



Diaper Distribution Demonstration and Research Pilot:

Implementation Evaluation Design Report

June 2024

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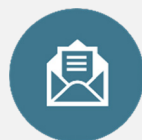
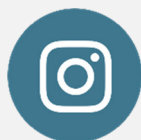
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1. Overview

Introduction

Diapers are essential to the health and wellbeing of babies, toddlers, and their families. They are also expensive, and many families struggle to buy enough diapers to fully address their children's needs. In 2022, the Office of Community Services (OCS) within the Administration for Children and Families (ACF) began the Diaper Distribution Demonstration and Research Pilot (Diaper Distribution Pilot). OCS designed the pilot to help address diaper need and increase economic security for families with low incomes. This is the first federally funded diaper distribution program. In addition to providing diapers, this initiative seeks to connect families with other services they need (e.g., housing, early childhood education and childcare, food and nutrition, training services). The Diaper Distribution Pilot funded 21 grant recipients to implement diaper distribution programs in their communities.

OCS and the ACF Office of Planning, Research, and Evaluation (OPRE) partnered to support an evaluation of the Diaper Distribution Pilot. The study team (made up of Westat, Public Profit, and Dr. Jennifer Randles) will assess the Diaper Distribution Pilot. This evaluation will lead to a better understanding of how grant recipients serve participants. It will deepen understanding of diaper distribution operations and establish the foundation for rigorously measuring the potential impacts of diaper distribution programs. Ultimately, the evaluation will help inform future policy decisions at national, state, and local levels to serve families with diaper need. This document describes the proposed approach of the study team for conducting the evaluation.

Primary Research Questions

The study design has three main components, each with specific research questions:

1. **The process evaluation:** How do Diaper Distribution Pilot grant recipients implement their programs?
2. **The participant experience and outcomes assessment:** What are the experiences of the caregivers who participate in the program?
3. **The feasibility assessment:** How could we best design a credible and reliable future impact study for the Diaper Distribution Pilot?

The **process evaluation** will document grant recipient approaches, structures, activities, and reach to systematically understand how each grant recipient executed the Diaper Distribution Pilot initiative across all grant recipients. Our research questions focus on understanding the implementation contexts for each grant, implementation strategies, and the strength of implementation at the grant recipient, cohort, and program-wide level.

The **participant experience and outcome assessment** will document how Diaper Distribution Pilot participants experienced grant services, barriers and facilitators related

to their participation, their perceptions of program benefits and drawbacks, and the extent to which participants experienced changes in hypothesized outcomes after participation in the Diaper Distribution Pilot.

The **feasibility assessment** will inform the design of a reliable and credible impact evaluation for the Diaper Distribution Pilot. Specially, our evaluation will focus on understanding the feasibility of different measurement approaches and designs and understanding what technical assistance may be needed to increase feasibility.

Purpose

The purpose of this report is to outline the design of the evaluation. The report details the design of each study component, including the research questions, the data measures, and how the study team plans to collect data.

Highlights

We will examine how each grant recipient structures and runs its program and serves the caregivers in its population. We will also look across grants to draw broader conclusions about implementation and determine implications for a potential impact study in the future.

We have designed the evaluation to be practical to respond to real-world constraints and to minimize burden to grant recipients and their participants when possible. As a result, our approach to answering each research question will vary by grant cohort and sometimes within cohorts. This will help us accommodate changes over the course of the Diaper Distribution Pilot and grant-led data collection efforts.

Ultimately, this study is designed to lay the groundwork for a potential rigorous impact evaluation that will measure causal impact in the future. This current evaluation is an exploratory analysis, with limited ability in scope, time, and reach. As of publication, we are developing an impact study design.

Methods

The evaluation components will use the following data sources to answer our research questions:

- Interviews with grant recipient and subrecipient staff
- Focus groups with caregivers who have received diapers from the Diaper Distribution Pilot
- Grant-collected data on participant demographics, services received, and outcomes of interest

- Grant materials, such as quarterly progress reports, participant recruitment materials, and staff training materials
- Secondary data sources describing the communities where the grants operate

Please note this report describes our plan and methods, but we have not yet conducted the study.

After collecting these data, the study team will first analyze data within each data source (e.g., grant recipient staff interviews, focus groups, secondary data) and will then synthesize these data across sources to address our research questions. We will conduct analysis at the individual level, the grant recipient level (as case studies), and across multiple grant recipients to better understand trends among cohorts (in a multiple case study design) and at the program-wide level.

2. Evaluation Plan

The Diaper Distribution Pilot Initiative

Diaper need is prevalent among American families with limited incomes, yet this need has gone without widespread recognition. Diapers are essential to the health and well-being of babies, toddlers, and their families. They are also expensive, and many families struggle to buy enough diapers to fully address their children's needs. On average, children will use 4,600-4,800 diapers from birth until potty training and families spend between \$945-\$1,500 per year on diapers for each child (Sobowale et al., 2020). One in three families with young children experiences ongoing diaper need (Belarmino et al., 2021). When families do not have enough diapers, it can affect their economic security. Diaper need can lead to caregivers missing work because they do not have the number of diapers childcare requires (Massengale et al., 2017), cutting back on food to purchase diapers (Austin & Smith, 2017), and stretching the amount of time between diaper changes (Randles, 2022). Not surprisingly, diaper need can lead to diaper rash and more serious health problems for the child and contribute to caregiver depression and anxiety (Randles, 2022). No nationwide program supports families in securing sufficient and consistent diaper access. While communities have established approximately 300 diaper banks across the country, private efforts have so far met only a fraction of the diaper need (Massengale et al., 2020).

In 2022, the Office of Community Services (OCS) at the Administration of Children and Families (ACF), in partnership with ACF's Office of Planning, Research, and Evaluation (OPRE), funded the Diaper Distribution Demonstration and Research Pilot (Diaper Distribution Pilot) to more systematically alleviate diaper need. The project assesses the feasibility and implementation of federally funded expansions of current diaper provision programs through community partners. In addition to providing diapers and diapering supplies such as ointments and wipes, the program seeks to connect families with available wraparound services (e.g., housing, early childhood education and childcare, food and nutrition, employment, training services).

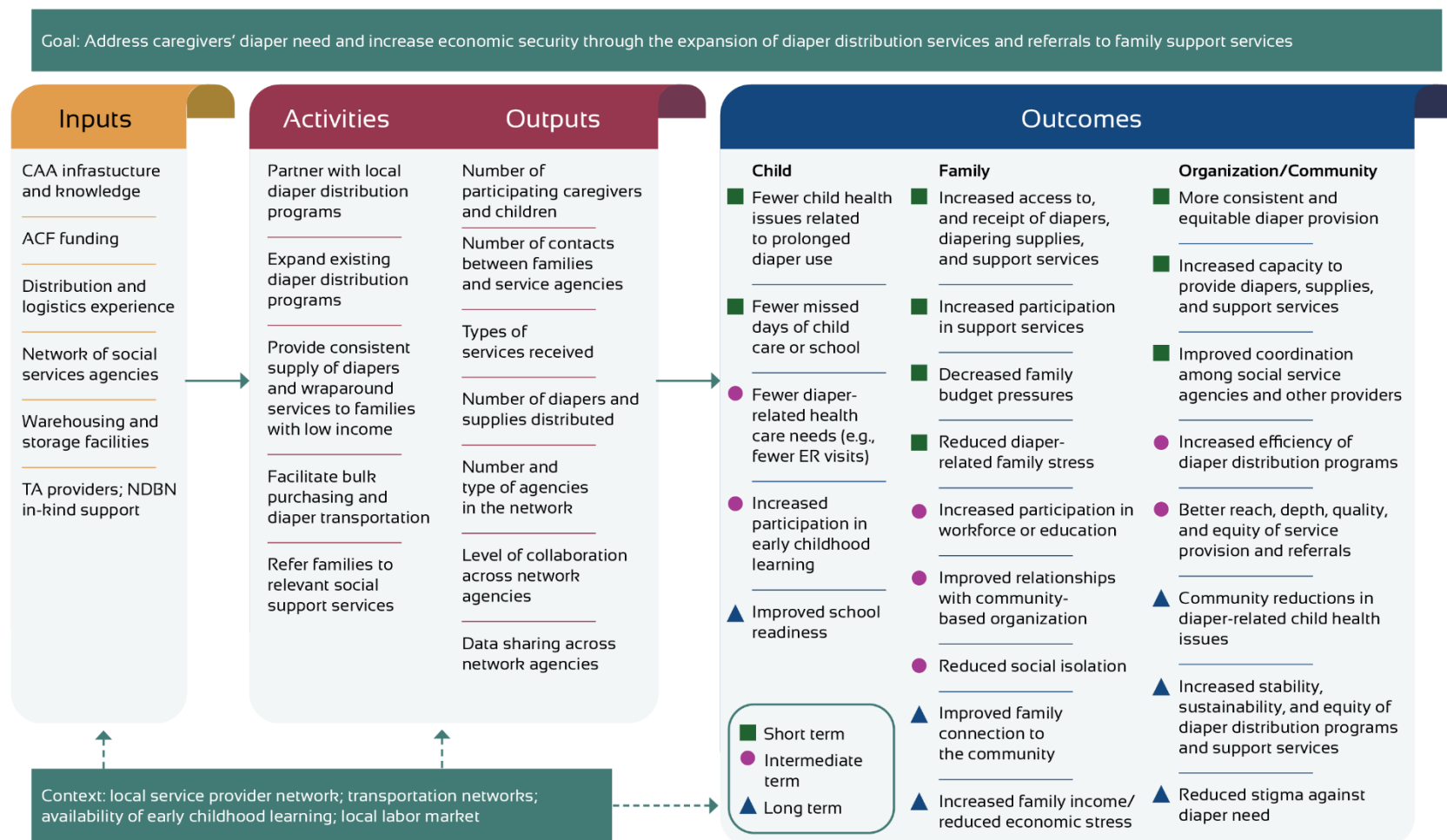
ACF has separately funded this evaluation of the Diaper Distribution Pilot through OPRE, an independent office that studies ACF programs and the populations they serve through rigorous research and evaluations. [Westat](#) and our partners [Public Profit](#) and Dr. Jennifer Randles are conducting this evaluation to understand how grant recipients serve families, examine the experiences and outcomes of families that receive services, and develop a rigorous design for a potential impact study in the future. OPRE oversees the work of the evaluation team independently from OCS. Both OPRE and the study team are committed to the principles of rigor, relevance, transparency, and independence, and ethics in accordance with [ACF's overarching evaluation policy](#) (Administration for Children and Families, 2021).

Theory of Change and Project Goals

The Diaper Distribution Project seeks to improve outcomes for children, families, organizations, and communities (Exhibit 2.1). The project goals are to address community diaper need and economic sufficiency through the expansion of diaper distribution services and referrals and support from adjacent family support services. Providing diapers most proximately affects young children and their families, theoretically leading to improved child health (e.g., reduced diaper rash) and health care needs (e.g., reduced emergency department visits related to severe rash), more days at school or childcare and work, and decreased parental stress.

Diaper provision may also serve as an entry point for families who could benefit from other social services (e.g., Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], Temporary Assistance for Needy Families [TANF], housing support). These services may further bolster economic and social supports for families. Federal support of diaper provision may facilitate broader and more equitable distribution of diapers and redistribution of resources to support other necessary services while also destigmatizing diaper need. Over time, the benefits of the Diaper Distribution Pilot could lead to sustainable and equitable diaper provision and support services across communities.

Exhibit 2.1 Participant-focused logic model of Diaper Distribution Demonstration and Research Project

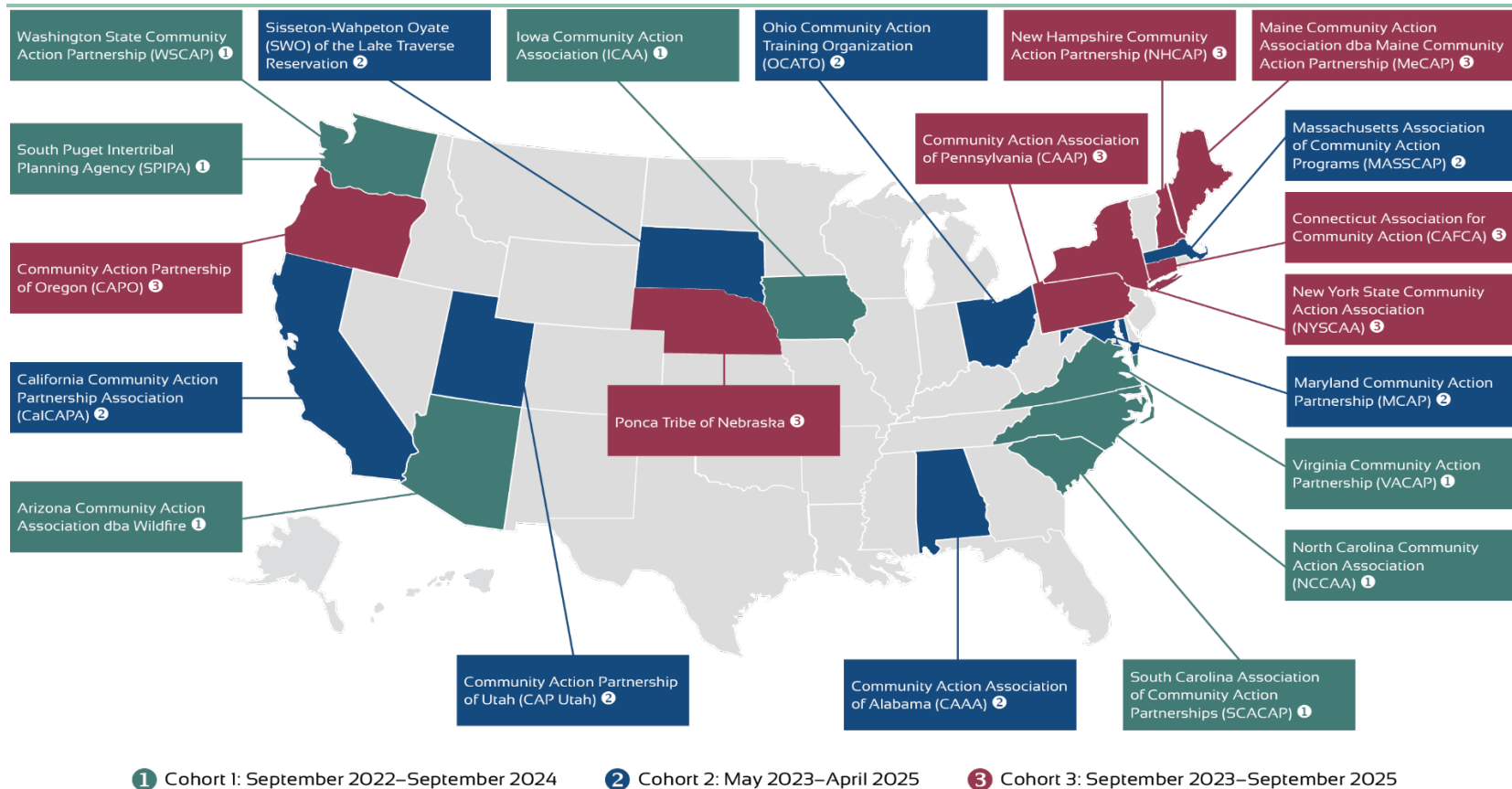


ACF = Administration for Children and Families; CAA = community action agency; ER = emergency room; NDBN = National Diaper Bank Network; TA = technical assistance.

