

Organizational and health promotion benefits of diaper bank and community-based organization partnerships

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Abstract:

The Diaper Bank of North Carolina provides a supplemental supply of free disposable diapers, baby wipes, and diaper rash cream to low-income families. Rather than providing the diapers directly to families in need, the diaper bank formed partnerships with service-providing community-based organizations (CBOs) that distribute the diapers to their own clients. During a multi-phase mixed methods evaluation, we conducted qualitative key informant interviews with staff members (n = 9) of CBOs that distribute diapers. Analysis of the interviews informed development of an electronic survey distributed to CBO staff members (n = 42) who did not participate in key informant interviews. Key findings demonstrate the provision of diaper bank diapers allowed CBOs to assist families in meeting a basic need while: (1) positively impacting their organization and program budgets, (2) enhancing communication with clients, (3) improving program retention, (4) teaching problem solving and critical thinking skills, and (5) connecting families with other services.

Keywords: Diaper need | Diaper bank | Social welfare organizations | Health disparities | Child health | Poverty

Article:

1. Introduction

Community-based organizations are important for health promotion efforts among low-income families because they provide safety nets for working low-income families, connecting families with community resources to address basic needs unmet by government programs (Allard, 2011). Many CBOs use incentives to attract and retain participants in their health, social service, or education services and programs. Incentives may be one factor that attracts low-income program participants to initially enroll in such programming; however, the incentives offered may not be enough for low-income participants to overcome challenges of daily living that may prevent their full or continued participation (Gross, Julion, & Fogg, 2001). When asked about what types of incentives would encourage low-income parents to participate in a parenting intervention, focus

group participants recommended gifts of parenting supplies, including diapers, over cash (Katz et al., 2001).

Although program participants may gain skills, knowledge, or services as a result of participating in programming offered by CBOs, organizations with limited budgets or restrictions on grant funding may be unable to provide additional incentives to attract potential program participants and encourage continued participation. Thus the short- and long-term success of service-providing CBOs may be connected to their ability to provide incentives of value to their clients. In this paper we explore a partnership between a community diaper bank and several CBOs, which allowed CBOs to use diapers as incentives for families they serve, and/or to give diapers directly to families in need. We specifically focus on the organizational and health-promotion benefits of this partnership.

1.1. Diaper need

Diaper need, the experience of reducing household expenditures on other basic necessities such as food or utilities in order to purchase diapers, affects low-income families with small children (Raver, Letourneau, Scott, & D'Agostino, 2010). Families experiencing diaper need struggle to maintain a supply of clean, dry diapers adequate for changing children's soiled diapers at intervals recommended to maintain physical health and support the emotional well-being of children and their parents or guardians. For the young children who are members of the 9.1 million U.S. families living in poverty (U.S. Department of Commerce, 2014), diapers are a basic necessity that is not provided by federally funded safety net programs including Medicaid, the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], or the Supplemental Nutrition Assistance Program [SNAP]. Just one US city, San Francisco, specifically allocates funds from Temporary Assistance for Needy Families [TANF] for diapers (City and County of San Francisco, 2015).

Young children need an average of 6 to 12 diapers each day, costing a family as much as \$125 every month (Porter & Steefel, 2015). Compared to families in higher income brackets, low-income families may pay more for each diaper purchased (Porter & Steefel, 2015). Low-income families may not have access to mechanisms other families employ for cost savings on diapers; they may not have transportation to or be able to afford memberships to warehouse clubs to make bulk diaper purchases, have enough money to purchase larger packages of diapers which often provide a lower per-diaper cost than smaller packages, and may lack internet access for purchasing discounted diapers online (Porter & Steefel, 2015).

