



Strengthening Community: 24 Hours at the Virtual DULCE National Forum

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I've been honored to attend the [DULCE](#) National Forum this week, during National Public Health Week (NPHW) 2021. Wednesday's NPHW theme was [Strengthening Community](#), and spending that day with members of the growing national DULCE Learning Network was a perfect fit.

DULCE (*Developmental Understanding and Legal Collaboration for Everyone*) is a universal, evidence-based pediatric care approach. It supports healthy newborn development, partners with families of infants to meet their social needs and promotes healthy communities.

The Learning Network, convened by the [Center for the Study of Social Policy](#), is composed of:

- Early Childhood Systems Representatives
- Family Specialists;
- Mental Health Representatives;
- Medical Providers;
- Clinic Administrators;
- Legal Partners; and
- Parent leaders

all of whom are committed to working with – and trusting-building with – each other in new and different ways. DULCE planning and implementation currently is underway in 9 states (CA, FL, KY, MI, MS, NJ, RI, VT, WI).

The theme of the National Forum was *Building for the Future: Promoting Family Resilience. Centering Anti-Racism. Sustaining our Work*, and the gathering launched with a Fireside Chat with [Dr. Joia Adele Crear-Perry](#), Founder and President of the [National Birth Equity Collaborative](#). Dr. Crear-Perry spoke to a range of strategies that can promote optimal, healthy births for all moms and babies – and how those strategies must account for racial and social inequities that have long harmed Black maternal and infant health.

Yesterday, Kay Johnson of [Johnson Group Consulting, Inc.](#) presented on the centrality of Medicaid policy in reducing racial disparities in child and family health and well-being. She also noted DULCE's many intersections with the American Rescue Plan Act (APRA) of 2021. Among other things, the APRA expands the Child Tax Credit in ways that [set the stage for a potential child allowance](#) (a form of guaranteed minimum income). This kind of policy evolution could be transformative for families with young children for whom the "Math of Life" does not add up, due to entrenched barriers to income and wealth-building.

These are critical developments and calls to action. We must optimize life course health for all, meaning that we should strive for a new equilibrium between primary prevention (public health), primary care (including OB/GYN) and complex care in ways that hopefully avoid zero-sum-framed resource battles. And this means, among other things, re-balancing how parents

and caregivers, infants, children and youth figure into healthcare system priority-setting in new and deeper ways.

DULCE is an important, and momentum-ful, step in this direction. Interested in exploring DULCE in your community? Contact **Azieb Ermias, Senior Program Analyst** at the **Center for the Study of Social Policy**, at azieb.ermias@cssp.org.

To learn more about **DULCE and its legal partnering component**, grounded in [MLPB's team-facing legal partnering innovation](#), check out:

- [Legal Partnering is a Dose of Prevention](#)
- [Chapin Hall Research Brief #6](#)
- [DULCE Legal Partners Drive Improvements in Medi-Cal Enrollment for Babies in Two California Counties](#)
- [Immigration-Informed CHWs Link Families to Economic, Social, Legal Supports](#)
- [Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial](#)

For more from MLPB on **the relationship between legal partnering and prevention**:

- [The "Cavalry" Isn't Coming. We All Must Become the Cavalry.](#)
- [Legal Partnering for Child & Family Health: An Opportunity and Call to Action for Early Childhood Systems](#)
- [Managing Health-related Social Needs: The Prevention Imperative in an Accountable Health System](#)