Grant Recipients

The Diaper Distribution Pilot has funded a total of 21 grant recipients across 3 cohorts (see Exhibit 2.2 for the locations of grant recipients). Cohort 1, funded in September 2022, includes six states and the South Puget Intertribal Planning Agency. Cohort 2, funded in April 2023, includes six states and the Sisseton-Wahpeton Oyate of the Lake Traverse Reservation. Cohort 3, funded in September 2023, includes six states and the Ponca Tribe of Nebraska. The current evaluation plan includes all three cohorts.

Exhibit 2.2 Location of Diaper Distribution Demonstration and Research Pilot grant recipients



Diaper Distribution Pilot Evaluation

The Diaper Distribution Pilot evaluation will foster a better understanding of implementation, deepen understanding of diaper distribution operations, establish the foundation for rigorously measuring the impacts of diaper distribution programs, and help inform future policy decisions at the national and state levels. The evaluation will also inform our efforts to design an impact evaluation of the Diaper Distribution Pilot.

For this evaluation, we will use a mixed-methods design, assessing across and within grant recipients. Our study design will have three components, each with a specific objective:

- Process evaluation to study grant recipient approaches, structures, activities, reach, and experience with ACF and technical assistance (TA) providers
- Participant experience and outcome assessment to document caregiver characteristics, experiences as participants, and changes in intended outcomes
- Impact design (feasibility) assessment to inform development of a rigorous impact study design

Through a multiple case study approach, we will examine how each grant recipient structures and operates its program and its service population. We will then look across the grants to draw broader conclusions about the implementation of the Diaper Distribution Pilot and determine implications for a potential impact study in the future. The outcome data we gather will be single-group pre-post data, limited only to the grant recipients that collected or are able to collect high-quality¹ baseline data for outcomes of interest. The evaluation will include feedback that organizations and individuals provide, and we will use both primary and secondary data collection procedures. We will collect data directly through interviews with grant recipient and subrecipient staff and focus groups with caregivers connected to the grant recipient organizations. We will work with grant recipient organizations to use data those organizations have already collected.

A feature of our design is that it shifts to meet the capacity and activities of each cohort of grant recipients. The study team is collecting data within a real-world context, and all the Cohort 1 grant recipients and many of the Cohort 2 grant recipients received funding and began their enrollment and distribution processes before we could establish processes for data collection. We have tailored our plan for baseline and outcome data collection to meet these grant recipients where they are and reduce burden where possible. For Cohort 1 and 2 grant recipients, we will collect and analyze outcome data only from a subset of grant recipients that are interested in these data and have high-quality baseline data. Cohort 3 began enrollment and distribution processes after we established plans and tools for baseline and outcome data collection; we expect to receive high-quality outcome data from all Cohort 3 grant recipients. We expect to produce the final report on the evaluation in February 2026.

¹ The study team defines high-quality outcome data for the assessment as follows: (1) the grant recipient collected baseline measures on most of the outcomes of interest to the assessment; (2) the grant recipient had consistent baseline data collection across their grant (i.e., all subrecipients collected baseline data on the same outcomes of interest; and (3) grant recipients have the ability to link baseline and outcome data at the individual level (e.g., have documented unique identifiers associated with each participant's data).

This evaluation plan describes the proposed approach of the study team (made up of Westat, Public Profit, and Dr. Jennifer Randles) for conducting an implementation and outcome evaluation of the Diaper Distribution Pilot. We² used an iterative approach to develop this plan, which reflects the following:

- ACF feedback (from both OPRE and OCS)
- Information from Cohort 1 grant recipients on their data collection efforts
- Technical Workgroup feedback
- Caregiver Panel feedback

We adopted a tailored and practical approach to designing this evaluation plan. We balanced rigor and information needs with grant recipient plans and capacities. We plan to address our research questions to the best of our ability without requiring grant recipients to invest significant time and effort. This evaluation design aligns with ACF's Evaluation Policy³, which demonstrates a commitment to engaging in rigorous, relevant study to produce evidence that informs policy and practice. Publishing this plan aligns with OPRE's interest in rigor and transparency in evaluation.

² Throughout this report, "we" refers to the study team and research partnership of Westat, Public Profit, and Dr. Jennifer Randles.

³ For more details on ACF's evaluation policy, please visit: <https://www.acf.hhs.gov/opre/report/acf-evaluation-policy>

3. Process Evaluation

The process evaluation will document grant recipient approaches, structures, activities, and reach to systematically understand how each grant recipient executed the Diaper Distribution Pilot initiative across all grant recipients.

Research Questions, Hypotheses, and Design

The process evaluation will document grant approaches, structures, activities, reach, and experience with ACF and TA providers by posing and attempting to answer the questions documented in Exhibit 3.1.

Because this section provides a process evaluation, we do not have hypotheses related to the answers to these questions.

We will employ a mixed-method, cross-grant, and individual-grant design, using five main strategies to answer questions in this portion of the evaluation:

- Analysis of grant materials and documents
- Interviews with grant recipient staff
- Interviews with subrecipient staff
- Quantitative data that grant recipients collect
- Analysis of secondary datasets that provide community-level context

Exhibit 3.1 also shows data sources we will use to answer each question.

Exhibit 3.1 Data sources for process evaluation research questions

Research question	Grant recipient and subrecipient materials	Grant recipient staff interviews	Subrecipient staff interviews	Grant recipient and subrecipient quantitative data	Secondary data
How are grant recipients implementing the Diaper Distribution Pilot?	•	•	•	•	
What implementation barriers and facilitators do grant recipients face, and how do they overcome barriers and challenges?	•	•	•		
What models and approaches to diaper distribution and service provision are grant recipients using?	•	•	•		
How do grant recipients and subrecipients coordinate and collaborate?	•	•	•		
What is the community context for each grant, and how might it affect implementation?		•	•		•
What supports and guidance did grant recipients receive from ACF and technical assistance providers, and how did that guidance assist with program implementation?		•	•		
To what extent do grant recipients meet their service delivery targets?	•			•	
How do grant recipients define and assess family eligibility for diaper receipt? How do grant recipients recruit families?	•	•		•	
How do grant recipients refer families to other supports and services?	•	•	•	•	
What is each grant's reach, depth, and saturation of services within their catchment area?				•	•
To what extent does their reach address inequities in diaper need?				•	•

Data Collection Methods and Instrument Descriptions

This section details the methods, instruments, and samples related to data collection for the process evaluation.

Grant Materials

We will request grant materials and extract relevant information from grant recipients and subrecipients and from OCS when applicable, such as in the case of grant applications. Examples of grant recipient materials that will inform the evaluation follow:

- Grant applications
- Quarterly progress reports
- Participant recruitment materials
- Press releases and local media coverage
- Staff training materials
- Continuous quality improvement reports
- Any other materials grants develop that might be relevant

Extraction tools. We will develop one or more extraction tools to systematically pull information from these materials. Elements we expect to extract include:

- Grant budget, expenditures, costs
- Staffing structure, roles, and whether volunteer or paid
- Number of subrecipients, types of subrecipients, and roles on the grant
- Types of support services families can be referred to and organizations offering them
- Eligibility requirements and procedures for assessing family eligibility
- Diaper receipt parameters (e.g., frequency of distribution, number per distribution, allowed number of distributions, process for requesting sizes/size change)
- Diaper purchasing and acquisition strategies
- Diaper storage and inventory strategies
- Size and location of catchment area
- Diaper distribution strategies (e.g., three types identified in Gates et al., 2023)
- Case management, referral, and assessment strategies

Sampling frame. We will request all materials above from all grants in the study, so there is no sampling in this instrument/data source.

Grant Recipient Staff Interviews

We will conduct one site visit to each grant. See text box for more information. During the site visit, we will interview the grant director and two staff members from the lead grant recipient organization. We will use a grant recipient staff interview protocol to guide those discussions (Appendix B).

Grant Recipient Site Visits

The study team will conduct one site visit with each grant recipient. We expect these site visits to last 2–3 days with two-person teams consisting of one senior and one early or midcareer researcher. We will work with a grant recipient point of contact to schedule the site visit and data collection efforts during the visit. While on site, we will field the grant recipient staff interview protocol, the partner staff interview protocol, and a focus group with current participants.

We plan to interview the grant director and two other staff members at the lead grant organization. If we receive consent, we will audio-record the interviews. We expect the interviews to last 60–90 minutes.

We plan to interview one staff member at a subset of subrecipient organizations. We expect to conduct a minimum of three subrecipient interviews: one with a diaper bank subrecipient, another with a local CAA subrecipient, and another with any other type of local service provision organization (e.g., food bank, childcare provider). We will conduct additional interviews with subrecipient organizations as needed to capture variation in the program and unique service delivery strategies. If we receive consent, we will audio-record the interviews. We expect the interviews to last 60 minutes.

We will work with our grant recipient point of contact to recruit approximately 30 current DDRP participants for 2 in-person focus groups (15 participants per focus group, expecting approximately 8–10 people to attend each focus group). We expect the focus groups to last 90 minutes, and we will provide participants with \$50 gift cards as an acknowledgement of their time and expertise. If we receive consent, we will audio-record the focus groups.

Finally, if feasible, we will ask grant recipients for a walking or driving tour of their community and program's catchment area. We will document features such as distance to public transportation options, ease and welcoming features of the diaper pickup location, parking, and accessibility.

Sampling frame: We will interview two to three staff members from the lead grant recipient organization. We will work with the grant project director to identify one to two other staff members who are most involved in the planning, execution, and/or tracking of grant activities. We will interview the project director for each grant recipient.

Subrecipient Staff Interviews

While on site visits, we will also interview staff at selected subrecipients of each grant. For each subrecipient selected, we will interview one staff member from that organization; that is, the person the grant project director identifies as most knowledgeable about the grant. We will use a grant recipient staff interview protocol to guide those discussions (Appendix C).

We expect to conduct the following subrecipient interviews per grant: one with a diaper bank affiliate, one with a local CAA, and one with another local service provision organization (e.g., food bank, childcare provider, maternal health resource center, Early Head Start) if available. If a grant does not include one of these types of organizations, we will conduct an interview with another type of organization. For example, we would interview two of a grant recipient's diaper bank partners if they have not partnered with a CAA or other local service provider. While the number and type of subrecipients vary among sites, every site includes at least one diaper bank as a subrecipient, and the majority also include local CAAs. Some of the less common types of subrecipients include food banks and local community programs.

We will select the subrecipients to interview based on our review of grant materials and conversations with the grant recipient project director. We will seek to interview subrecipients who best represent the grant as a whole (e.g., assist many caregivers the grant serves, are integral to the grant) and subrecipients that operate novel diaper distribution programs (e.g., use an interesting distribution method, such as through doulas), or operate in unique contexts (e.g., serve pregnant people or operate in a remote setting).⁴

Grant Recipient Aggregate Quantitative Data

To the extent available, we will use quantitative data the grant recipients collected to evaluate program implementation, service targets and the extent to which they were met, their recruitment efforts and eligibility procedures, and the characteristics and numbers of participants. Ideally, we will receive aggregate data⁵ on all the constructs shown in Exhibit 3.2. Given our evaluation design timing vis-à-vis the grant recipients, we expect the number of constructs and number of grant recipients that can contribute these data will grow from Cohort 1 to Cohort 3.

⁴ The technical working group provided feedback that capturing variation in diaper distribution programs would be of interest to the field at large. They were particularly interested in language diversity of service population; refugee service populations; novel diaper distribution methods; any organization that enrolls clients prenatally; and certain subrecipient organization types, such as non-Head Start childcare providers; and crisis and housing service providers.

⁵ We expect to use aggregate quantitative data for process assessment data analysis. If we receive individual-level data, we will aggregate those data for this part of the assessment. We will also analyze individual-level data as part of the participant experience and outcome assessment; for more details, see the [individual-level quantitative data in section 4](#).

Exhibit 3.2 Grant recipient aggregate quantitative data constructs for process evaluation

Topic	Constructs
Service target achievements	<ul style="list-style-type: none"> Number of diapers distributed each reporting month Number of wipes, ointments, and other diapering supplies distributed each reporting month Number of families that receive diapers each reporting month Number of families enrolled in the program that did not pick up/receive diapers each reporting month Number of new enrolled families per reporting month (unique number) Number of households that receive diapers each reporting month Number of children who receive diapers each reporting month Number of new children who receive diapers per reporting month (unique number)
Recruitment efforts	<ul style="list-style-type: none"> Family referral source (e.g., how did you hear about us?) Number and type of outreach events Number and type of individual recruitment efforts (e.g., phone calls, door-to-door) Conversion rates (e.g., percentage of approached/recruited families that become participants in the Diaper Distribution Pilot)
Eligibility efforts	<ul style="list-style-type: none"> Number of families screened for eligibility Number of families determined eligible "Failure" or miss rates of eligibility criteria (e.g., families experiencing diaper need apply but are determined ineligible)
Referral efforts	<ul style="list-style-type: none"> Time between eligibility assessment and referral assessment Number of referrals offered and type Number of referrals accepted and type Mode of referrals (e.g., in person, email, flyer) and type

We expect to receive aggregate data from each grant recipient once over the course of grant implementation. We will align our data requests with the last 3 months of grant implementation to balance capturing data about all program implementation activities with grant recipient burden and the need to close the grant by the end of period of performance.