There are a number of documented physical health, mental health, educational, and economic consequences associated with diaper need. When families are unable to afford enough clean diapers, babies and young children may wear dirty diapers longer than is recommended (Raver et al., 2010, Smith et al., 2013). Prolonged contact with urine and feces can lead to infections including severe cases of diaper dermatitis (Adalat et al., 2007, Friedlander et al., 2009) and urinary tract infections (Sugimura et al., 2009). The incidence of diaper dermatitis, in turn, contributes to parental anxiety (Adalat et al., 2007). A study of pregnant and parenting mothers found that mothers with mental health needs were more likely than mothers without mental health needs to experience diaper need (Smith et al., 2013). Additionally, if children are

attending group daycare, even subsidized daycare, families are typically required to provide enough clean diapers for the duration of the time the child is in care (Smith et al., 2013). If families do not have the number of clean diapers required by the childcare facility, parents may have to skip work or school to stay home with the child, further limiting income and opportunities (Smith et al., 2013). Community-based diaper banks serve as a community resource for families in need of diapers.

Upon receiving diapers from a community-based diaper bank, parents experiencing diaper need reported a range of health, social, and economic outcomes (Massengale, Erausquin, & Old, 2017). Chief among these positive benefits was an increase in parental happiness and a reduction in caregiver stress (Massengale et al., 2017). Additional outcomes experienced by diaper recipient families were: the ability to increase spending on other basic needs, utility bills, and medical bills; improved child happiness and health; and improved attendance at childcare, work, and school (Massengale et al., 2017). However, outcomes experienced by organizations distributing diapers from a diaper bank have not been researched.

1.2. Present study

More than 320 diaper banks across the United States address diaper need by providing families with free diapers (National Diaper Bank Network, 2016). Diaper banks are not well researched; to date, only two peer-reviewed articles have been published about diaper need (Porter and Steefel, 2015, Smith et al., 2013). The current study examines the organizational benefits of a health promotion model in which CBOs distribute diapers from a community diaper bank, using data from a community-engaged formative evaluation of the (The Diaper Bank of North Carolina). Specifically, the aim of this paper is to describe benefits experienced by CBOs as a result of providing diapers from the diaper bank.

1.3. Theoretical framework

The vulnerable populations conceptual framework of Flaskerud and Winslow (1998) describes the relationships between available resources, the relative risk of poor health among vulnerable populations without access to resources, and health status. Applying this framework in our study, we define available resources as both the basic need of diapers and the CBO partnerships that were developed to distribute diapers from (The Diaper Bank of North Carolina); the relative risk of poor health among vulnerable populations as reduced access to diapers among low-income families with young children compared to families with greater income, and health status as the experience of poorer health outcomes which may result from diaper need such as increased diaper rash, infection, and parental stress. This model allows us to conceptualize both the diapers themselves and the organizational partnerships as contributing to reduced health risks and improved health status. Specifically, the present study assesses the benefits CBOs experienced in their role in increasing the available resources of diapers in response to the relative risk of poor health among their clients experiencing diaper need in an effort to improve the health status of young children and their caregivers. When CBOs are able to provide a supplemental supply of diapers to their clients, we anticipate families will experience increased access to diapers and other benefits resulting from engagement with CBOs. This in turn will reduce the relative risk of poor health associated with diaper need by improving access to the resource of diapers. We

anticipate improved health outcomes through the prevention of diaper rash, infections, and the stress low-income caregivers may experience when trying to provide enough diapers to maintain diaper changing intervals.

2. Methods

2.1. The (blinded diaper bank name)

A 501(c)3 nonprofit organization founded in 2013, the (The Diaper Bank of North Carolina) works to provide a supplemental supply of free disposable diapers, baby wipes, and diaper rash cream to low-income families in three regions of North Carolina (The Diaper Bank of North Carolina, 2016). At the time of this evaluation, the quantity of diapers provided was generally 25 diapers each time a family received diapers. The approximate monetary value of the supplemental supply, including wipes and diaper rash cream, was \$6.75 each time a child was served. The Diaper Bank of North Carolina is primarily supported by individual community members, who donate diapers or money for (The Diaper Bank of North Carolina) to purchase diapers.

