



DULCE
An initiative of CSSP



**Center for the
Study of Social Policy**
Ideas into Action

Equity in Action: DULCE Addresses the Health and Emotional Needs of Families During the COVID-19 Pandemic

EXECUTIVE SUMMARY

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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/.

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Introduction

When the COVID-19 pandemic began to gain traction in the United States, clinics implementing DULCE were confronted with an unprecedented challenge to tackle a novel, highly infectious virus while also supporting families and infants experiencing extreme, and sometimes sudden, social and economic hardship. This brief summarizes the response and value of the Developmental Understanding and Legal Collaboration for Everyone (DULCE) approach during the first four months of the COVID-19 pandemic, the essential elements of the model that support its strength, and lessons learned. The information presented in the brief draws from interviews and survey responses of partner communities implementing DULCE.

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 from birth to six months. A specialized Community Health Worker, 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, by collaborating with families and the medical provider. The Family Specialist is integrated within a broader team of experts known as the Interdisciplinary Team, which includes the medical provider, a mental health representative, and partners from early childhood and public interest law systems, who all work to address family social and economic stressors during and between weekly case review meetings.

Together, these components create DULCE's four essential elements which work together to build the foundation of the DULCE model: 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.

Themes

- The pediatric medical home connects families to an array of services that extend beyond health care through a network of community resources provided by a strong early childhood system.
- Legal partners provide frequent and accurate information that attend to the immediate housing, food, and income needs of families and proactively addresses families' potential legal challenges.
- Multi-sector knowledge and a universal approach ensures equitable access to services and resources, supports providers in early relational health, and addresses SDOH for infants and their families.
- DULCE's impact extends beyond the intervention, leading to improved changes in clinic workflow practice and systems change that benefits all families.

- The DULCE model allows for rapid adaption and the flexibility to work within local community contexts.

The ability of DULCE communities to make nimble adaptations during the COVID-19 pandemic did not come without challenges. Doctors and nurse practitioners balanced busy work schedules; the prominent, sudden shift to telehealth created accessibility challenges; and providers experienced burn-out.



Key Lessons Learned

Power of trusting relationships. Family Specialists leveraged their existing relationships with families, the Interdisciplinary Team, and community organizations to connect families to concrete supports.

Value in cross-sector approaches. DULCE's interdisciplinary approach served as a practical mechanism for knitting together sectors that are often siloed to holistically help families address SDOHs.

COVID-driven adaptation. COVID-19 accelerated shifts to telehealth in health care. The existing relationships between patients and the care team, cultivated at DULCE clinics, supported this transition.

Community advocacy and policy responses. Many actors came together to ask what families needed and how they could support, rather than being constrained by long-standing bureaucratic processes. This galvanized energy around ways that advocacy can support the structural changes needed to fully support families.

Embedding equity in the work. The need to embed anti-racist approaches in every aspect of public health work has never been more clear. Public health programs must be designed with equity in mind and must continually prioritize it in program design, implementation, and quality improvement.

Extending DULCE's reach. Beginning the DULCE approach prenatally or extending its six month reach, particularly for families with significant needs, is a promising route for future innovation.

The full brief is available at <https://cssp.org/resource/equity-in-action-dulce-covid19>.