Sampling frame: We do not expect to sample these data: We expect to receive all data that grant recipients can collect. Some grant recipients may not collect all these data; we will analyze the data we receive and indicate the percentage of grant recipients that provided data for each construct.

Secondary Data

We will obtain secondary data to generate context information about the grant recipients' catchment areas and the families of children aged 0–5 that reside in those catchment areas. The U.S. Census Bureau provides several data sources on demographic characteristics at various geographic levels, including community-level data. One example is the American Community Survey (ACS), which we may use to develop descriptions of the communities where each grant operates (catchment areas) and to answer questions related to reach and saturation and inequities in their communities. The Agency for Healthcare Research and Quality's database on Social Determinants of Health provides community-level data on demographics and on health conditions, health care access, and economic and education

indicators. Another source for community-level social determinants of health is the County Health Rankings & Roadmaps, managed by the University of Wisconsin Population Health Institute. Although we will strive to have the same data sources across grantees, we may use different data sources based on grant recipient context. We may need to query restricted data particularly for Tribal grant recipients.

We will select data sources available in the last 5 years. This approach should facilitate subgroup analysis of households/families with children aged 0–5 and map well to the geographies of the grant.

We expect to begin analysis of these data after the 2018–2022 ACS 5-year estimates are released later this year. While each community description may differ based on data availability and community specifics, we anticipate analyzing the following data on communities:

- Racial and ethnic demographics
- Family composition information
- Age, income, employment status, and education of adults
- Access to health care (health insurance), housing, childcare, and transportation
- Rates of common health conditions
- Rates of protective factors, such as access to social supports

Based on each grant recipient's eligibility requirements (e.g., families with incomes under 200 percent of the federal poverty level with children under age 3), we will estimate the number of families in the catchment area that could potentially participate in the Diaper Distribution Pilot grant and use this information in calculating saturation. We will also use racial and ethnic demographic data to assess the extent to which grant recipients are addressing inequities.

We would like to describe at a county level the larger communities and environments and the environment where families are operating. For instance, we are interested in the percentage of families with incomes under 200 percent of the federal poverty level, the ethnic/racial distribution of children or parents, the percentage of children who are established patients of a pediatrician, the percentage of children in daycare/early childhood education, and child maltreatment rates. We would also like to obtain information on the benefit amounts (e.g., WIC, TANF) for a family of four in these communities.

Instrument Testing and Translation

We will test the grant recipient staff interview protocol and the subrecipient staff interview protocol. We plan to have staff from Help A Mother Out (Public Profit's diaper bank evaluation client) to test the instruments with us.

We expect all staff at grant recipient organizations and subrecipient organizations will be able to engage in an interview in English. We will ask each site visit point of contact if we need to conduct any interviews in another language. We have fluent Spanish-speaking site

visitors and may be able to accommodate other languages or contract with an interpreter of the interviewee's choice.⁶

Data Elements and Measures

This section demonstrates the measures or elements each data collection instrument will capture by process evaluation research question. See Exhibit 3.3.

⁶ This includes other accommodations such as an American Sign Language interpreter.

Exhibit 3.3 Process evaluation data elements and measures by instrument and research question

Research question	Grant materials	Grant recipient staff interviews	Subrecipient staff interviews	Grant aggregate quantitative data	Secondary data
How are grant recipients implementing the Diaper Distribution Pilot?	<ul style="list-style-type: none"> Staffing Budget Expenditures Costs Subrecipients and their roles 	<ul style="list-style-type: none"> Reasons for applying for grant Subrecipient selection Timeline of project activities 	<ul style="list-style-type: none"> Reasons for interest in grant Role of subrecipients 	<ul style="list-style-type: none"> Elements tracked by grant Service counts Frequency of diaper distribution and amount 	
What models and approaches to diaper distribution and service provision are grants using?	<ul style="list-style-type: none"> Distribution approach Diaper purchasing and inventory strategies 	<ul style="list-style-type: none"> Definitions of participation How grant recipients set service targets 	<ul style="list-style-type: none"> Distribution approach Diaper purchasing and inventory strategies (if diaper bank) 		
What implementation barriers and facilitators do grant recipients face, and how do they overcome barriers and challenges?	<ul style="list-style-type: none"> Challenges named in progress reports 	<ul style="list-style-type: none"> Barriers and facilitators and solutions for recruitment, retention, referrals, reducing inequities, concrete support, staffing, subrecipient management, sustainability 	<ul style="list-style-type: none"> Barriers and facilitators or solutions for partnering with lead grant recipient and providing services (recruitment, referral, retention) 		
How do grant recipients and subrecipients coordinate and collaborate?	<ul style="list-style-type: none"> Subrecipient roles 	<ul style="list-style-type: none"> Current and planned strategies for coordinating with subrecipients 	<ul style="list-style-type: none"> Current and planned strategies for coordinating with lead grant recipient 		

Research question	Grant materials	Grant recipient staff interviews	Subrecipient staff interviews	Grant aggregate quantitative data	Secondary data
What is the community context for each grant, and how might it affect implementation?		<ul style="list-style-type: none"> Primary communities served Community diaper need Nonfederally funded diaper programs 	<ul style="list-style-type: none"> Primary communities served Community diaper need Nonfederally funded diaper programs 		<ul style="list-style-type: none"> Community demographics Community assets Community challenges
How do grant recipients experience support and guidance from ACF and related technical assistance (TA) providers?		<ul style="list-style-type: none"> Engagement with TA provider and Office of Community Services (OCS) Important areas of support Areas for additional support 	<ul style="list-style-type: none"> Engagement with TA provider and OCS Important areas of support Areas for additional support 		
To what extent do grants meet their service delivery targets?	<ul style="list-style-type: none"> Diaper and participant targets Diaper and participant counts 			<ul style="list-style-type: none"> Diaper and participant counts Dosage/length of time family receives diapers 	
How do grant recipients define and assess family eligibility for diaper receipt? How do grant recipients recruit families?	<ul style="list-style-type: none"> Recruitment approaches Intake approaches Data collection approaches 	<ul style="list-style-type: none"> Eligibility assessments Recruiting strategies Eligibility and recruitment changes related to Diaper Distribution Pilot 		<ul style="list-style-type: none"> Number of families assessed Number deemed eligible Factors that made families ineligible 	

Research question	Grant materials	Grant recipient staff interviews	Subrecipient staff interviews	Grant aggregate quantitative data	Secondary data
How do grants refer families to other concrete supports and services?	<ul style="list-style-type: none"> Case management and referral approaches 	<ul style="list-style-type: none"> Referral processes and strategies 	<ul style="list-style-type: none"> Referral processes and strategies 	<ul style="list-style-type: none"> Number of referrals and type Mode of referrals and type Time between assessment and referral 	
What is each grant's reach, depth, and saturation of services within their catchment area?				<ul style="list-style-type: none"> Number of families served 	<ul style="list-style-type: none"> Number of families in community that meet eligibility requirements
To what extent does their reach address inequities in diaper need?				<ul style="list-style-type: none"> Number of families served by race, ethnicity, and other variables of inequities 	<ul style="list-style-type: none"> Number of families in community that meet eligibility requirements by race, ethnicity, and other variable of inequities

4. Participant Experience and Outcome Assessment

Research Questions, Hypotheses, and Design

The participant experience and outcome assessment will document how Diaper Distribution Pilot participants experienced grant services, barriers and facilitators related to their participation, their perceptions of program benefits and drawbacks, and indications of the extent to which participants experienced changes in hypothesized outcomes after participation in the Diaper Distribution Pilot by posing and attempting to answer the questions in Exhibit 4.1.

We will employ a single-group, cross-grant, and individual grant design, applying four main strategies to answer questions in this portion of the evaluation. For the participant outcome assessment, we will employ a single group pre/posttest design based on grant recipient data collection efforts, interest in participating in the outcome assessment, and capacity:

- Analysis of individual-level quantitative data collected by grant recipients
- Focus groups with participants
- Analysis of participant outcome data collected by grant recipients
- Analysis of secondary datasets that provide community-level context

Exhibit 4.1 shows the data sources we will use to answer each question.

Exhibit 4.1 Participant experience and outcomes research questions and corresponding data sources

Research question	Grant individual-level quantitative data	DDDRP participant focus groups	DDDRP participant outcome data	Secondary data
What are DDDR participant families' characteristics?	•		•	
To what extent do DDDR participant families identify as members of marginalized communities? ⁷	•	•	•	•
How do caregivers experience the DDDR program?	•	•		
What challenges, benefits, and outcomes of participation do families identify?	•	•	•	
To what extent do families report changes in outcomes of interest?	•		•	

DDDRP = Diaper Distribution Demonstration and Research Pilot.

We only offer hypotheses for the sub-questions of the final research question, "To what extent do families report changes in outcomes of interest?: We hypothesize that participants will show positive changes in the intended outcomes, although the level of change in intended outcomes may be different for different demographic groups.

We expect grant recipients will not provide any data that could personally identify participants, such as date of birth or name. This includes data on measures the study team did not initially identify as priorities for data collection.

⁷ By marginalized communities, we refer to demographic characteristics (e.g., race and ethnicity, single parent status, non-English speakers) of participants, which grant recipients collect through intake forms and the Beneficiary Enrollment Survey (BES). Our categories for these demographics will match the U.S. census categories.

Data Collection Methods and Instrument Descriptions

This section details the methods, instruments, and samples from which we will collect data for the participant experience and outcome assessment.

Participant Focus Groups

During each study site visit, we intend to conduct two focus groups of approximately 8–10 current participants at each grant recipient. We will select subrecipient sites and physical locations for focus groups in conjunction with each grant's project director. We will use a focus group protocol to guide these conversations (Appendix D). Whenever possible, we will hold these focus groups in person unless a virtual session is more convenient for caregivers, for example. We will also work with grant recipients to understand the constraints, preferences for scheduling, and preferences for virtual or in-person focus groups among the caregivers they serve.

During the 90-minute focus group sessions, we will explain the study purpose and methodology, build rapport, and explore participants' experience with diaper need and their local diaper distribution program. The conversation will be grounded in discussion of what they like best about the diaper program, what they would change, and how the program has helped them if at all (see Appendix D for more details).

After the completion of the focus group, we will offer participants the opportunity to send the study team photos taken with their smart phones or tablets of events, situations, or items that help tell their experiences with diaper need and diaper distribution programs. This opportunity provides participants with another avenue to share their experiences and express creativity and agency in the evaluation. We will select some of these images to publish in our public deliverables, such as slides, briefs, and reports. Interested participants will receive a photo submission guidance sheet that explains the opportunity.

Participant focus groups will employ a convenience sample design. We will ask each grant recipient to recruit current participants who represent the diversity of their service population (e.g., different gender identities, caregiver statuses, racial and ethnic identities, length of diaper receipt). We expect the 2 focus groups of 8–10 participants each per grant recipient to illuminate participant experiences, but we do not intend this sample to be generalizable to all participants.

We define high-quality data for the purpose of this assessment as data—

- Of interest to the evaluation (e.g., the grant recipient collected baseline measures on most of the outcomes of interest to the evaluation)
- Consistently collected across the grant (e.g., all subrecipients of the grant collected baseline data on the same measures of interest)
- Linkable to an individual (e.g., have documented unique identifiers associated with these data so the evaluation can see any changes in individual outcomes)

Individual-Level Quantitative Data

To meet study timelines, we will need grant recipients to collect demographic and baseline and outcome data from participating families. Our approach to data that grant recipients collect on participants will vary based on grant cohort, individual grant recipient interest, and capacity to collect high-quality data.

Much of the data the grant recipients collect will come from the OCS-designed Beneficiary Enrollment Survey (BES), as provided in Appendix E. The BES is an online instrument each grant is expected to offer to each family as they enroll in program services. Completion of the BES is voluntary but encouraged. OCS will provide the data back to Cohort 2 and 3 grant recipients with linked Diaper ID numbers, so grant recipients can add these data to their management information systems. We can also use those ID numbers to field the BES a second time as an outcome data collection instrument. We provide an overview of our approach in Exhibit 4.2.

Exhibit 4.2 An overview of our cohort-specific approach to individual-level quantitative data

Type of data	Approach to data collection		
Type of Diaper Distribution Pilot participant data	Cohort 1	Cohort 2	Cohort 3
Demographic measures	<ul style="list-style-type: none"> Request whatever demographic data each grant recipient collected 	<ul style="list-style-type: none"> Request BES data from OCS or grant recipient 	<ul style="list-style-type: none"> Request BES data from OCS or grant recipient
Baseline measures of outcomes	<ul style="list-style-type: none"> Request from grant recipients who collected the same high-quality data 	<ul style="list-style-type: none"> Request BES data from grant recipients that enrolled most participants after Diaper ID was in use from OCS or grant recipient 	<ul style="list-style-type: none"> Request BES data from OCS or grant recipient
Service delivery measures	<ul style="list-style-type: none"> Request from grant recipients who collected high-quality data 	<ul style="list-style-type: none"> Request from grant recipients who collected high-quality data 	<ul style="list-style-type: none"> Request from grant recipients who collected high-quality data
Outcome measures	<ul style="list-style-type: none"> Offer opportunity to select grant recipients to receive support to re-field their baseline measures 	<ul style="list-style-type: none"> Ask select grant recipients to re-field BES measures 	<ul style="list-style-type: none"> Re-field BES measures

BES = Beneficiary Enrollment Survey. OCS = Office of Community Services

Participant Demographic Data

We plan to collect de-identified individual-level demographic data from many of the grant recipients.⁸

Cohort 1: Cohort 1 collected all intake and baseline data before the evaluation was able to get underway. Each grant recipient determined what baseline data they would collect. We will receive different demographic data from each grant recipient. We will ask all Cohort 1 grant recipients to provide data on the demographics listed below. Based on our review of Cohort 1's various intake tools, we anticipate most will be able to provide these data, though the format may vary. We prefer individual-level datafiles but will accept aggregate data if that is the only level available. Demographics we will request include the following⁹:

- Caregiver age, race/ethnicity, and gender
- Caregiver educational attainment, employment status, and relationship/marital status
- Family income and participation in means-tested programs
- Child's/children's age, gender, race/ethnicity (among those receiving diapers/pull-ups)
- Caregiver relationship to each child in diapers

Cohort 2 and 3: Cohort 2 and 3 grants will collect demographics principally via the BES. BES demographics include the following:

- Caregiver race/ethnicity and gender
- Caregiver employment status, educational attainment, and relationship/marital status
- Caregiver primary language
- Family income and participation in means-tested programs

Linking demographic, service delivery, baseline and outcome data

As a study occurring contemporaneously with grant implementation, we will remain flexible and work with the data we can obtain. Ideally, grant recipients will provide either single cohesive datafiles with information for each participant across these elements or separate datafiles that can be linked based on unique identifiers (e.g., a datafile with all individual baseline outcome data and a datafile with all individual outcome data). We expect both to be the case for Cohort 3 grant recipients.