2.2. Community-based organizations

Recognizing that families unable to afford diapers are also likely in need of other services, (The Diaper Bank of North Carolina) formed partnerships with service-providing community-based organizations that distribute the diapers directly to their own clients as part of existing programming. At the time of data collection (Fall 2014–Fall 2016), 45 CBOs distributed diapers from (The Diaper Bank of North Carolina) branches to families experiencing diaper need. Although the CBOs provided families with a supplemental supply of diapers, the primary focus of their interactions with families was addressing health, social, and economic needs including: housing, homelessness, early childhood education, parenting, advocacy, special healthcare needs, refugee resettlement, substance abuse, mental health, prenatal and postpartum care, childcare, domestic violence, basic necessities such as food, job assistance and placement, and financial literacy. In addition, all CBOs also work to link clients with other community and governmental resources from which they may be eligible to receive services. Some CBOs provide services and interact with clients from their offices only, while others distribute diapers during home visits with families.

2.3. Study design

This study utilized a multi-phase mixed methods design (Creswell & Plano Clark, 2011). Appropriate for evaluation, the multi-phase study design allowed for the results of each completed phase to inform the next phase (Creswell & Plano Clark, 2011). The advantage of the mixed methods design is that using both qualitative and quantitative research methods allowed for a more detailed and nuanced understanding of the benefits experienced by CBOs providing diapers than if only quantitative or qualitative methods alone were used (Creswell and Plano Clark, 2011, Johnson et al., 2007).

2.3.1. Phase One

In the first study phase, qualitative, in-depth key informant interviews were conducted with CBO staff members who distribute diapers from (The Diaper Bank of North Carolina). The purpose of the key informant interviews was to better understand the process by which organizations acquire diapers from (The Diaper Bank of North Carolina) and make decisions about how to distribute the diapers to their program participants. In addition, CBOs described their experiences distributing diapers to program participants. A selection of questions from the interview guide is included in Table 1.

Table 1.

Sample interview questions from Key-Informant Interviews with CBO staff who distribute diapers.

What are the requirements for a person to receive services from your organization?
Can you tell me about the people that you serve?
How long does your average relationship last with a client?
How do you assess whether a client might need diapers for his or her child/children?
Can you tell me about the way your organization distributes diapers from (The Diaper Bank of North Carolina)?
What do you think your clients understand about (The Diaper Bank of North Carolina) where the diapers come from?
Do you think (The Diaper Bank of North Carolina) could do something different that you help families?
Do you think (The Diaper Bank of North Carolina) could do something differently to help the community-based organizations that distribute diapers?
Is there anything you think would be important for us to know as we create a survey for people who have received diapers?

Key informants (n = 9) were recruited for study participation by an email sent to at least one paid program staff member at each of the 12 CBOs distributing diapers from the main branch of the diaper bank in Durham, NC. All CBO staff members who responded to the recruitment email were invited to participate in an interview. Seven CBOs were represented among the interview participants and provided a range of services for families including: provision of food, clothing, and baby gear; housing, parenting education, substance abuse treatment, and support for developmental disabilities and traumatic brain injuries. Each interview participant was responsible for distributing diapers to his or her clients. The interviews, conducted during August and September 2014, were semi-structured and lasted an average of 26 min each. All interviews were audio recorded and transcribed verbatim. Development of the codebook of themes began after the first few interviews were complete. Using an inductive approach, themes were created based on review of the initial transcripts then further revised after more interviews occurred (Seale, Gobo, Gubrium, & Silverman, 2004). Each transcript was independently coded by two researchers. Then, to address inter-rater reliability, both researchers discussed places where coding differed until mutual reaching consensus on all themes (Barbour, 2001). The interview transcripts were managed using ATLAS.ti version 7. Data analysis was concurrent with data collection; the research team determined that saturation had been reached when no new themes

emerged. The analysis of qualitative themes and understanding of both the families served by CBOs and the diaper distribution process informed the next step of the study, survey creation.

