

Diaper Need: Recommended Strategies for Addressing this Pervasive Public Health Concern

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Executive Summary

Diaper need – a family’s inability to afford enough diapers for their children – is experienced by over one-third of families with young children, and by over half of economically and socially disadvantaged families.¹⁻⁵

Diaper need can impair children’s health¹⁻³ and impede use of child care and parental employment.^{2,4} Numerous programs and policies seek to address diaper need, including local diaper banks, diaper vouchers, tax credits, and more flexible spending rules for government assistance programs. Passage of proposed legislation at the Massachusetts state level (House Bill 206) and federal level (End Diaper Need Act of 2021, HR259) would expand diaper distribution programs and access to clean

diapers. Additional legislative efforts are needed to increase low-income families’ financial resources to afford an adequate supply of diapers to support child health and education and family well-being.

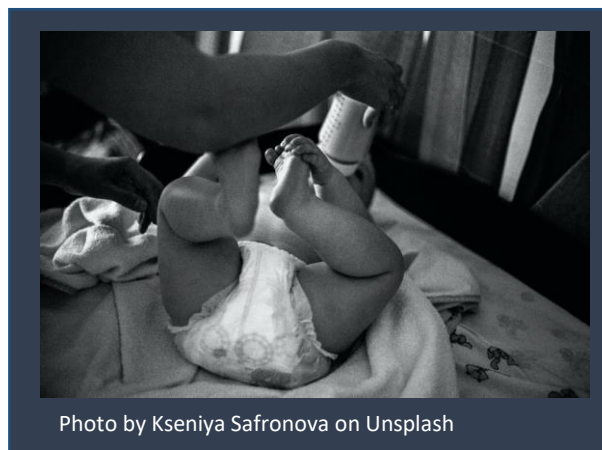


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Diaper Need Is Widespread Among Families with Young Children

Over one-third of Massachusetts families with children aged 0-4 report diaper need.⁵ This rate matches that found across the country, with diaper need reported in 34% to 36% of families with young children.^{1,6} Diaper need is most common among younger parents, those with lower incomes and limited education, and parents experiencing other hardships such as food insecurity, job loss, and mental health conditions.^{2,6,7} Among these groups, over 50% of parents report diaper need.⁵

Diaper costs can pose a significant financial burden for families, with costs approaching \$1,000 per child per year (see Diaper Cost Breakdown).⁸ Importantly, public support programs for

low-income families such as the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC) do not include diapers as eligible items for purchase.⁹ In addition, access to more affordable diapers is not equitable; many low-income families pay a higher price for diapers due to transportation and economic constraints which impose barriers to buying in bulk.³

Diaper Cost Breakdown		
	Per Month	Per Year
Infant	\$82	\$980
Toddler	\$70	\$836

Diaper Need Is Linked with Negative Health and Economic Outcomes

- Infrequent diaper changes can lead to diaper dermatitis – commonly referred to as diaper rash – and urinary tract infections.¹ Diaper rash accounts for one million pediatric visits per year,³ and can lead to more severe secondary infections requiring hospitalization.¹⁰ Diaper rash incurs \$4.3 million in medical expenses per year.⁴
- Because most child care and early education programs require parents to send their children with a sufficient supply of diapers, children with diaper need are less likely to participate in early care and education programs.² One recent study of families with diaper need found that 56% of working parents

using child care had missed work as a result of not having enough diapers, missing an average of four days of work per month.⁴

- Parents reporting diaper need exhibit significantly higher levels of depressive symptoms, mental health needs, and use of mental health services than parents who have adequate diaper access.⁷

Programs and Policies Can Help Alleviate Diaper Need

Diaper banks, run by nonprofit organizations, have sprouted up across the country to help fill a major gap in the social safety net. Over 220 diaper banks operate nationwide, serving close to 280,000 children each month.¹¹ One recent study from the Diaper Bank of Connecticut found that diaper rash declined 33% for families receiving supplies of clean diapers.⁴ In North Carolina, parents who used the diaper bank reported increased happiness, improved mood, and lessened economic stress due to the ability to divert cash resources to other basic needs.¹²

State and local policies are also targeting diaper need. In 2017, California passed the country's first state diaper voucher policy, which provided Temporary Assistance for Needy Family (TANF) recipients with children under age three an additional \$30 monthly diaper stipend per child.^{13,14} San Francisco recently expanded the eligibility criteria for its diaper bank program to any family who receives Medi-Cal coverage, doubling the number of eligible families.¹⁵

Temporary infusions of financial support during the COVID-19 pandemic also targeted diaper need. For example, the American Rescue Plan Act awarded the Maternal, Infant, and Early Childhood Home Visiting Program nearly \$40 million in additional funding to respond to the evolving needs of expectant parents and families with young children.¹⁶ One allowable target for these funds was the distribution of diapers via coordination between home visitors and local diaper banks. Coordination efforts have been highlighted by home visitors as a promising approach to help families meet a basic need while also building trust, parental engagement, and health literacy.¹⁷⁻¹⁹ The 2021 expansion in the Child Tax Credit (CTC) also provided additional support for low- and middle-income families, lowering child poverty rates by more than 40%.²⁰ Evidence showed that 91% of low-income households receiving pandemic supports used their monthly payments for basic household expenditures like diapers, food, and child care.²¹

Additional Policy Efforts are Needed to Bolster Promising Programs

Despite the implementation of local policies and programs, diaper need remains a pressing challenge for many families. Research estimates that only 0 to 16% of low-income children who experience diaper need receive assistance from a local diaper bank.²² In Massachusetts an estimated 9% of children with diaper need receive supplies from a diaper bank.²²

New legislative initiatives aim to better meet this need. In Massachusetts, House Bill 206 has been proposed to establish a diaper benefits pilot program for 12 sites across the state.²³ At the federal level, the End Diaper Need Act of 2021 (HR259) proposes to improve and expand access to diapers and related supplies through comprehensive services and the support of existing diaper distribution programs.²⁴ Both bills would provide funding to qualified community nonprofits to support the acquisition, storage, and distribution of diapers to low-income families with young children.

The extension of policies such as the expanded CTC,²⁵ adding diaper vouchers to TANF payments,^{13,14} altering rules to allow for diaper purchases through SNAP and WIC, and indexing programs for inflation²⁶ would all increase low-income families' financial resources, increasing their ability to afford diapers and other basic necessities. Such a multi-pronged legislative strategy may be the best approach to attack the pressing problem of diaper need in Massachusetts and across the U.S., interrupting the detrimental repercussions that unmet diaper need has for both children's health and family wellbeing.

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