We expect a “hodgepodge” of linked/linkable data from Cohorts 1 and 2 given that all Cohort 1 and some Cohort 2 grant recipients will have begun delivering services before the BES Diaper ID is operational.

⁸ For child-level data, we expect to collect information on the child/children in each family who is/are receiving diapers. We will talk with OPRE about how to handle nested data for many children in the same family.

⁹ We will request these data from all Cohort 1 grant recipients, but we anticipate that some grant recipients will not have collected these data or will not have collected them systematically.

- Child's/children's age, gender, race/ethnicity (among those receiving diapers/pull-ups)
- Caregiver relationship to each child in diapers (individual-level service delivery data)

We will also request Cohort 2 and 3 grant recipients provide us with any additional demographic information that they systematically collect outside of the BES, such as caregiver age. We discussed aggregate-level service delivery data in the [process evaluation](#) portion of this plan. To the extent that grant recipients can provide such data on the individual-level, we will request that information. Ideally, we will be able to link individual service data to outcome data to explore dosage effects. Based on conversations with Cohort 1 grant recipients, we are not confident we will be able to receive individual-level service delivery data. We will provide our list of ideal service delivery data to Cohorts 2 and 3 and encourage them to collect individual-level service delivery data.

Individual-Level Baseline and Outcome Data

We will receive baseline and outcome data on outcomes of interest from some members of each cohort. Our approach generally is to receive only baseline data from grant recipients that will also field outcome data collection.

Cohort 1: We will offer a subset of Cohort 1 grant recipients the opportunity to receive support for outcome data collection and inclusion of their data in the outcome assessment portion of our evaluation. We will offer this opportunity to grant recipients with high-quality data; for example, those that—

- Collected baseline measures on most of the outcomes of interest to the evaluation
- Had consistent baseline data collection across their grant (i.e., all subrecipients collected baseline data on the same outcomes of interest)
- Have the ability to link baseline and outcome data at the individual level (e.g., have documented unique identifiers associated with each individual participant's data)

We will work with grant recipients that meet these criteria to collect outcome data, using the same measures they used at baseline. Our initial assessments indicate some of these grant recipients collect outcome measures similar to those collected in the BES at baseline.

Cohorts 2 and 3: We will make use of baseline and outcome data collected by the BES (see Exhibit 4.3 for BES outcome measures). Generally, we will ask grant recipients to refield the BES as an outcome instrument if they are collecting outcome data. We expect grant recipients to field outcome data collection with all their current program participants about 1 year into grant implementation (e.g., July 2024 for Cohort 2 and December 2024 for Cohort 3). Because the BES will include a Diaper ID for each participant, we can link BES data directly from the online survey site. Some grant recipients might also input baseline BES data into their own management information systems, and we will also receive those files. While we will use this same process to collect baseline and outcome data for Cohort 2 and Cohort 3, we expect the number of grant recipients from each cohort that participate will vary:

- Cohort 2: Because some Cohort 2 grant recipients were ready to enroll participants before the BES Diaper ID was operational, using the Diaper ID is *optional* for these

grant recipients. If a grant recipient enrolled a sizeable portion of their total participants before the Diaper ID was operational, we will recommend they do not use the Diaper ID and will likely exclude them from our outcome assessment because we do not have participant-level linkable data. If the grant recipient has not enrolled most participants and is interested in collecting outcome data and/or using the Diaper ID, we will provide them with technical assistance to use the Diaper ID and collect outcome data. We will include Cohort 2 grant recipients that choose to use both the Diaper ID and collect outcome data in our outcome assessment because we will have participant-level linkable data.

- Cohort 3: The Diaper ID was operational shortly after Cohort 3 grant recipients received funding, and the study team held a webinar on this tool with grant recipients before they began enrolling participants. OCS has required all Cohort 3 grant recipients to use the BES and Diaper ID, so we expect to collect outcome data from all Cohort 3 grant recipients.

Exhibit 4.3 Beneficiary enrollment survey data elements

Topic	Constructs
Diaper Distribution Pilot participant baseline outcome measures	<ul style="list-style-type: none"> ■ Diaper-related health issues ■ Enrollment in daycare or childcare ■ School or daycare attendance ■ Ability to participate in the workforce ■ Reduction in diaper need strategies ■ Family diaper security (all they need) ■ Financial stress ■ Ability to divert finances toward other needs ■ Diaper-related stress or anxiety

Our outcome assessment goals are to (1) obtain outcome data from participating families, (2) link the data to participant-level baseline and service delivery data from participants, (3) use the combined data to explore changes in outcomes across the sample and within subgroups, and (4) use the combined data to explore when changes in outcomes are more likely to occur.

Sampling frame: We will sample on two dimensions. One is at the grant recipient level. To ensure we work only with high-quality data representative of the population of families served by the grant, we will only receive outcome data from a subset of Cohort 1 and 2 grant recipients as described above.

Secondary Data Analysis

The analysis in this section will be based on the analysis we conduct in the process evaluation to develop an image of the communities where the grants operate. Through that analysis, we will establish (1) the specific characteristics associated with membership in a marginalized group for that location and (2) the prevalence of those groups. We will then attempt to calculate the percentage of each grant's service population identifying as members of those groups. For example, for some grants, Tribal membership will be the most salient characteristic. Other grants may be in communities with significant non-English-speaking populations, refugee populations, or members of a specific religious community.

Instrument Testing and Translation

We will test the participant focus group protocol and any items we develop for outcome data resulting from data that grant recipients collected. We will test these items with members of our Caregiver Panel.

We expect that some caregivers will be able to engage in focus groups in English. Focus groups will employ a convenience sampling design, and we will ask grant recipients to recruit participants who represent the diversity of their service population, including non-English speakers. When a significant portion of the service population are non-English speakers, we will discuss with grant recipients the idea of holding one or more focus groups entirely in another language. For non-English focus groups, we will translate focus group materials, have fluent Spanish-speaking staff conduct focus group interviews, and contract with other interpreters as necessary for other languages.

To the extent that grant recipients need support developing items to collect participant outcome data and need items translated into another language, we will work with them to identify skilled translators.

Data Elements and Measures

This section demonstrates measures and elements each data collection instrument will capture by participant experience and outcome assessment research question (see Exhibit 4.4).

Exhibit 4.4 Participant experience and outcome assessment data elements/measures by instrument and research question

Research question	Grant individual-level quantitative data	DDDRP participant focus groups	DDDRP participant outcome data	Secondary data
What are DDRP participating families' characteristics?	<ul style="list-style-type: none"> Caregiver and child demographics Caregiver and child identities 			
To what extent do DDRP participating families identify as members of marginalized communities?	<ul style="list-style-type: none"> Caregiver and child demographics Caregiver and child identities 	<ul style="list-style-type: none"> Caregiver and child identities 		<ul style="list-style-type: none"> Community demographics Community assets Community challenges
How do caregivers experience the DDRP program?	<ul style="list-style-type: none"> How long families received diapers Number of diapers received at each drop, overall Number, type, and dates of referrals received Referral results Unmet needs (family requests supports that grant does not refer for) 	<ul style="list-style-type: none"> Concerns about participation in program How caregivers felt when engaging with program Opinions about quality and quantity of diapers provided Experience with support services Recommendations for improvements 		
What challenges, benefits, and outcomes of participation do families identify?		<ul style="list-style-type: none"> How diaper need affects families Extent to which diapers and support services met family needs 		

Research question	Grant individual-level quantitative data	DDDRP participant focus groups	DDDRP participant outcome data	Secondary data
To what extent do families report changes in outcomes of interest?	<ul style="list-style-type: none"> ■ Child health ■ Child development ■ Caregiver opportunities ■ Caregiver economic and financial situations ■ Caregiver mental health and well-being ■ Family social support/isolation ■ Family diaper supplies and budget 		<ul style="list-style-type: none"> ■ Child health ■ Child development ■ Caregiver opportunities ■ Caregiver economic and financial situations ■ Caregiver mental health and well-being ■ Family social support/isolation ■ Family diaper supplies and budget 	

DDDRP = Diaper Distribution Demonstration and Research Pilot

5. Feasibility Assessment

Research Questions, Hypotheses, and Design

The feasibility assessment is a systematic exploration of the factors we need to have in place to design an impact evaluation¹⁰ that can ultimately be well executed. Through the feasibility assessment, we will document the extent to which the initiative and current grant recipients have key elements in place (or what support the evaluation would need to be able to meet these elements). Elements for a strong impact evaluation follow:

- A clear program design
- A mature and stable program with clear activities linked to sound program logic
- An adequate sample size of participants who are members of their intended service population
- One or more options for comparison or control group members or sites
- Capacity to collect data or participate in data collection efforts
- Capacity to potentially support a random assignment of families
- Willingness to participate in an impact study

We will employ an evaluability assessment to inform development of an impact study design option memo. Evaluability assessments help attribute causal links and support decision making (Peersman et al., 2015). When conducting an evaluability assessment, a program's readiness for an impact evaluation depends on its operational readiness (e.g., clear logic model including inputs, activities, output, intended outcomes), infrastructure to support the activities, and an evaluation team experienced in these evaluations (Zandniapour, 2014). Assessing feasibility includes data availability and quality and the resources and logistics that may affect an evaluation (Peersman et al., 2015). We include the research questions for the feasibility assessment in exhibit 5.1. These research questions are all exploratory, so we do not propose any hypotheses.

This portion of the evaluation will not use any additional data collection instruments or efforts. Instead, it will make use of data collected by the other two portions of implementation including metadata on the data (e.g., percentage of missing data in each grant's datafile). Data sources for this feasibility assessment include the following:

- Grant-collected quantitative data
- Grant recipient staff interviews
- Subrecipient staff interviews

¹⁰ We assume the impact evaluation will be an individual-level study (e.g., comparing some families that receive Diaper Distribution Pilot services to some families that do not receive services).

- Participant outcome items (as needed)
- Reflections from the study team

Exhibit 5.1 also shows the data sources we will use to answer each research question.

Exhibit 5.1 Feasibility assessment research questions and corresponding data sources

Research question	Grant quantitative data	Grant recipient staff interviews	Subrecipient staff interviews	Participant outcome data	Study team reflections
What data are grant recipients and subrecipients collecting, and how often?	•	•	•		•
What opportunities are available for inserting random assignment into service participation flow?		•	•		•
What comparison group opportunities are available if random assignment is not feasible?		•			•
What supports and guidance will grant recipients need to participate in an impact study?	•	•	•		•
Which participant-level outcomes are most likely to show change, and at what point after enrollment in Diaper Distribution Pilot should they be measured?				•	•

We will not employ additional sampling beyond those strategies described above.

Data Collection Methods

This section describes each of the data sources that will inform the feasibility assessment. The evaluation team will add more detail to the feasibility assessment data collection methods as we develop additional tools (e.g., a discussion guide for study team reflections).

Grant Quantitative Data

We will compare the data grant recipients provide with the core elements we determine an impact study will need. For example, we will note which grants collect data on caregiver participation in employment, how they measure that concept, and at what period after enrollment they collect the data and how. We expect to get this information from grant datafiles and corresponding documentation.

We will also collect metadata on their data, such as response rates on each variable of interest, and if possible, the characteristics of participants more or less likely to provide data on that variable. Such information will help identify areas of grant support for participation in an evaluation. For example, if several grant recipients struggle with getting subrecipients to use unique participant identifiers, limiting their ability to link data from the same respondents across different systems, we will note that as a challenge the impact evaluation must address. We will assess variability in the data provided by grant recipients and subrecipients, including data collection and reporting methods, differences in metrics, and data collection problems.

Grant Recipient Staff Interviews

The data the study team collects through grant recipient staff interviews will also inform the feasibility assessment. We will ask about data collection, quality, and use and ideas or data they wish they had been able to collect. We will also collect information about how families receive information about the program and how the grant assesses eligibility and enrolls families. Those details will help us identify when in the process, if at all, we might add random assignment procedures without asking for design changes. The information will also help us understand potential options for comparison groups, such as whether the grant recipient has more families interested in services than they can enroll in the program. Finally, data on implementation and data collection challenges will inform our question on supports grant recipients may need to participate in an impact evaluation.

Subrecipient Staff Interviews

The data the study team collects through subrecipient staff interviews will also inform the feasibility assessment. We will ask about data collection, quality and use, and data they wish they had been able to collect. Data on implementation and data collection challenges will inform our questions on the evaluability of their program; the data will also support grant recipients and subrecipients participating in an impact evaluation.

Participant Outcome Data

As described in the participant experience and outcome assessment section, we will work with grant recipients that meet our criteria to collect outcome data from participants. For most grant recipients, we expect that collecting the data from all participants at one point in time will yield outcome data from participants that have received Diaper Distribution Pilot services for varying amounts of time. This variation will facilitate calculation of the percentage of respondents who demonstrate change in each outcome at each length of time they receive services. We will use that information to identify the earliest time it would make sense to measure a given outcome. We will also assess the strength of the change across outcomes to prioritize outcomes the impact evaluation might want to measure.

Study Team Reflections

Throughout the evaluation, we will schedule specific impact study design discussions with the implementation study team. We will develop discussion agendas that cover each feasibility assessment research question, including probes, to systematically capture information. We expect discussions to occur after we receive the first wave of grant quantitative data and after each set of site visits (Cohorts 1 and 2). Debra Rog (Co-Principal Investigator of the impact study design) will guide those discussions, which will provide data for all the feasibility assessment research questions.