2.3.1. Phase Two

During Phase Two, findings from Phase One informed the development of a survey which collected quantitative data from CBO staff members who distribute diapers and did not participate during Phase One. After pilot testing the survey among CBO staff members (n = 11), an electronic web-based survey link was sent via a recruitment email to all CBO staff members distributing diapers from any of the three branches who did not participate in Phase One. Thus, the recruitment email was sent to 43 CBO staff members. At the majority of the CBOs, one or two staff members were responsible for diaper distribution within their agencies. CBO staff members were paid agency employees and represented a diversity of educational backgrounds and training, thus filling various roles within their respective agencies including: registered nurses, licensed social workers, program coordinators, project managers, home-based visiting staff, therapists, and health educators. To ensure anonymity, participants were not asked to indicate the CBO at which they worked or their specific role within the agency as in doing so would have revealed their own identities. CBO staff members (n = 42) completed survey questions about: their experiences distributing diapers from (The Diaper Bank of North Carolina), other services provided to the families besides diaper distribution, and any benefits experienced by the agency as a result of their partnership with (The Diaper Bank of North Carolina). All survey data were analyzed using descriptive statistics; for questions with missing data, responses totaled less than the total sample size of 42. Triangulation of the quantitative data collected via the survey with the findings from the qualitative phase of the study validated the themes developed to code the key informant interview transcripts during Phase One (Barbour, 2001).

3. Results

During study Phase One, staff from CBOs that distribute diapers from the diaper bank described a variety of positive outcomes they had experienced as a result of providing the diapers to families served. Themes and representative quotations from analysis of the Phase One qualitative interviews are included in Table 2. Following this study's integrated mixed-methods research design, next we elaborate on the Phase One themes, using findings from the Phase Two quantitative survey analysis.

Table 2

Illustrative Quotes from Key-Informant Interviews with CBO Staff who Distribute Diapers.

Interview theme	Illustrative quotes from CBO staff members
Financial benefits to agencies	“We were giving diapers out when the families came in [to the homeless shelter] before the diaper bank. But of course that was money that we

were having to take from our agency to support that family.”

“Typically we wouldn't provide any material goods to families. I mean directly number one because we're not allowed to with the federal government. We're not allowed to buy something and then give it to them—they have to be donations with federal grants like [agency name] and others.”

“It took the burden off of us in terms of figuring out how to provide diapers once our grant that we had received ran out. Without the diaper bank, the money would have had to come out of our program budget.”

Increased communication with clients

“It has been an open door (pause)—both ways.”

“It does really increase communication, you know, because if they don't call you for anything else they're gonna call or text and just say ‘Hey, can you bring diapers?’”

“Clients appreciate receiving diapers and know when they will be receiving diapers and remind me to bring diapers. They engage in the relationship more as a result.”

Program retention

“I've had at least a couple of women joke with me that, and I don't know how much they're joking actually. That they, when they need a little umm motivation to get out, on say, on a messy day like this and come to their appointment. The thought that they will get a pack of diapers, is that extra little, you know? Rather than my lovely personality, I mean it sort of gets them out the door and gets 'em here.”

“If a couple of families may have kind of slacked off or they're kind of falling off the radar, as soon as they figure out, ‘uh-oh, I'm out of diapers,’ oh, they'll come calling, definitely.”

“Our service is voluntary, so at any time our families could, you know, stop seeing us. But they still allow us to come. It's kind of like an extra incentive for them in some ways to continue seeing us. It helps us in terms of our visits and then it helps them by getting the diapers... We go out on our visits, like well, ‘we have your diapers,’ and they're like, ‘okay, I'll make sure I'm there.’”

Critical thinking and problem solving

“The quantity is good because it's not too much yet it's not too little, it's enough to help to supplement and all. So that's something I also try to educate my families on, you know, is you're gonna need more diapers before I come back next week so it still coaches them to use some critical thinking and to plan, ‘Okay, how am I gonna get this X number of diapers to last me though the rest of the week.’”

