most obvious, and perhaps most far-reaching of these changes, was the use of video to see patients. As numerous observers have

noted, what had seemed impossible for years became ordinary in days.

For DULCE clinics, the existing relationships between patients and the care team supported this transition. And, when children had to be seen in-person, either in potential emergencies or to receive their inoculations, Family Specialists understood and addressed parents' fears.

**Community advocacy and policy responses.** As one interviewee commented, COVID-19 has “highlighted every crack in the system”—touching virtually every sector that matters to the parents of infants. Fragile employment means fragile access to health care. Child care is under-supplied and is privately provided by thousands of individual businesses that lost all of their income when they had to close, many of which



may not be able to reopen. Many families in rural areas lack transportation or internet to access services, leading to difficulties in obtaining emergency food and other supplies.

At the same time, this crisis has also revealed how much is possible. Millions of families received unemployment benefits considerably more generous than the norm. Families with fragile housing were protected, at least temporarily, by moratoriums on evictions in most jurisdictions. School districts rapidly made laptops and internet access available to large numbers of families to allow distance learning to commence. In DULCE and other early childhood systems, many actors came together to ask what families needed and how they could be supported, rather than being constrained by long-standing bureaucratic processes designed primarily to limit benefits. None of these responses was perfect, but all went well beyond the country's usual way of doing business. This flexibility and innovation can and should form the basis of renewed advocacy for the structural changes that could provide a much stronger safety net for families.

**Embedding equity in the work.** As is well known, inequities are pervasive in early childhood outcomes in the United States, grounded in our country's 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 the coronavirus.<sup>31</sup>

DULCE contains multiple elements designed to lead to more equitable outcomes. Its approach is based on the idea of Targeted Universalism—offering services to all families without requiring an application to ease access and reduce stigma in settings where there is often a high level of need. It incorporates a CHW, a trusted peer who can help families negotiate with systems, including medical systems, that can seem distant and judgmental. And the incorporation of legal supports provides access to justice to families who otherwise have little power to advocate for their rights.

**Extending DULCE's reach.** DULCE is designed to work with families from the time a baby is born until six months of age. The intervention begins at a moment when caregivers' lives are changing, and along with the joy of having a new baby they may encounter stresses that lead them to welcome extra support. The duration of support lasts long enough to make a difference, but not so long that it becomes a burden for families. It also makes it possible to continue to offer DULCE to all eligible families at a reasonable cost.

Nevertheless, there are families for whom additional time in DULCE would be helpful. Beginning DULCE prenatally is a promising route, with potential impact on healthy birth outcomes. Some DULCE sites have also begun to consider extending the program beyond six months for a subset of families who continue to exhibit significant needs. The nimbleness of DULCE provides opportunities to explore its reach and impact.

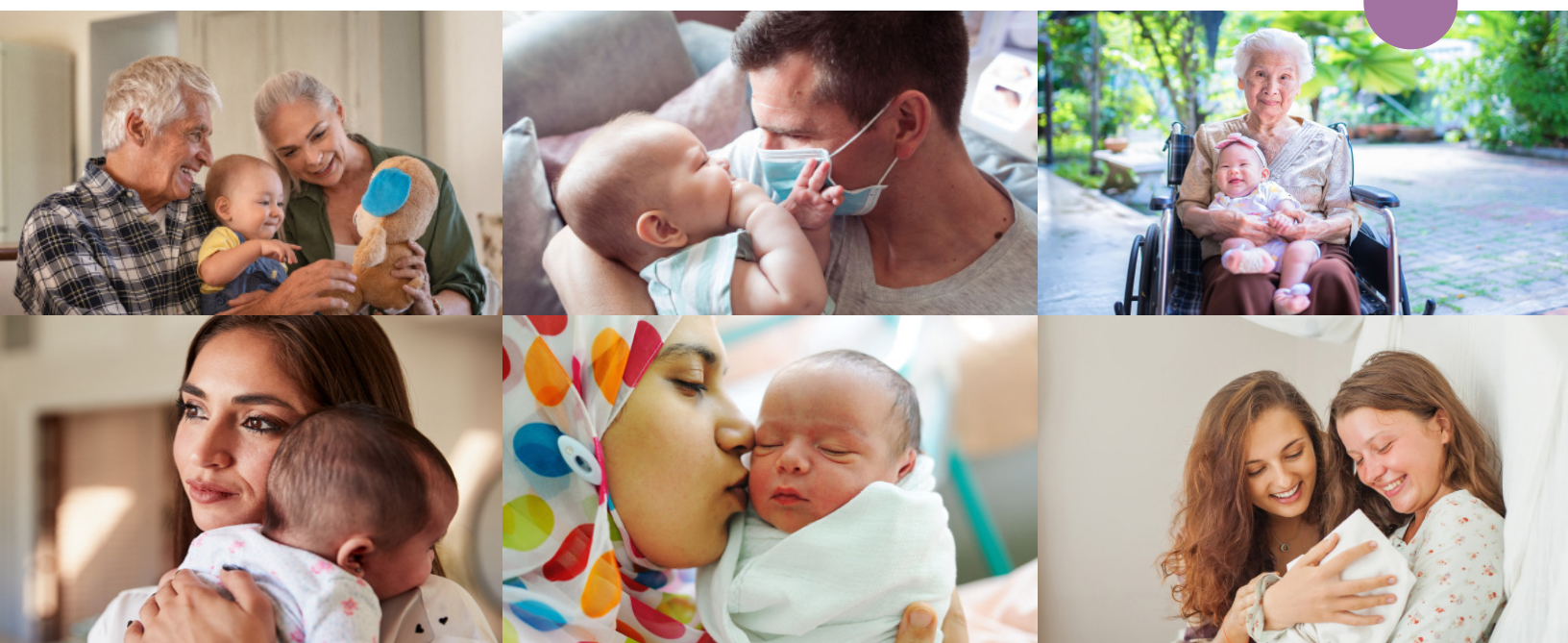


# Re-Imagining Pediatric Care and Early Childhood Systems

The COVID-19 pandemic has done vast harm but also created unexpected opportunities. The need to respond to the pandemic disrupted long-standing institutional arrangements and offered glimpses of new possibilities to achieve better and more equitable health outcomes for all children and families in our society.

Many of those possibilities involve policy-level responses that have been the focus of advocacy for generations, such as true health care for all, primary prevention, public investment in high-quality early care and education, and an unemployment insurance system that supports all workers adequately

rather than some workers poorly. The experience of DULCE, however, is a rich vein to draw upon in designing changes to service delivery systems at the point where they encounter families. DULCE's underlying principles of Targeted Universalism, care based on trusted relationships, and a cross-system approach can be widely applicable. DULCE's core elements—a well-trained CHW, support from a legal partner, strong relationships with an early childhood system, and an Interdisciplinary Team in the medical practice—provide a powerful, practical approach for putting those principles into practice. In order to scale such responses, we ultimately need a policy environment that will adequately finance, support, and ensure accountability for this kind of work, particularly the contributions of Family Specialists (and CHWs in other settings) and of team-based practices.



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