Data Elements and Measures

This section demonstrates measures and elements each data collection instrument will capture by feasibility assessment research question (see Exhibit 5.2).

Exhibit 5.2 Evaluability/feasibility assessment data elements and measures by instrument and research question

Research question	Grant quantitative data	Grant recipient staff interviews	Subrecipient staff interviews	Participant outcome data	Study team reflections
What data are grant recipients and their subrecipient organizations collecting, and how often?	<ul style="list-style-type: none"> List of data elements Dates of data collection Metadata 	<ul style="list-style-type: none"> Data elements Data collection procedures and guidance Data quality and accuracy 	<ul style="list-style-type: none"> Data elements Data training and guidance received 		<ul style="list-style-type: none"> Data quality assessments Data accuracy and thoroughness assessments
What opportunities are available for inserting random assignment into service participation flow?		<ul style="list-style-type: none"> Participant outreach, recruitment, intake, and enrollment procedures 	<ul style="list-style-type: none"> Program waitlists 		<ul style="list-style-type: none"> Assessments on participant enrollment procedures
What comparison group opportunities are available if random assignment is not feasible?		<ul style="list-style-type: none"> Program waitlists Clients not served by Diaper Distribution Pilot Geographies not served by Diaper Distribution Pilot 	<ul style="list-style-type: none"> Program waitlists Clients not served by Diaper Distribution Pilot Nonfederally funded diaper programs 		<ul style="list-style-type: none"> Assessments of comparability of nontreated groups to participants
What supports and guidance will grant recipients need to participate in an impact study?	<ul style="list-style-type: none"> Amount and percentage of missing data Timing of data collection Quality of data documentation Levels of service target achievement 	<ul style="list-style-type: none"> Implementation challenges Dosage challenges Data collection challenges Staffing challenges Technical assistance feedback 	<ul style="list-style-type: none"> Data elements Implementation challenges Data collection challenges Staffing challenges 		<ul style="list-style-type: none"> Assessments of grant implementation

Research question	Grant quantitative data	Grant recipient staff interviews	Subrecipient staff interviews	Participant outcome data	Study team reflections
Which participant-level outcomes are most likely to show change, and at what point after enrollment in Diaper Distribution Pilot should they be measured?				<ul style="list-style-type: none"> Changes in outcome variables for each stratified group 	<ul style="list-style-type: none"> Assessments of outcome changes vis-à-vis theory and logic model

6. Overview of Data Analysis and Use

The study team is developing a detailed data analysis plan as described in this section. We will align our data analysis with the three main study components and the research questions within them. Our process evaluation analysis will address grant recipient approaches, structures, activities, and reach to systematically understand how each grant recipient executed the Diaper Distribution Pilot and how the initiative was implemented across all grant recipients. Our participant experience and outcome assessment analysis will report (both within and across grants) participant and community characteristics, participant experiences, and participant outcomes to better understand the potential changes participants might experience. We will analyze data first within each data source (i.e., grant materials, grant recipient staff interviews, subrecipient staff interviews, grant administrative data, outcome data, and secondary data) and then synthesize across the methods to address the research questions. The analysis will cover two levels: individual programs (as case studies) and overall initiative (in a multiple case study design).

While we expect data collected by the study team will be fairly consistent (e.g., interview and focus group data, which use standard protocols across all grants), data collected by grant recipients (e.g., grant materials, quantitative data) may vary in quality, elements, and thoroughness on a grant recipient and even subrecipient basis. These grant-collected materials will be used to support exploration of the research questions as noted in the table whenever possible.

We will register our study with an OSF registry at the Center for Open Science under the title “Diaper Distribution Demonstration and Research Pilot (DDDRP) Assessment.”

APPENDICES

Appendix A. References

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Appendix B. Grant Recipient Interview Protocol

This protocol provides a guide for facilitators leading a Diaper Distribution Pilot interview during the implementation assessment site visits.

Interviewers need to request participants' permission to audiorecord the interview.

Interviewers: _____ Date: _____

Grant Recipient: _____

Location: _____ Time: _____

Introduction

Hello, thank you again for agreeing to speak with us today. My name is [interviewer] from [Westat or Public Profit], and my colleague is [colleague]. We are part of the team conducting the assessment of the Diaper Distribution Pilot program. The [local diaper program] is a part of this larger Diaper Distribution Pilot program. We have been asked by the Administration for Children and Families (ACF) that funds your diaper distribution program to study how the program operates, how it serves families, and what lessons you've learned from implementing the program. We are visiting other diaper programs across the country to learn more about the different approaches to diaper provision and how to meet families' needs. We are not here to evaluate whether you are doing a "good" or "bad" job; we are here to learn more about your program and how your work could be applied to other diaper distribution projects.

We're excited to learn more about your work and experience today to help us get a better understanding of the specific work you do at [local diaper program]. We're going to ask you about—

- How your organization distributes diapers, pull-ups, and diapering supplies
- How your work has changed, if at all, because of conducting the [local diaper program] with federal funding
- What it's like for families to be involved in your [local diaper program]
- Your experience, successes, and challenges in doing this work

Informed Consent

As a reminder, your participation in this interview is voluntary, and you can skip answering any question you do not wish to answer. We estimate this interview will take about 90 minutes to complete. We will be taking notes as we go along. With your permission, we would like to audiorecord this conversation. The recording will be used to back up our notetaking and ensure we have fully captured your comments and ideas. We will not share the audiorecording or notes with anyone outside the study team, and we will destroy both at the conclusion of the study.

We will develop a report for the funding agency that summarizes the information you and other program partners share with us. We may use excerpts from your interview in written deliverables, including quotes from what you share with us today. We plan to identify the organizations and job titles of staff participating in these discussions. Although you will not be identified by name, readers may be able to determine your identity through this information. If there is anything you want to share with us but would like it to remain anonymous—for example, shared without your organization name or your title—please let us know, and we will do so. If you prefer to be acknowledged by name, please let us know.

There is no anticipated risk to your participation in this interview. There is also no benefit to your participation; however, we will use the information you provide us to design an assessment of the Diaper Distribution Pilot.

Can we proceed with the interview? Can we start the audiorecording?

Do you have any questions for us before we get started, either about today's interview or about the assessment as a whole?

Interviewee Background

Before we start our discussion, it would be helpful to get a sense of your position and background with [organization].

1. What are your job title and responsibilities at [organization]? What are your responsibilities on the [local diaper program]? *(Alternate: What does daily work look like for you on the [local diaper program]?)*
2. How long have you been with the organization? How long have you been working in your current role with the [local diaper program]? *(Alternate: When did you join the organization? Have you had these responsibilities on the diaper program since the start of the program? If not, when did you start working with the diaper program?)*
3. What do you enjoy about working with the diaper program? Have you ever worked with a diaper program before? How does it fit in with your current or original duties? *(Alternate: What brought you to your work with the diaper program? Do you have previous experience with diaper programs or something similar?)*

Organization Characteristics

1. What is your organization's role in the [grant recipient and local diaper program]? (Whom does your organization serve, and what services do you provide?)
2. What other services or programs does your organization provide beyond distributing diapers and diapering supplies? (For example, tax assistance, financial planning, *SNAP enrollment, childcare?*)
 - a. Do you provide referrals for services your organization doesn't directly provide?

Program Design

Our first set of questions starts with the planning process because we'd like to understand how your Diaper Distribution Pilot program was designed.

1. [If staff member has been with the diaper program/organization since the beginning of the program] How, if at all, were you involved in the grant development process? For example, identifying staff or partners, researching models for diaper distribution, conceiving your approach, writing the grant proposal, or budgeting the project? (*Alternate: Did you help at all with the brainstorming, planning, or design process?*) [Go to question 5]
2. [If the staff member joined the program after award] Who was involved in developing the grant approach? (*Is there a staff member you would recommend we speak to about the planning and design process?*) [Skip to question 11]
3. Was your organization distributing diapers prior to this program? If you were, how did that factor in to the design of your current program? (*For example, did the Diaper Distribution Pilot program change your distribution model, eligibility criteria, staff roles, the number of families you can serve?*)
4. How did your organization assess community need for diapers? (*What data did you use to determine how many families needed diaper assistance in the community? Did you conduct a community needs assessment?*)
 - a. [If the organization used data] What datasets did you use, and what data did you examine?
5. How did your organization decide what geographic areas—counties, cities, regions—you would work in? (What factors led to your defining these *geographic* areas as your service boundaries? How did your organization decide which geographic areas made sense to define as your service boundaries? Probe: *What led you to pick those areas?*)
 - a. [If the organization used data] What datasets or information did you use, and what data did you examine (for example, income data, demographic data)?

6. How many diapers do you provide for each family during each distribution (for example, per month if you do monthly distribution?) How many diapers do you provide for each child during each distribution? How did your organization determine how many families and how many children you could serve with the grant dollars? *(Probe for whether families get a set number of diapers, or whether they get additional diapers if they have more than one child in diapers. For example, You have a finite amount of money from this grant. How did you determine how many families you could distribute diapers to with that money? For example, you could provide a smaller number of families with all the diapers they need for as long as the program runs, or you could provide a small number of diapers to a lot more families for a shorter time period.)*
7. What are the eligibility criteria for participating in the program? How did your organization determine family eligibility criteria? *(How did you decide what families would be eligible to receive diapers? For example, did participants themselves determine whether their household income is low, or did your organization formally verify the family's income compared with the federal poverty income calculations.)*
 - a. Does your program allow families who are not eligible for TANF, WIC, EBT, etc., to receive diapers or supplies if they are in need?
 - b. Does your program include older children (4 years or older) who might still need diapers, pull-ups, and diapering supplies?
 - c. [If they say "yes" to including older children] In general, are there enough diapers and diapering supplies for both younger and older children (4 years or older)?
8. How did your organization select subrecipient and partner organizations to collaborate on [local diaper program]? *(Probe: How did you determine what grant needs you had, like a diaper bank partner, and how did you select partners to fill those needs?)*
 - a. Does your organization still have all the partners and subrecipients you named in your proposal for the Diaper Distribution Pilot program—[add list of subrecipients from proposal]. If no, what has changed, and why has it changed?
9. How does diaper need affect the families you serve? How does it affect different families differently? How do you think the [local diaper program] can help ease the needs of families?
 - a. What would you say are the overall goals of your current diaper program? Have they changed since the start of the grant?

Implementation

Thank you, that's helpful context. Let's shift gears now to the start of your grant to get a sense of the rollout of the work and how it has been going so far.

Program Startup

1. Between the start of your grant and when you first started distributing diapers and diapering supplies to families, what kind of planning did you do? *(For example, finding a purchasing partner to get diapers, putting together a first diaper order?)*
 - a. What went as planned? What didn't? Did you need to make any pivots or adjustments? Tell me about them.
2. Tell us a bit about your first purchase of diapers and diapering supplies.
 - a. How and from whom did you purchase diapers and supplies? Is this the purchasing partner you still use, and if not, why?
 - b. What strategies did you use to get the best prices for diapers and diapering supplies? Has anything changed about these strategies since then? *(For example, have you found ways to get better prices for diapers?)*
 - c. How did you determine the sizes and amounts of diapers and supplies to order? How does this compare to your current process? Do you provide larger-sized diapers (particularly pull-ups) for children over the age of 3?
 - d. Where did you store these diapers and diapering supplies? Is this still where you store your diapers, or has the storage location changed?
 - e. How did you inventory these diapers and diapering supplies? Do you still track your inventory this way, and if not, how has your inventory process changed?
 - f. How did you get diapers and diapering supplies to the distribution locations? Has this process changed at all as you've continued your program?
 - g. How is the transportation working out? Has that changed since the beginning of the program?
 - h. Are there any other lessons you have learned related to procuring and storing diapers and diapering supplies?
 - i. Do you have any plans to expand or modify your diaper procurement model or logistics in the future?

General Implementation

1. What month did you start serving families? *(When was the first month you distributed diapers and diapering supplies to families?)*
2. Do you have more families interested in your program than you can serve? If so, how have you handled this demand? *(For example, creating a waitlist, reducing the*

number of months or number of diapers and supplies current families can receive, referring families to other diaper distribution programs.)

- a. Do you typically serve all children within the enrolled family?
 - b. Do you have more children interested in your program than you can serve? Are they mostly older or younger children?
 - c. If you have a waitlist, how many people are currently on it? How often are you contacting families to move them from the waitlist into the program?
3. How do you define program participation—when are families officially “enrolled” in the program? When do you define they are “inactive” in the program? *(Are families enrolled after they receive diapers once? After they sit for a needs assessment or a case management discussion?)*
4. How did you plan to distribute diapers and diapering supplies to families (for example, delivery of diapers to participant homes, pickup at food banks, pickup at partner offices)? What methods do you use now, and why? Do different partners use different methods?
 - a. How has diaper distribution been going so far?
 - b. To what extent is implementation going as planned? Have you had to make any pivots, improvements, or adjustments to your original plan? If so, what changes have you made?
 - c. How has implementing the [local diaper program] affected your organization? *(What about staff time or engagement of families or caregivers with your organization? Has it brought your organization more visibility or more participants; modernized your approaches? Has it stretched staff too thin, raised participant interest in the program to a level staff can't meet?)*
 - d. *[If being a part of the Diaper Distribution Pilot changed diaper distribution]* How did being part of the Diaper Distribution Pilot change your diaper distribution? *(For example, how many families were you serving previously, and how many families do you serve now?)*
 - e. What's going well? What aspects or elements of your program have helped it succeed? What aspects or factors in your community have helped your diaper program succeed? *(For example, strong existing partnerships with other organizations, a strong community that helped share information by word of mouth?)*
 - f. What challenges have you encountered with distributing diapers to participants? How have you tried to address these challenges?
5. We understand you collect the following data on service delivery (interviewer to add based on documentation, e.g., number of diapers requested by families each month, types of more and less common service referrals, how frequently they use the service). How do you use this information to inform program implementation? *(For example, do you analyze the data to adapt your approach? To plan for the future? To identify families that are dropping out? How do your data lead to adjustments in the*

program? Do you share any of your information with partners, subrecipients, or the public?)