“Those diapers don't last, you know? It's only a certain amount [of diapers] but just for the time being, being able to problem solve around what they're given they need additional skills about problem solving and accessing you know, different resources.”

Connection to other services

“There's a group of families that spend a lot of time trying to figure out how to either find their next meal or find the next pack of diapers. And I mean, we do see families navigating partnering agencies and really kind of getting the same resources or a similar kind of resources that they're getting from us. So um sometimes I think they spend a lot of their time trying to, to bridge the gaps in their home. Rather it be clothing or food or diapers.”

“Occasionally I will get calls from people because they can look on the (The Diaper Bank of North Carolina) website and see the partners 'cause they just start calling the partners to see [if they can get diapers]. And I have to explain to them the population that we serve umm and then refer them back, you know, to call some of the other distribution centers.”

3.1. Benefits to agencies

Before partnering with (The Diaper Bank of North Carolina), 57% (24/42) of the CBO staff members indicated on the survey that they were unable to provide their clients with diapers on a regular basis, if at all. According to survey results, some had to purchase diapers using their own program funding, others were prevented from buying any diapers despite clients' dire needs because of grant funding restrictions, and in a few situations case managers reported spending their own money to purchase diapers. Being able to provide families with products from the diaper bank allowed some agencies to shift funding to help families with an additional need or to assist with clients' needs that they previously could not address. One homeless shelter employee described during an interview in Phase One that since they have been able to give families in shelter diapers from the diaper bank, the shelter has been able to use the money their

organization would have spent on diapers to provide client families with short-term storage of furniture. Otherwise, a family likely would have had to abandon their furniture when they lost their home. Providing short-term storage removed one additional barrier the family would face when working towards the goal of living again in their own home. Additionally, some agency staff members reported on the survey and during interviews that the partnership with (blinded diaper bank name) allowed them to save the time previously spent on seeking diaper donations, writing grants to purchase diapers, and planning how the agencies could address clients' diaper need.

3.2. Increased communication with clients

CBO staff members described during interviews increased opportunities to communicate with clients. For some, a bundle of diapers gave them something to have in-hand and provided an additional reason to make a home visit when trying to follow-up with a client. Others said the diapers served as an icebreaker and allowed them to start a conversation about other needs. The diapers not only provided opportunities for CBO staff members to communicate with clients, but also encouraged clients to initiate communication with CBOs. Since they started providing diapers from the diaper bank, 41% (17/41) of CBO staff members indicated via survey that clients were “more likely” to “communicate with (them or their agencies) between scheduled appointments or visits.” Some agency staff members indicated during interviews that this helped with long-term follow-up and program retention because they were more likely to have clients' current contact information.

3.3. Program retention

Many of the CBO staff members use the diapers as an incentive for families participating in their programs. During key informant interviews, CBO staff members described the typical length of a relationship with a client as lasting from a single visit to several years, depending upon the nature of the services provided. Since providing diapers from the diaper bank, 56% (23/41) of CBO staff members reported via survey that “families were more likely to extend the length of their relationships with the organization beyond the average length of a typical relationship they would have with a family.” The CBO staff members found the incentive of diapers meaningful for program participants. Diapers were something the families needed and they were one more perk for families receiving partner agency services. Further, 66% (27/41) of the CBO staff members reported via survey that since providing diapers to their clients, “clients were more likely to keep scheduled appointments.”

3.4. Thinking and problem solving

The diapers CBOs provide to their clients are intended to supplement what a family has, not to provide every diaper a child requires. Because the diaper bank is not providing every diaper a family needs, partner agency staff work with their clients to help them figure out how they are going to get more diapers when they have exhausted the supplemental supply. According to survey results, these conversations occur at least monthly (57%; 24 respondents), a few times a year (29%; 12 respondents) or never (14%; 6 respondents). Some CBO staff members described

during key informant interviews that providing a supplemental quantity of diapers allowed them to help their clients improve their problem solving and critical thinking skills.

