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Diapers at the Doctors: A Qualitative Study of Socioeconomic Needs and Diaper Insecurity

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Abstract:

This study aimed to explore the perspectives of participants enrolled in a clinic-based diaper distribution program (Diapers at the Doctor) and to assess the impact of the program on their overall well-being and socioeconomic needs. The methods of this study consisted of in person interviews conducted in both English and Spanish. There were a total of 27 participants. The interview transcripts were coded and a thematic analysis was created by the research team. The findings indicate that programs such as Diapers at the Doctor (DATD) can serve as a crucial intervention to address broader socioeconomic needs, reducing the burden on families and improving overall quality of life. The results emphasize the success of this program and other similar interventions as well as the need for policy change and further research.

Introduction:

Diapers are an unavoidable expense facing every parent in the United States. In the US, the average cost of diapers in 2023 ranged from 20 to 30 cents per diaper and the cost of diapers has increased by five dollars per package since 2019 (Keshirim, 2023).-According to new data from the National Diaper Bank Network (2023), 50% of American families suffer from diaper insecurity, meaning that families lack a sufficient and reliable supply of diapers to keep an infant or toddler clean, dry, and healthy. Unmet diaper needs are linked to elevated stress levels in families who are already facing the significant challenge of covering basic expenses such as food, clothing, and housing (Belarmino et al., 2022). This additional burden exacerbates their overall financial strain and contributes to a heightened sense of anxiety and pressure as they strive to provide essential necessities for their children (Smith et al., 2013).

For families living in poverty, the expense of providing diapers for a child can lead to substantial financial and emotional stress (Shaffer et al., 2022). Unlike food, diapers are not covered by any federal in-kind assistance programs, necessitating that they be purchased with limited cash resources (Belarmino, et al., 2021). Without sufficient diapers, the child may experience health conditions such as diaper dermatitis, urinary tract infections, and other kinds of infections. In addition to these health conditions, parents often experience poor mental health (Smith et al., 2013).

Diaper need represents a significant form of material hardship that profoundly impacts families with young children. Despite its severity, it remains unaddressed by existing U.S. antipoverty programs and has garnered minimal public or scientific attention (Belarmino, et al., 2021). In a study conducted by Messengale and colleagues (2019), researchers compared the number of children aged 0-4 years in a household living at or below the poverty line with the number of children served by diaper banks by state. This study found that only a small percentage of households were able to benefit from the diaper bank programs and this was in part attributable to things such as lack of transportation, small supply, and diaper bank donations (Messengale et al., 2019).

Diaper insecurity is often accompanied by additional insecurities for families such as food insecurity, childcare, rent and utilities, clothes and shoes, and hygiene products. In 2018, 14.3% of American households with children aged 0–5 years experienced food insecurity at some point during the preceding year. Additionally, in 6.7% of these households, at least one child faced food insecurity (Coleman-Jensen et al., 2019).

Pediatric clinic-based diaper programs work to fill this gap, addressing diaper insecurity and various other socioeconomic challenges facing children and their caregivers. These programs

provide a vital support system within the community, ensuring that families have a reliable resource to turn to for help with essential needs (Messengale et al., 2019). By being conveniently located within pediatric clinics, they leverage the frequent visits families make for medical care, thereby offering timely assistance and fostering a supportive environment that addresses broader issues related to child and family welfare (Messengale et al., 2020). Despite these benefits,

Most diaper banks are non--profit organizations and are funded solely through donation (Messengale et al., 2020). California stands out as the only state that provides financial assistance for diapers through an antipoverty initiative, The Temporary Assistance Program for Needy Families, which directs families to an eligible diaper bank program (Messengale et al., 2019). Unfortunately this program does not give enough to provide the necessary amount needed for even one diaper-aged child (Institute for research on poverty).

Excise taxes add to the financial strain of families with young children, exacerbating existing disparities in diaper access. As of January 2020, 36 states imposed a sales tax on diapers, ranging from 2.5% to 7% (Randles, 2022). These taxes disproportionately impact low-income families, who already struggle to meet basic needs. Reducing or eliminating the sales tax on diapers could provide significant financial relief and improve access to essential hygiene products for these vulnerable families. Financial need among low-income families is an escalating issue, further intensified by the effects of COVID-19 (Sharma et al., 2020).

