Dear Chair Houghton and members of the House Health Care Committee:

Thank you for taking the time to hear more about Developmental Understanding and Legal Collaborations for Everyone (DULCE). At your request, we have prepared some follow-up materials (both attached and below) regarding the evidence and outcomes supporting the DULCE approach. Please reach out back with any questions or need for additional information.

RCT trial data (also attached):
Results from the randomized controlled trial published in Pediatrics in 2015 demonstrated:

- DULCE families secured eligible supports at roughly twice the pace of control families
- Better completion rates for well-child visits and immunizations
- Reduced use of emergency room care by DULCE families

DULCE practices also show:

- Successful implementation of Bright Futures guidelines and the Bright Futures health-related social needs requirements
- DULCE clinics report having lower "no show" rates than non-DULCE clinics
- Physicians and staff credit DULCE with improving the work environment and reducing burn-out

Here is the language from the results section of the RCT journal article:
Three hundred thirty families participated in the study. At baseline, 73% of families reported economic hardships. Intervention parents had an average of 14 contacts with the family specialist, and 5 hours of total contact time. Intervention infants were more likely to have completed their 6-month immunization schedule by age 7 months (77% vs 63%, P , .005) and by 8 months (88% vs 77%, P , .01). Intervention infants were more likely to have 5 or more routine preventive care visits by age 1 year (78% vs 67%, P , .01) and were less likely to have visited the emergency department by age 6 months (37% vs 49.7%, P , .03). The DULCE intervention accelerated access to concrete resources (P = .029).

National data from the universal article attached:
Note: By "risk factors" we mean the families that would have screened into a evidence based program that was not universal.

National data

99% of families accept

53% of families with no risk factors had one or more social need identified through DULCE

69% of families with one or more risk factor had one or more social needs identified through DULCE

Systems intended to support families with infants in low-resource communities may miss nearly 75% of families with a HRSN if we use targeted approaches exclusively

Most prevalent HRSN identified (Natl):	**No risk criteria**	**Risk criteria present**
Food Insecurity	29%	56%
Financial/Employment	34%	45%
Maternal Depression	16%	20%

Benefits of a universal model results section from article:

DULCE identified 990 families with HRSN, compared to an estimated 274 families, if a risk-targeted approach had been used. More than half of RCA families had HRSN, 11% used resources at enrollment, and 42.5% accessed resources through DULCE. Simultaneously, 68.8% of RCP families had ongoing HRSN although 46.0% used resources at enrollment; 63.9% accessed additional resources through DULCE. Commonly used risk criteria had a sensitivity of 55.3% (95% CI, 52.2%–58.5%), specificity of 61.1% (95% CI, 57.2%–64.9%), positive predictive value of 68.8% (95% CI, 65.4%–72.0%), and negative predictive value of 46.9% (95% CI, 43.5%–50.4%).

Warmly,
Ilisa

Ilisa Stalberg, MSS, MLSP (she/her)
MCH Director
Vermont Department of Health