3.5. Connection to other services

Not only does providing clients with diapers allow CBO staff members the opportunity to talk to their clients about other needs that they have, some agencies reported via survey and during interviews that because of having received diapers, their clients are making the next step and seeking out other services provided by the agency. Sometimes the wait to receive diapers while visiting an agency encourages families to see what other resources they can access while they are there. Compared to before the CBOs began providing diapers, 62% (26/42) of CBO staff members reported via survey that diaper recipients were “more likely to start a conversation with CBO staff about other needs they might have.” Additionally, 44% (18/41) of CBO staff members reported that “clients were more likely to participate in other programs offered by the agency” since the partnership with (The Diaper Bank of North Carolina) began.

The names of all the CBOs that distribute diapers from the diaper bank are listed on the (The Diaper Bank of North Carolina) website. CBO staff members reported during key informant interviews that they received telephone calls from individuals who found the diaper bank's website and wanted to know how they can obtain diapers from their agency. Survey data showed that many of the CBO staff members reported receiving such calls from prospective diaper recipients on a regular basis: at least monthly (36%; 15 respondents), a few times a year (26%; 11 respondents), or never (38%; 16 respondents).

3.6. Improving diaper distribution

During key informant interviews and via the survey question, “Is there anything else you would like (The Diaper Bank of North Carolina) to know?” CBO staff members reported a range of suggestions for improvement. During interviews, the most frequently reported suggestion was to change the day of the week CBOs picked-up their orders from Friday to any other day. Some organizations held programming on Fridays and therefore found it difficult to leave the office. A social worker with another organization reported that if she were going to take a day-off during the week it would most likely be Friday. In response, (The Diaper Bank of North Carolina) changed the weekly pick-up day. Other suggestions as reported via survey included: a request for the diaper bank to provide bags for families to transport the diapers home, maintaining a steady stock of adult incontinence products in all sizes as orders for popular sizes were sometimes unfilled, noting on the labels affixed to each diaper bundle information on other places in the community families could receive diaper bank products, and increasing the size of the supplemental supply provided.

4. Discussion

The supplemental supply of (The Diaper Bank of North Carolina) diapers provided by CBOs to recipient families is enough to last a newborn baby for less than 3 days. As our results demonstrate, for CBOs, the value of a supplemental package of 25 diapers is far greater than its monetary value. There are several key organizational benefits of the health promotion model in

which CBOs partner with a community diaper bank. The ability to provide diapers to their clients allows CBOs to assist families in meeting a basic need while: positively impacting their organization and program budgets, enhancing communication with clients, improving program retention, teaching problem solving and critical thinking skills, and connecting families with other resources.

Since the establishment of the partnership with (The Diaper Bank of North Carolina), many CBOs experienced cost savings within their program or organization budgets, allowing them to increase expenditures towards addressing other client needs beyond diapers. Each month, the number of children served by each CBO ranged from a few children to hundreds of children, depending upon the nature of the services provided. Therefore, the estimated annual cost savings to each organization ranged from \$810 for an organization serving only ten children each month to \$20,250 for an organization serving 250 monthly. In addition to the monetary savings, some CBOs also experienced a savings of time and human resources previously devoted to acquiring diapers for families through activities such as diaper donation drives, soliciting funds from donors, grant writing, and the direct purchase of diapers using program funds. The partnerships between community-based diaper banks and other CBOs allow organizations to save time and money when diaper procurement efforts are spearheaded by diaper banks. In addition, the donor networks from which diaper banks may receive material and financial donations are expanded when CBOs contribute to centralized diaper collection efforts.