6. Is there any information you wish you could have to monitor the [local diaper program]? *(In an ideal world, what data would you want to have to help manage and monitor your diaper program?)*

Partnerships

1. Now I'd like you to think about the partnerships you built with subrecipients and other organizations during the implementation of the grant. I'm going to use the term partners for simplicity but understand there are distinctions between subrecipients that receive some grant funds and partners that do not. Think about both of these types of partners for most of the following questions, and then we can focus on unpaid partners later. What strategies have helped your partnerships succeed? *(For example, is there anything that helps you coordinate work or determine responsibilities?)*
2. How do you maintain smooth communication and partnership with the other organizations involved in the [local diaper program]? [Probe: How does information flow from your organization as the grant recipient to your subrecipients, and vice versa, as well as between subrecipients?] How do you communicate about [local diaper program] implementation, particularly about how things are going, what your data is saying, and any changes/improvements you collectively need to make? *(How often do you communicate with your partners? What tools do you use to communicate and exchange data?)*
3. What, if anything, has been challenging about working with your partners? What have you done to try to address those challenges? *(Have you encountered any challenges with program partners, like logistic issues, meeting milestones or completing activities, fielding the beneficiary survey, or organizational capacity? What strategies have you tried to address these challenges?)*
 - a. Have you experienced any staffing shortages or problems with staff training/capacity with your partner organizations? *(For example, not having enough staff, not being able to find staff, or frequent staff turnover?)*
4. What type of assistance have you provided partners? *(For example, do you help them coordinate with other partners on the project? Provide technical assistance and learning opportunities? Help manage data?)*
5. Do you have any unpaid partners for [local diaper program]? What role do they serve in [local diaper program], and how did they come to be a part of the program?
6. In a moment we're going to turn to some questions about how families experience your program, but is there anything else you'd like us to know about the implementation of the [local diaper program] so far?

Family Experience and Service Delivery

Now we're going to discuss what it looks like for a family to participate in your program, from initial outreach and enrollment to receiving diapers and other services. We know your organization may not directly procure or distribute diapers and instead coordinates this process across all your partners [tailor this statement by grant recipient—some do distribute diapers themselves]. You have a bird's eye view of the program, and we want you to think about how families might experience [local diaper program] generally but also differently based on what subrecipient is serving them or where in your state they are located. We'll start at the beginning, thinking about families that need diapers but have not yet found your program.

1. How do families find out about your program? (What are your outreach and recruitment procedures?)
 - a. What other methods do you use or have you tried, to raise awareness of the program among families? Were any of them more successful? Less successful?
2. Once families have found the program, what does their first appointment or engagement with the program look like? (What does their intake look like? Do families walk in or make appointments? Do they meet with staff they know (like their Head Start teacher) or start a new relationship? Can families apply online?)
 - a. How do you determine if they're eligible to participate, and when is this information conveyed to them? (If they're completely new to your organization, how do you determine if they are eligible to receive diapers? When do you let them know they are officially eligible to receive diapers?)
 - b. How do you handle situations where a family may need emergency or immediate diaper assistance?
 - c. How do you serve families who speak languages other than English?
3. If a family is found to be ineligible, do you offer them any other supports or services? If so, which supports or services? (*What happens if they aren't eligible to receive diapers from your program? How do they get connected with other supports?*)
4. You mentioned earlier that participants receive diapers and diapering supplies through [diaper distribution methods]. What methods are used by each partner? Which are most common, and which are more unique?
 - a. How often do families receive diapers and diapering supplies, and does this differ by partner?
 - b. How many diapers and supplies do families receive per child? What happens if families run out of diapers or supplies before the next official distribution?
 - c. Do you distribute full cases of diapers, or do you repackage diapers into smaller amounts? How do you handle open packs of diapers?
 - d. What happens if a family needs a different size of diaper? What if a family needs pull-ups or large sized diapers?

- e. Have you encountered any challenges distributing diapers and diapering supplies to families? Any successes?
- f. How do you handle feedback or complaints from partners or families about the distribution process? Is there a system in place to address their concerns?

Now we have a few questions for you on connecting families to additional services and what kind of feedback you have received from families.

1. Let's say a family enrolls in the program and has received their first distribution of diapers. Our understanding from your proposal is that this family could potentially be connected to [wraparound services from proposal for this program].
 - a. If this family is new to your organization or the subrecipient organization (this is the first program they have enrolled in), how do you determine what additional services the family is interested in and eligible for?
 - b. If this family has already received other support from your organization or the subrecipient organization, do you use this as another opportunity to make more referrals? How do you continue to connect this family to wraparound services?
 - c. How do you make referrals?
2. What strategies have you found helpful for retaining families participating in the program? (For example, do you have a case manager periodically check in with them? What happens if a family misses diaper distribution—does anyone follow up with them, and what does that look like? If you refer them to another service, how do you help them follow through on that referral? Does anyone check or encourage them to attend other support services?)
3. Are there any challenges during this process—from enrollment all the way to maintaining participation—that you or your partners are encountering with serving participating families?
 - a. For example, do you find it difficult to make contact with families for regular diaper distribution?
 - b. [If the program has a limit to the diapers distributed] Sometimes a family may ask for more diapers than your program expects to provide. How often does that occur? How do you handle such situations?
 - c. Have you or your partners encountered any challenges with referring families to services, such as referral partners not following up with families quickly enough, referral partners not having space for new clients or not meeting the families' goals?
4. In general, what feedback have you received from families?
 - a. What do families like about the program? Are there any stories they have told you about how the Diaper Distribution Pilot program has positively affected their lives?
 - b. What challenges or frustrations do families have with the program? Is there any constructive feedback or stories families have told you about how the Diaper Distribution Pilot program could be improved? *(For example, they may wish the*

program provided more diapers, had more convenient distribution methods, provided diapers more frequently, provided namebrand diapers.)

- c. Do you think there is greater engagement of families in other programs and services because of the diaper program? *[Do you think families follow through with social support services more often, such as attending a job training program after receiving a referral?]*

Additional Implementation Support

We just have a few last questions for you, this time about how the Diaper Distribution Pilot is supporting you, and how it could support grant recipients better in the future.

1. Can you tell us a bit about any technical assistance you've received? It could be from your program specialist or other staff at the funding agency, their contracted technical assistance provider (i.e., SupplyBank), another partner like the National Diaper Bank Network, or even informal, like another diaper bank or Community Action Agency? *(For example, what was most helpful about the session? What could you use more information on? These sessions could be in person or virtual.)*
 - a. What technical assistance information did you find most helpful? Why? *(For example, is there anything you need help or further training on related to the Diaper Distribution Pilot program?)*
2. We know that implementing this program means making some hard choices—you likely cannot serve everyone in your community. What kind of support would you need to serve everyone with diaper need in your geographic area—for example, more funding, more training, more staff, additional partners?
3. What advice or lessons learned would you share with new Diaper Distribution Pilot grant recipients?

Impact Study

Part of our team's work is also to design an impact study that would measure the effects of diaper distribution programs on families. Because you are an expert on diaper distribution programs in your area, we have a few questions for you to help us prepare for this impact study. These questions are not related to the implementation of your program; they are to help us get a sense of what other diaper distribution programs exist in your region and what families participate or do not participate in diaper programs.

1. Does your organization provide any other services to families or caregivers of young children who are not served by the Diaper Distribution Pilot program?
 - a. Can you tell me why they are not involved in the Diaper Distribution Pilot program? *(For example, are they outside the service area for the Diaper Distribution Pilot program?)*

- b. Are there other community partners that can serve families with diaper need that you are not able to provide with diapers? (For example, if you can't serve everyone in the region you're covering, is there another organization where families could receive diapers? Are there organizations you could refer families to receive diapers if they're outside the region you work in?)

Closing

1. Before we finish, do you have any advice or suggestions for the funding agency as it considers how to best support diaper distribution programs in the future?
2. Is there anything else you would like to share that I haven't asked about, or anything you would like to elaborate on?

Thank you for taking the time to speak with me today.

Appendix C. Subrecipient Interview Protocol

This protocol provides a guide for facilitators leading a Diaper Distribution Pilot interview during the implementation assessment site visits.

Interviewers need to request participants' permission to audiorecord the interview.

Interviewers: _____ Date: _____

Grant Recipient: _____

Subrecipient: _____

Location: _____ Time: _____

Introduction

Hello, thank you again for agreeing to speak with us today. My name is [interviewer] from [Westat or Public Profit], and my colleague is [colleague]. We are part of the team conducting the assessment of the Diaper Distribution Pilot program. The [grant recipient and local diaper program] is a part of this larger Diaper Distribution Pilot program. We have been asked by the Administration for Children and Families (ACF) that funds your diaper distribution program to study how the program operates, how it serves families, and what lessons you've learned from implementing the program. We are visiting other diaper programs across the country to learn more about the different approaches to diaper provision and how to meet families' needs. We are not here to evaluate whether you are doing a "good" or "bad" job; we are here to learn more about your program and how your work could be applied to other diaper distribution projects.

We're excited to learn more about your work and experience today to help us get a better understanding of the specific work you do at [local diaper program]. We're going to ask you about—

- The role your organization plays within the [grant recipient and local diaper program]
- How your work has changed, if at all, as a result of conducting the [grant recipient and local diaper program] with federal funding
- What it's like for families to be involved in the [grant recipient and local diaper program]
- Your experience, successes, and challenges in doing this work

Informed Consent

As a reminder, your participation in this interview is voluntary, and you can skip answering any question you do not wish to answer. We estimate this interview will take about 90 minutes to complete. We will be taking notes as we go along. With your permission, we would like to audiorecord this conversation. The recording will be used to back up our notetaking and ensure we have fully captured your comments and ideas. We will not share the audiorecording or notes with anyone outside the study team, and we will destroy both at the conclusion of the study.

We will develop a report for the funding agency that summarizes the information you and other program partners share with us. We may use excerpts from your interview in written deliverables, including quotes from what you share with us today. We plan to identify the organizations and job titles of staff participating in these discussions. Although you will not be identified by name, readers may be able to determine your identity through this information. If there is anything you want to share with us but would like it to remain anonymous—for example, shared without your organization name or your title—please let us know, and we will do so. If you prefer to be acknowledged by name, please let us know.

There is no anticipated risk to your participation in this interview. There is also no benefit to your participation; however, we will use the information you provide us to design an assessment of the Diaper Distribution Pilot.

Can we proceed with the interview? Can we start the audiorecording?

Do you have any questions for us before we get started, either about today's interview or about the assessment as a whole?

Staff Introduction

Before we start, it would be helpful to get a sense of your position and background with [organization].

1. What are your job title and responsibilities at [organization]? What are your responsibilities on the [grant recipient and local diaper program]? *(Alternate: What does daily work look like for you with [grant recipient and local diaper program])?*
2. How long have you been with the organization? How long have you been working in your role with the [grant recipient and local diaper program]? *(Alternate: When did you join the organization? Have you had these responsibilities with [grant recipient and local diaper program] since the start of the program? If not, when did you start working with [grant recipient and local diaper program])?*
3. What do you enjoy about working with the diaper program? Have you ever worked with a diaper program before? How does it fit in with your current or original duties? *(Alternate: What made you want to work with [grant recipient and local diaper program])?*

program]? Do you have previous experience with diaper programs or something similar?)

Organization Characteristics

It would also be helpful to learn more about your organization as a whole.

1. What is your organization's mission? (Alternate: What are the aims and goals of your organization?)
2. What is your organization's role in the [grant recipient and local diaper program]? (Whom does your organization serve, and what services do you provide?)
3. What other services or programs does your organization provide beyond distributing diapers and diapering supplies? (For example, tax assistance, financial planning, SNAP enrollment, childcare?)
 - a. Do you provide referrals for services your organization doesn't directly provide?

Program Design

Our first set of questions starts with the planning process because we'd like to understand how the [grant recipient and local diaper program] was designed and what role you and your organization play in its development.

1. Going back to the start of the program, were you part of the process when [grant recipient] was preparing the grant application for this program, or do you know the history of this process?

[If yes, they were involved in the application process, go to question 9.]

[If no, they were not involved] Is there another staff member you would recommend we speak to about the grant application and planning process? [Then skip to question 11.]
2. Could you tell me more about your organization's history of services and how it came to join the [grant recipient] proposal team?
 - a. What aspects of the grant appealed to you? How does participation in the grant further your organization's mission?
 - b. How did you determine what role your organization would play in the grant?
 - c. Did your organization have any experience with diaper distribution prior to this grant? If not, what made you want to be involved in this service?
3. How many diapers do you provide for each family during each distribution (for example, per month if you do monthly distribution?) How many diapers do you provide for each child during each distribution? How did you determine how many families [subrecipient organization] could serve with the grant dollars? Does the grantee have any requirements about how many diapers each family can receive

and how often or is that left up to the sub-recipients (You have a finite amount of money from this grant. How did you determine how many families you could distribute diapers and supplies to with that money?)

4. What are the eligibility criteria for participating in the program? How did you determine family eligibility criteria? (How did you decide what families would be eligible to receive diapers and diapering supplies? For example, two extremes might be participants themselves determine whether their household income is low, or your organization formally verifies the family's income compared with the federal *poverty income calculations*.)
 - a. Does your program allow families who are not eligible for TANF, WIC, EBT, etc., to receive diapers or supplies if they are in need?
 - b. Does your program include older children (4 years or older) who might still need diapers, pull-ups, and diapering supplies?
 - c. [If they say "yes" to including older children] In general, are there enough diapers and diapering supplies for younger and older children (4 years or older)?
5. How does diaper need affect the families you serve? How does it affect different families differently? How do you think the [local diaper program] can help ease the needs of the families?
6. What would you say are the overall goals of your current diaper program? Have they changed since the start of the grant?

Implementation Rollout

Thank you, that's helpful context. Let's shift gears now to the start of your grant, so we can get a sense of the rollout of the work and how it's been going so far.