There is sparse research on diaper insecurity and how it may present other insecurities within families in the US leaving room for a multitude of gaps in the literature available. That said, the Diapers at the Doctor program at Gardner Packard Children's Health Center (Gardner Packard) offers one example of an effective paradigm to support diaper access. In 2020, Gardner Packard Children's Health Center (Gardner Packard) launched a free clinic-based diaper

distribution program. The program known as Diapers at the Doctor grew out of a pilot program funded by the Government and Community Relations Department at Packard Children's Hospital in 2017 that identified clinic families facing diaper needs. The current program is available to patients at Gardner Packard clinic of diaper wearing age.

This research proposal assesses the unmet socioeconomic needs of caregivers participating in Diapers at the Doctor, working to identify additional socioeconomic inequities participants face when accessing community and public resources and establish how a clinic-based diaper program can provide socioeconomic support beyond diapers.

Methods

Setting

Based in a pediatric clinic at a suburban FQHC in Northern California, Diapers at the Doctor offers caregivers a one-month supply of diapers for each diaper-wearing child (approximately 200 diapers). To participate, children must be active patients at the clinic. Caregivers learn about the program through their child's pediatrician, flier advertisements posted in clinic rooms, and clinic text messages. If caregivers are interested in receiving diapers, they are encouraged to attend a diaper distribution day in the clinic where they are given paperwork that registers them into the diaper program and guarantees them monthly diaper distributions.

Sample and Data Collection

Between April and August of 2023, caregivers of children enrolled in the program were invited to participate in a voluntary, confidential interview. The interviews explored the caregivers' perceptions of the program's impact on diaper insecurity, maternal and child health, and other social and economic outcomes. Interviews were conducted by the research team in person. Participants were approached during diaper distribution and asked if they would like to

participate in the interviews. Information sheets, consent forms, and detailed explanations of the interview and the study were provided to each participant beforehand.

Interview sessions consisted of semi-structured 10-to-20-minute qualitative interviews. Conducted in person, the interviews were available in English or Spanish. Participants were assured that their responses would not affect their participation in the program. The interviews were audio recorded and manually transcribed using Sonix AI transcription software, with all transcripts reviewed for accuracy.

IRB Approval

The study received approval from the institutional review board of Stanford University.

Outcome Variables

Perception of diaper insecurity. This can be defined as families struggling to afford enough diapers for their child to maintain health and wellness of the child and caregiver (Laguerre, 2024), with changes assessed before and after participation in the diaper program.

Maternal and child health. Evaluated through caregivers' perception of their own health and their children's health. Maternal and child health is a critical aspect of public health that focuses on the well-being of mothers and their children. It encompasses a wide range of health issues, from preconception through pregnancy, childbirth, postpartum, and early childhood. The health and well-being of mothers and children are closely interconnected, with each influencing the other's health outcomes (Pratley, 2016). In relation to diaper insecurity, the health and well-being of a child due to lack of diapers can directly impact the health and well-being of the

caregiver. Through participant interviews, it is observed how each caregiver perceives their own maternal and child health based on diaper supply.

Economic outcomes. Measured by the impact on household finances and employment stability or changes. Economic outcomes in the context of maternal and child health are crucial indicators that reflect the financial stability and well-being of families. These outcomes are primarily measured by assessing the impact on household finances, employment stability, and any changes in economic conditions that may result from health-related events (Lau, 2017). Participants reflected on the economic impact they experienced as a result of receiving diaper donations.

Unmet socioeconomic needs. These variables are identified, focusing on specific areas from participants such as housing, food security, and healthcare access. This refers to the essential services and supports that families require but do not have adequate access to. These needs include fundamental resources necessary for a decent quality of life. Unmet socioeconomic needs as an outcome variable involves assessing how the provision of diapers affects the broader socioeconomic conditions of the recipient families.

Explanatory Variables

Demographic information in this study covers race/ethnicity, language, employment status, education level, and household status.