The ability to offer clients a supplemental supply of diapers provides CBOs another resource for strengthening their relationships with families. CBO staff members reported the diaper bank diapers were a tool for initiating conversations with clients about their families' needs. In other circumstances, the diapers provided an excuse for staff members to conduct home visits in order to maintain contact with clients or to assess other challenges a family may be experiencing. One challenge to providing services to low-income families can be maintaining communication with program participants whose contact information and best mode of contact may change frequently due to changes in housing, inconsistent internet access, and patterns of cellular telephone use. Studies of pregnant and postpartum women found low-income mothers may change mobile telephones or telephone numbers multiple times over the course of a year or may share a mobile telephone with another person (Chilukuri et al., 2015, Poorman et al., 2014). When client families knew they might receive a supplemental supply of diapers during a future encounter with CBO staff members, they often contacted staff members between scheduled meetings to communicate about the diapers (e.g. to inquire about diaper availability or to indicate a child would need a larger sized diaper). This communication between regular meeting intervals enabled staff members to ensure they had clients' current contact information. When CBO staff members are able to maintain contact with the families they serve, CBOs may experience improved program retention and engagement. Providing diapers from community-based diaper banks to CBOs encourages an open channel of communication between CBO program participants and staff members.

In addition to maintaining contact with program participants, the provision of incentives is another strategy CBOs may use to enhance participants' engagement in programs and services. The incentive of a supplemental supply of diapers holds real value for families (Katz et al., 2001). Providing diapers from a community-based diaper bank to a CBO can encourage a low-

income mother to bring her child to healthcare visits, participate in parenting education classes, or attend a job training workshop where the benefits for her family may be much greater than the package of diapers she receives for her attendance. CBO staff members described using the supplemental diapers as an educational tool for families. When diaper banks provide diapers for families, they assist families in meeting an immediate basic need. Our findings uniquely highlight that when the supplemental supplies of diapers are provided to families by CBO staff members familiar with individual families' lived experiences, the development of families' problem solving skills is enhanced through the staff members' awareness of the resources, strengths, and skills available to each family.

Providing diapers to clients is a gateway for low-income families to receive services from CBOs, thereby improving access to available resources per the vulnerable populations conceptual framework (Flaskerud & Winslow, 1998). The supplemental supply of diapers has the potential to reduce the poor health outcomes associated with diaper need when families are able to change children's diapers more frequently, thus decreasing the relative risk of poor health compared to families who do not suffer from diaper need.

Community-based organizations, nonprofit entities, schools, and other institutions serving low-income families with young children are encouraged to identify whether a diaper bank or other organization in the community exists to address diaper need, then to ask their clients about potential diaper need and make referrals. The National Diaper Bank Network (2016) provides tools and suggestions for identifying diaper banks and other organizations distributing diapers, as well as resources for communities committed to starting their own diaper bank. Amending state and local taxes (when applicable) to remove diapers from the list of taxable items can positively impact the budgets of agencies and individual households who purchase diapers (Weir, 2016). At the federal level, amending an existing policy such as the Public Health Service Act to include provisions for diaper demonstration programs would increase the number of families able to receive a supplemental supply of diapers.

This study has shown important organizational benefits of the partnership model for health promotion, particularly in terms of sustainability and maximization of resources. Funding for community-based diaper banks not only provides diapers needed for children's physical health and families' emotional well-being, but is also an investment in families' participation in other programs including but not limited to parenting education, early childhood education, financial literacy, job placement, and housing. Support for diaper banks is in turn support for families as parents enhance job skills, attend work or school, take steps towards living in their own homes, and gain financial independence. Increasing funding opportunities for community-based diaper banks from both public and private sources would provide additional low-income families a supplemental supply of diapers and enable entire communities to take steps towards addressing health, economic, and social disparities. Diaper banks are poised to provide a large return-on-investment when considering the long-term impact on families' health, economic outlook, emotional health, and abilities to participate in the workforce.

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None of the authors of this paper has a competing interest, financial or otherwise, in any of the programs or interventions included in this review.

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