Program Startup

1. Between the start of your grant and when [grant recipient and local diaper program] first started distributing diapers and diapering supplies to families, what kind of planning did you do? (*For example, putting together a first diaper order?*)
 - a. What went as planned? What didn't? Did you need to make any pivots or adjustments? Tell me about them.
2. Tell us a bit about your first purchase or order of diapers and diapering supplies.
 - a. [For diaper and diapering supplies purchasing partners only, such as diaper banks] How and from whom did you purchase diapers and supplies? Is this the purchasing partner you still use, and if not, why?
 - b. [For diaper and diapering supplies purchasing partners only, such as diaper banks] What strategies did you use to get the best prices for diapers and supplies? Has anything changed about these strategies since then? (*For example, have you found ways to get better prices for diapers and supplies?*)

- c. How did you determine the sizes and amounts of diapers and diapering supplies to order? How does this compare to your current process? Do you provide larger-sized diapers (particularly pull-ups) for children over the age of 3?
- d. Where did you store these diapers and diapering supplies? Is this still where you store your diapers and supplies, or has this storage location changed?
- e. How did you inventory these diapers and supplies? Do you still track your inventory this way, and if not, how has your inventory process changed?
- f. [For diaper and diapering supplies purchasing partners only, such as diaper banks] How did you get diapers and supplies to the distribution partners? Has this process changed at all as you've continued your program? How often did you plan to transport diapers and supplies to distribution partners, and has this pace changed?
- g. [For diaper distribution partners only, such as Community Action Agencies (CAAs)] When did you receive the diapers and diapering supplies? How often did you plan to receive orders of diapers and supplies, and has this pace changed since then? *(For example, did you plan to order diapers and supplies every two months, but now order and receive diapers and supplies monthly?)*
- h. How is the transportation working out? Has that changed since the beginning of the program?
- i. Are there any other lessons you have learned related to procuring and storing diapers and diapering supplies?
- j. Do you have any plans to expand or modify your diaper procurement model or logistics in the future?

General Implementation

1. What month did you start serving families? (When was the first month you distributed diapers and diapering supplies to families?)
2. How do you define program participation—when are families officially “enrolled” in the program? When do you identify they are “inactive” in the program? *(Are families enrolled after they receive diapers and supplies once? After they sit for a needs assessment or a case management discussion?)*
3. How did you initially plan to distribute diapers and diapering supplies to families (for example, delivery of diapers and supplies to participant homes, pickup at food banks, pickup at partner offices)? What methods do you use now, and why?
4. [For partners that distributed diapers and supplies prior to this program] Did becoming a part of the federally funded [local diaper program] program change your diaper distribution at all? (For example, did working with [grant recipient and local diaper program] change your distribution model, eligibility criteria, staff roles, the number of families you can serve?)
 - a. If yes, how did it change your diaper distribution? (For example, how many families were you serving previously, and how many families do you serve now?)

5. We understand you collect the following data; do you collect on service delivery (interviewer to add based on documentation, e.g., number of diapers requested by families each month, types of more and less common service referrals, how frequently they use the service)? How do you use this information to inform program implementation? *(For example, do you analyze the data to adapt your approach? To plan for the future? To identify families that are dropping out? How do your data lead to adjustments to the program? Do you share any of your information with partners, subrecipients, or the public?)*
 - a. How often do you provide these data to the lead grant recipient? How do you provide these data to them? *(For example, by email in an Excel spreadsheet?)*
 - b. Do you receive any data back from [grant recipient]? If yes, how do you use them? Who reviews these reports? (Probes: Do you receive summary reports, Excel spreadsheets, etc.?)
 - c. Do you get any real time data on program operations (e.g., through Salesforce or Google spreadsheet)?
6. Is there any information you wish you could collect to monitor the [grant recipient and local diaper program]? *(In an ideal world, what data would you want to have to help manage and monitor your diaper program?)*
7. How has diaper distribution been going so far?
 - a. To what extent is the implementation going as planned? Have you had to make any pivots, improvements, or adjustments to your original plan? If so, what changes have you made?
 - b. How has working with [grant recipient and local diaper program] affected your organization? *(What about staff time or engagement of families or caregivers with your organization? Has it brought your organization more visibility or more participants; has it modernized your approaches? Has it stretched staff too thin or raised participant interest in the program to a level that they can't meet?)*
 - c. Have you encountered challenges with staffing on [grant recipient and local diaper program]? *(For example, not having enough staff, not being able to find staff, or frequent staff turnover?)* If so, how have you tried to address these challenges?
 - d. [For purchasing partners only] What has been successful in procuring, storing, shipping, and inventorying diapers and supplies?
 - e. [For purchasing partners only] What challenges have you encountered with procuring, storing, shipping, and inventorying diapers and supplies? How have you tried to address these challenges?
 - f. [For distribution partners only, such as CAAs] What has been successful in distributing diapers and supplies to participants?
 - g. [For distribution partners only, such as CAAs] What challenges have you encountered with distributing diapers and supplies to participants? How have you tried to address these challenges?
8. Now I'd like you to think about the partnerships you have built with the lead grant recipient and other subrecipients in the program. I'm going to use the term partners

for simplicity but understand there are distinctions between subrecipients that receive some grant funds and partners that do not. Think about both of these types of partners for most of the following questions, and then we can focus on unpaid partners later. How has that partnership worked so far?

- a. How does [your organization] work with the lead grant recipient? (How often do you meet? Do you have a memorandum of understanding or another agreement that describes how you work together?)
 - b. How is the [local program] communication system working for you? (How often do you communicate with [lead grant recipient]? Do you feel like you know what [lead grant recipient] is doing? How about other subrecipient organizations? What tools do you use to communicate and exchange data?)
 - c. What strategies have helped your partnership with [lead grant recipient] succeed? (For example, is there anything that helps you coordinate work or determine responsibilities?)
 - d. What, if anything, has been challenging about working with [lead grant recipient]? (For example, have you encountered any challenges like logistic issues or organizational capacity? How, if at all, did you solve these problems?)
 - e. How does [your organization] work with other subrecipients on [local program]? To what extent do you have flexibility or input in program rules or guidelines? Are there rules or guidance that the grant recipient requires all subrecipients follow? (How often do you meet? What kind of information do you share? Do you work closely with other subrecipients in your geographic area? How about other subrecipients that may be working in a different area in the state?)
 - f. What strategies have helped your partnerships with other subrecipient partners succeed? (For example, is there anything that has helped you coordinate work or determine responsibilities?)
 - g. What, if anything, has been challenging about working with these other subrecipient partners? (For example, have you encountered any challenges with program partners, like logistic issues or organizational capacity? How, if at all, did you solve these problems?)
9. Do you work with any unpaid partners for [grant recipient and local diaper program]? What role do they serve in [grant recipient and local diaper program], and how did they come to be a part of the program?
 10. In a moment we're going to turn to some questions about how families experience your program, but is there anything else you'd like us to know about the implementation of the [local diaper program] so far? Other successes? Other challenges?

Family Experience and Service Delivery

[Only for subrecipients that distribute diapers to families] Now we're going to discuss what it looks like for a family to participate in your Diaper Distribution Pilot program, from initial outreach and enrollment to receiving diapers, diapering supplies, and other services. We'll start at the beginning, thinking about the families that need diapers and supplies but have not yet found your program.

1. How does such family find out about your program? (What are your outreach and recruitment procedures? How could the family find out about your diaper program?)
 - a. What other methods do you use, or have you tried, to raise awareness of the program among families? Were any of them more successful? Less successful?
2. Once families have found the program, what does their first appointment or engagement with the program look like? (*What does their intake look like? Do families walk in or make appointments? Do they meet with staff they know (like their Head Start teacher) or start a new relationship? Can families apply online?*)
 - a. How do you determine if they're eligible to participate, and when (and how) is this information conveyed to them? (If they're completely new to your organization, how do you determine if they are eligible to receive diapers? When do you let them know they are officially eligible to receive diapers? If they're not new to your organization and receive other services through you already, how does this process work?)
 - b. How do you handle situations where a family may need emergency or immediate diaper assistance?
 - c. How do you serve families who speak languages other than English?
3. If the family is found to be ineligible, do you offer them any other supports or services? If so, which supports or services? (What happens if they aren't eligible to receive diapers or diapering supplies under the diaper distribution program? How do they get connected with other supports?)
4. What strategies have you found helpful for retaining families who are participating in the program? (For example, do you have a case manager periodically check in with them? What happens if a family misses diaper distribution—does anyone follow up with them, and what does that look like? If you refer them to another service, how do you help them follow through on that referral? Does anyone check or encourage them to attend other support services?)
5. You mentioned earlier that participants receive diapers and diapering supplies through [diaper distribution methods]. What methods do you use most often and less often? What methods do families prefer?
 - a. How often do families receive diapers and supplies? Does this differ by the distribution method?
 - b. How many diapers and how much supplies do families receive per child? Do you typically serve all children who use diapers or pullups with an enrolled family?

- What happens if families run out of diapers or supplies before the next official distribution?
- c. Do you distribute full cases of diapers, or do you repackage diapers into smaller amounts? How do you handle open packs of diapers?
 - d. What happens if a family needs a different size of diaper? What if a family needs pull-ups or large sized diapers?
 - e. Have you encountered any challenges distributing diapers and supplies to families? Any successes?
 - f. How do you handle feedback or complaints from partners or families about the distribution process? Is there a system in place to address their concerns?
6. Let's say a family enrolls in the program and has received their first distribution of diapers and diapering supplies. Our understanding from your proposal is that this family could potentially be connected to [wraparound services for this program].
- a. If this family is new to your organization (this is the first program they have enrolled in), how do you determine what additional services the family is interested in and eligible for?
 - b. If this family has already received other support from your organization, do you still use this as another opportunity to make more referrals? How do you continue to connect this family to wraparound services?
 - c. How do you make referrals?
7. Do you encounter any challenges during this process—from enrollment all the way to maintaining participation? Tell me about them.
- a. For example, do you find it difficult to make contact with families for regular diaper distribution?
 - b. [If the program has a limit to the diapers distributed] Sometimes a family may ask for more diapers than your program expects to provide. How often does that occur? How do you handle such situations?]
 - c. Have you encountered any challenges with referring families to services, such as families not following through on referrals?
8. In general, what feedback have you received from families?
- a. What do families like about the program? Are there any stories they have told you about how the diaper program has positively affected their lives?
 - b. What do they think should be different? Is there any constructive feedback or stories families have told you about how the diaper program could be improved?
 - c. Do you think there is greater engagement of families in other programs and services because of the diaper program? *[Do you think families follow through with social support services more often, such as attending a job training program after receiving a referral?]*

Additional Implementation Support

We just have a few last questions for you, this time about how the Diaper Distribution Pilot is supporting you, and how it could support you better in the future.

1. Can you tell us a bit about any technical assistance you've received? It could be from your program specialist or other staff at the Office of Community Services, their contracted technical assistance provider (i.e., SupplyBank), another partner like the National Diaper Bank Network, or even informal, like another diaper bank or CAA? *(For example, what was most helpful about the session? What could you use more information on? These sessions could be in person or virtual.)*
 - a. What technical assistance information did you find most helpful? Why? *(For example, is there anything you need help or further training on related to the local diaper program?)*
2. What advice or lessons learned would you share with other organizations that are beginning or expanding a diaper distribution program?

Closing

1. Before we finish, do you have any advice or suggestions for the funding agency as it considers how to best support diaper distribution programs in the future?
2. Is there anything else you would like to share that I haven't asked about, or anything you would like to elaborate on?

Thank you for taking the time to speak with me today.

Appendix D. Focus Group Protocol

This protocol provides a guide for facilitators leading a DDDR participant focus group during the implementation assessment site visits.

Facilitators need to request participants' permission to audiorecord the focus group.

Facilitator: _____ Date: _____

Additional assessment team members:

Other attendees (not including focus group participants):

Grant Recipient: _____

Location: _____ Time: _____

Language: ____ English ____ Spanish

Getting Started

As participants enter, introduce yourself, check them in, and give them a name tag or notecard for the table. Please ask the participant to put their first name (or however they want to be referred to) on the name tag or notecard.

Hello, everyone. My name is [facilitator] and my colleague is [colleague]. We work for an independent research firm, Westat, which is supporting the federal government by evaluating its Diaper Distribution Demonstration and Research Pilot. We want to thank you for coming to talk with us today. Today, we will spend about an hour together. The plan is for all of us to get to know one another a little and then walk through a list of questions we're asking folks who participate in diaper programs across the country. This focus group is a way for the program and its funders to better know you and your community. We also want to learn how not having enough diapers has affected you and your family and your initial thoughts about the diaper services at [local diaper program name]. At the end of the session, we'll take a few minutes to discuss an opportunity for you to share some photos with our team.

Our group today meets in the spirit of learning and improvement. We want to hear your opinions and beliefs. There are no wrong answers. We recognize you could have been anywhere else right now, and we appreciate the effort you've made to meet with us. Some of these questions can be a difficult reminder of some really challenging experiences with diaper need. We are not here to judge your experiences. We welcome everything you are able to share to help other parents who may have been in very similar experiences and had

similar challenges. We hope that your answers will help other parents and caregivers in the future.

Before we get started, I need to go over this informed consent form with you (*hold up form*) to make sure you know you can choose not to participate in this focus group discussion, and if you do decide to participate, you know exactly what you are agreeing to, and you can skip any question you don't want to answer for any reason.

You should have received a copy of the consent form for this project either by email or directly from the program. I have some copies here for anyone who doesn't have one. Does anyone need one?

Distribute to any participants who do not have a copy of the consent form.

Review consent form with participants.

Ground Rules and Expectations

Thank you for agreeing to participate in today's focus group. We know from experience these conversations are better if the group agrees to a set of guidelines or rules. I want to offer some guidelines that other groups have developed and get your reactions. I'll go through a few ideas, and then I'm hoping you will share whether these sound about right, or if any need to be changed or added.

First, we respect one another through active listening and by avoiding interrupting others when they are speaking; in other words, please avoid talking when others are talking. We don't all need to agree with one another, but let's not judge anyone for having different opinions. It is okay to react to or build on another person's statement.

We'd like you to be honest and open, and we know that's more likely if we all agree that whatever is said here in this group stays here with the group. We request you don't share anything we talk about outside our group. We also ask that you make sure everyone gets a chance to share. If you feel you are speaking a lot, pause to give others a chance to share. If you are quiet, I might check in with you at some point to see if there's anything you'd like to add.

Finally, we ask that you "be present." That is, the success of this activity depends on each of you bringing your whole self and giving your attention to the group. So, we ask that you put away your phones and other distractions, and just be here for the next hour. That said, we know you're all parents or caregivers and things come up. If you need to take an urgent call, just step outside into the next room. You should also feel free to get up to use the bathroom, to pump or nurse, or otherwise take care of your children. Also, if anything we discuss becomes too hard for you to hear, please feel free to step out of the room.

Is there anything anyone would like to add to help make this a safe space for you?

Are there any questions before we get started? (*Respond to any participant questions.*)

Ice Breaker

Before we start going through the questions, let's get to know one another a little. I'd love for us to go around the room and introduce ourselves. Let's each say our name, how old your children in the diaper program are, how long you've been receiving diapers from [local diaper program name], and one word you would use to describe your youngest child.

I'll go first.

Facilitator note: It's helpful to kick off this activity by introducing yourself. If you aren't a parent or caregiver, think of a cousin/niece or nephew/or other child you've spent time with. Sample descriptions include curious, energetic, mischievous, cuddly, tiny, etc.

Diaper Need

That was really fun. Thank you! Now we want to shift our conversation to talk about your experiences with diapers.

1. Sometimes people who don't have young kids in their lives don't understand why diapers are so important. How would *you* explain why diapers are important?
2. Can anyone share an example of how not having enough diapers affects your daily life?
 - a. How has not having enough diapers changed where you go or what you do with your children? [Probes: Has it prevented you from leaving your home? For example, were you not able to go to story time at the library because your child was undiapered?]
 - b. How, if at all, does not having diapers affect your relationship with your child or children?
 - c. Does not having diapers affect your relationship with other adults?
 - d. How, if at all, does not having diapers affect your stress level or worries you have?

Strategies for Dealing with Diaper Need

1. Caregivers and parents are really inventive when they need to be. We know that many caregivers and parents have used creative diaper-stretching strategies when they're running low on diapers or run out completely because they don't have any other choice. When you realize that you're running low on diapers, how do you stretch your supply? [Probes: *makeshift diapers, undiapered, diaper use tracking, keeping wet diapers on for a bit, potty training/sit on potty*]

- a. Sometimes families have to go without something else they need to get diapers instead. What have you had to go without so that you could have enough diapers? *[Probes: food, medicine, gas, clothes, period products, cleaning supplies]*
 - b. Have you used any other strategies to get diapers or money for diapers?
 - c. What strategies other than using a diaper bank have you used?
 - d. What diaper strategies have worked best for you? Why?
 - e. What has not worked? Why?
2. If you realize your diaper supply is really low, is there a person or organization you can turn to for help getting more diapers? This is in addition to [local diaper program name]'s help. This can be now or in the past.

Where do you typically buy diapers? What strategies, if any, do you use to make them cost less? *[Possible probes: split packages with friends, look for sales, use coupons, use subscription services, buy generic]*

Experiences with Diaper Distribution Program

Now I'd like to ask you about your experiences with [local diaper program name] here.

1. How, if at all, has [local diaper program name] helped you and your family?
 - a. *[Probes: Has it helped you meet your diaper need? Has it changed how often you change your children's diapers? Has it helped you afford other things you need? Has it helped you change any of the problems we talked about earlier such as (facilitator will need to be reflective)? Has it helped you connect to other organizations or individuals?]*
 - b. Another part of the program is helping families get access to other programs or services that might address needs or challenges you have. Did [local diaper program name] meet with you to discuss any additional needs or challenges you're facing or provide recommendations for other programs, such as childcare, medical care, housing, training, job support, parenting education, or other programs?
 - i. *[If yes]* Were you able to connect with those services?
 - *[If yes]* Have they been helpful? Why or why not?
 - *[If no]* Why weren't you able to connect with those services?
2. If you were in charge, how would you improve [local diaper program name]? *[Possible probes: add services, take away services, change the way diapers are distributed, change the number you can get, change enrollment, change how long you can be on the program, change how many people can get services, change the staff or staff training, change the location, reduce how long you wait at the office to get your diaper packet]*

3. Thinking back to when you first started receiving diapers through the program ... What concerns, if any, did you have about receiving diapers from [local diaper program name]? [Probes: stigma, judging, difficulty physically getting there, proper documentation]
4. How did those concerns compare with your actual experiences receiving diapers? In other words, how was your experience like or not like how you worried it might be?
5. How does it feel when you visit the agency? [Probes: do you feel welcome or unwelcome, do you feel respected by staff or not respected, do you feel safe or unsafe, are children welcome or not welcome?]
6. Tell me about the quality of the diapers [local diaper program name] provides. [Probes: Are they absorbent? Do they fit/can you get the sizes you need each time? Can [local diaper program name] get you specific types or brands if your kid is allergic? Are they brand name? Do you like those brands? How do you feel about how the diapers are packaged (e.g., are they marked or packaged in a way that shows they are from a diaper bank?)]

Wrap-Up

This discussion has been so helpful. I have a few final questions before we wrap up.

1. Are there any other services or programs or strategies that would help you get enough diapers for your child(ren)? [Probes: diapers being tax free, vouchers for diapers, money/cash for diapers through other programs, such as WIC/SNAP/TANF subsidies, coupons, diapers included in daycare, free cloth diaper service] Would you prefer any of those to the diaper program? Why or why not?
2. Is there anything that we haven't talked about today that you'd like to share related to diaper need?

Focus Group Close and Opportunity to Share Photos

Notetaker begins to prepare the gift cards.

Thanks so much to all of you for participating. This was a very helpful discussion. We have two last pieces of business. First, [colleague] will have a gift card available for you as you leave. Please make sure you stop by to get the card from [colleague].

As we end our session, I also wanted to tell you all about another voluntary opportunity to participate in our project. We are collecting photos from parents and caregivers that help us show how parents feel when they're worried about diaper supply, how having sufficient diaper supply helps parents, and what your experience with the diaper program looks like. We will use these photos in project reports to help share the stories of diaper program clients. At this time, we are not providing payment for these photos.

If you are interested, stay after I close this session, and we can talk more. Otherwise, this is the end of the focus group, so feel free to leave at any time. Have a great rest of the day!

Photo Instructions and Release

We write reports for many audiences: organizations that fund diaper banks, Congress, funders of this diaper program, policymakers, and other diaper program staff. Sometimes these reports are pretty technical, and while they share important calculations such as the average number of diapers clients receive, they can miss sharing real and relatable stories about people who are served by these programs. We're trying something a little new to help us better show families' stories, not just tell them.

We'd like to add photos taken by caregivers or parents participating in this diaper program in our reports to better share your experiences. This is a totally voluntary option to contribute to our assessment, so if you don't want to share more, or don't enjoy taking photos, you don't have to. But if you are creative, want to share a bit more about your experiences with diapers, and maybe have a photo included in our public reports, we hope you'll participate.

We are asking for your photos that have to do with (1) how needing diapers has affected you and your family, (2) how you and your family feel when you do have a good supply of diapers, or (3) your experiences with the diaper program.

It's really up to you how you choose to use the photos to talk about your experiences. This is your story. You can share the happy parts of your story or the hard parts. This is your opportunity to share your story with pictures. If you would rather not take a photo but want to draw a picture or do some art, others have done that before, and we would be happy to include that as well.

Hand out photo release.

This handout provides more detail on our request and how to email your photos to us. These photos might be published in public, online forums, so please don't share anything you wouldn't put on social media for everyone to see. Please keep in mind we are not allowed to share photos of any children's faces, even your own children. We ask that in addition to a photo, you also write a short caption (one or two sentences) that explains what we're looking at or how the picture makes you feel. For example, if you submit a photo of your diaper bag full of diapers your caption might be: "When I have a good supply of diapers, I can relax a little bit and not worry whether I'm doing everything I need for my daughter." We also want to know whether you want to be credited for the photo. If you don't want credit, we will just add to our report that the image was taken by a program participant. If you do, we'll say something like "credit: Molly Smith, program participant." We can also do first name and initial or first initial and last name.

Please do not share photos that include people's faces, including infants and children. When in doubt, ask permission to take pictures on private property. Generally speaking, if a photographer is shooting within a public space, they have the right to take photographs

without asking permission. In most cases, this is true for photographing buildings, sites, and people. But also consider asking people if it's okay to take their pictures. You might want to try to avoid taking pictures with people in them. We do not recommend a physical address or people's names. Lastly, please don't take pictures of anything illegal or that could suggest anyone, child or adult, is in danger.

This handout provides all the guidance I just went over, and also talks about how by sending an image to us, you are releasing it for public distribution. That means you're giving us the right to take your art and share it with the world. We are asking you to email us the photos. We will reply to your email asking you to agree for us to use the photo. We may not use all photos that we receive.

Review photo release language

We would like to receive images from you by [date 3 weeks after focus group]. Please take a minute to read the document and let us know if you have any questions. You can also contact us based on the information on the document.

Answer questions, thank group for their time, and say goodbye.

Appendix E. Beneficiary Enrollment Survey

Beneficiary Enrollment Survey

Thank you for taking the time to complete this survey. The purpose of this information collection is to help the federal program team understand diaper need in communities across the country. This is a voluntary collection of information. It should take you about 15 minutes to complete this survey. Your responses will be kept private. The information collected will be shared with both federal program staff and a research team, but your responses will be anonymous. Thank you for taking the time to complete this short survey.

Demographic Information

1. What organization is providing you with diapers?
2. Which of the following best describes your interaction with [partner organization]?
 - a. This is my first-time receiving diapers from [partner organization]
 - b. I have been receiving diapers from [partner organization] for 1-6 months
 - c. I have been receiving diapers from [partner organization] for 7-12 months
 - d. I have been receiving diapers from [partner organization] for more than one year
 - e. Prefer not to share
3. Household information
 - a. How many children in diapers do you have?
 - b. Information for Child 1. Please complete for each child in diapers.
 - i. Child's Age
 - ii. Child's Race (select one or more)
 1. American Indian or Alaska Native
 2. Asian
 3. Black or African American
 4. Native Hawaiian or Other Pacific Islander
 5. White
 6. Select one or more
 7. Prefer not to share
 - iii. Child's Ethnicity
 1. Is the child Hispanic, Latino/a, or Spanish origin (Select one or more)
 - a. ____No, not of Hispanic, Latino/a, or Spanish origin
 - b. ____Yes, Mexican, Mexican American, Chicano/a
 - c. ____Yes, Puerto Rican

- d. ____ Yes, Cuban
 - e. ____ Yes, Another Hispanic, Latino/a or Spanish origin
- iv. Your relationship to the child
- v. Diaper size
- vi. Does your child have any special needs that have been diagnosed by a professional?
 - 1. Yes
 - 2. No
- vii. Is this child enrolled in Early Head Start or Head Start?
 - 1. Yes
 - 2. No
- c. Do your children in diapers attend childcare?
 - i. Yes
 - ii. No
 - iii. If yes, do you have to provide diapers to the childcare provider for your child(ren) while they are in care?
 - 1. Yes
 - 2. No
- d. How do you describe yourself?
 - i. Female
 - ii. Male
 - iii. Other
 - iv. Prefer not to share
- e. What is your race? (Select one or more)
 - i. Black or African American
 - ii. American Indian or Alaska Native
 - iii. Asian
 - iv. Native Hawaiian or Other Pacific Islander
 - v. White
 - vi. Prefer not to share
- f. Are you Hispanic, Latino/a, or Spanish origin (Select one or more)
 - a. ____ No, not of Hispanic, Latino/a, or Spanish origin
 - b. ____ Yes, Mexican, Mexican American, Chicano/a
 - c. ____ Yes, Puerto Rican
 - d. ____ Yes, Cuban
 - e. ____ Yes, Another Hispanic, Latino/a or Spanish origin
- g. What is your primary language?
 - i. English
 - ii. Spanish
 - iii. Chinese (Cantonese, Mandarin)
 - iv. Tagalog
 - v. Vietnamese
 - vi. French and/or French Creole
 - vii. Arabic
 - viii. Korean
 - ix. Russian

- x. German
 - xi. Bilingual
 - xii. Multilingual
 - xiii. Other
 - xiv. Prefer not to share
- h. Would you consider yourself a single parent?
- i. Yes
 - ii. No
 - iii. Prefer not to share
- i. What is your employment status? Please select all that apply (i.e., student and partial employment)
- i. Full employment (40+ hours/week)
 - 1. Do you hold more than one job?
 - a. Yes
 - b. No
 - ii. Partial employment (< 40 hours/week)
 - 1. Do you hold more than one job?
 - a. Yes
 - b. No
 - iii. Student enrolled in school and/or training program
 - iv. Unemployed and seeking employment
 - v. Unemployed due to disability and unable to seek employment
 - vi. Unemployed and not seeking employment due to another reason. Please explain:
- j. About how much income does your household typically have in a year's time?
- i. \$0-\$14,999
 - ii. \$15,000-\$34,999
 - iii. \$40,000-\$49,999
 - iv. \$50,000-\$74,999
 - v. \$75,000-\$99,999
 - vi. \$100,000 or more
- k. What is the highest level of education you have completed?
- i. Less than 6th grade
 - ii. Middle school (6th, 7th, 8th)
 - iii. Some high school
 - iv. High school (diploma)
 - v. Some college
 - vi. Associate degree (AA or AS)
 - vii. Bachelor's degree (BA or BS)
 - viii. Advanced degree

Diaper Needs Assessment

4. How many times in the past **1 month**:
 - a. Has/have your child(ren) had a diaper rash, bladder infection, or other diaper-related health issue?
 - b. Have you had to take your child(ren) to the emergency department due to a diaper-related health issue?
 - c. Did your child(ren) miss childcare or school due to inadequate diaper supply?
 - d. Did you miss work due to inadequate diaper supply?
5. How many times in the past **1 month** did you do one or more of the following to stretch your diaper supply:
 - a. Borrow money or diapers from a family member or friend
 - b. Obtain diapers from an organization in your community
 - c. Stretch the diaper supply you had by changing less frequently
 - d. Kept your child diaperless
6. On a scale of 1-5 (with 1 being strongly disagree and 5 being strongly agree), please rate your agreement with the following statements:
 - a. I typically have enough diapers to change my child as often as I need to
 - b. I often must reduce spending on other essential needs (food, utilities, etc.) to afford diapers
 - c. I often feel stress about having enough diapers for my child(ren)
 - d. I often feel stress about being able to provide my family with essential needs such as food, clothes, and shelter