Data Analysis

The research team individually reviewed the initial transcripts to develop a preliminary codebook (Fonteyn, 2008). This codebook was then applied to additional transcripts and refined

through an iterative consensus process until it was stable and comprehensive. The remaining transcripts were coded using Dedoose, a qualitative data analysis software that aids in organizing and retrieving thematically related data (Dedoose, 2018). An initial interrater reliability test showed a Cohen's kappa score above 0.7 among all coding team members. Once the codebook was finalized, a second interrater reliability test also yielded a score above 0.7, confirming that no code drift occurred (Burla, 2008). Team members conducted theme analysis through an iterative process that involved systematically examining and discussing codes using Dedoose (Fereday, 2006). This study adheres to the standards for reporting qualitative research findings (O'Brien et al., 2014).

Results

Sample Description

Within this study twenty-seven caregivers participated in in-person interviews. Among these participants 6 identified as White, 21 identified as Latino/Hispanic, 3 identified as Asian, and 1 identified as Native Hawaiian/Pacific Islander. Among the participants, 15% (4) are employed, while 85% (23) are unemployed. Regarding education, 15% (4) have no schooling, 19% (5) have some high school education or less, 37% (10) have a high school diploma or GED, 19% (5) have some college education, and 11% (3) hold a bachelor's or graduate degree. Household status is divided into two-parent (adult) led households, representing 59% (16) of participants, and single-parent (adult) led households, representing 41% (11). Language preferences indicate that 70% (19) speak English, and 30% (8) speak Spanish. (Table 1)

Key Findings

The discussion of key findings from the analysis reveals several important insights. Diaper needs among low-income families are closely linked with other unmet basic social needs. Caregivers encounter numerous barriers while trying to support their families, highlighting the necessity for programs like DATD to offer additional resources and facilitate connections with other agencies. Families seeking assistance stressed the importance of easy access, short waitlists, and the need to feel heard and understood. Moreover, language barriers among Spanish-speaking families can significantly limit caregivers' access to and opportunities for obtaining resources that address their social needs.

Theme Analysis (Table 2)

Theme 1: High Levels of Unmet Social Needs and Resources in Addition to Diaper

Insecurity. During interviews, caregivers revealed that their socioeconomic needs extended far beyond just diaper insecurity. Many participants highlighted the struggle to secure essential items and services such as food, childcare, health insurance, rent, clothing, shoes, and hygiene products. Multiple caregivers mentioned that they often had to make difficult trade-offs, such as choosing between paying rent and buying school supplies for their children. Food insecurity was a recurring theme. One caregiver shared, “We just go for less protein and more carbs and things like that, basically. That costs less” (ID 300).

Caregivers described the difficulty of accessing medical care, noting, “With[out] the health insurance, because we [caregivers] don’t have a doctor, it’s very hard to visit a doctor for the adults in the family. Not the kids—the kids have Medi-Cal” (ID 337). Medi-Cal provides some relief for children's medical needs, but adults often went without necessary care due to lack of insurance or inability to afford out-of-pocket costs. These narratives illustrated a complex web of

interconnected challenges, where alleviating one pressure point often meant exacerbating another.

In addition to discussing their immediate needs, caregivers also expressed their thoughts on additional programs that would benefit their families and help maintain their children's health. Resources they mentioned included food assistance, language support, clothing, and hygiene products. Reflecting on these needs, one participant stated,

“I would like food, of course, because right now there is a shortage of food [in our household], also because work is going down a lot, and food [resources] is also going down, and now it is not like before, they [food bank/core agencies] used to give milk, vegetables, things like that, now they are not giving that anymore” (ID 327).

Language support was another frequently mentioned need, particularly given the large Spanish-speaking population. One participant emphasized the importance of this resource, saying, “My English is really bad, so more Spanish speakers, more Spanish worksheets and translations. Like that’s really helpful for families that are struggling.” (ID 169). This necessity was underscored repeatedly by caregivers who struggled with language barriers.

In addition to these needs, participants requested various supportive resources, including feminine products, wipes, body wash, and a hand-me-down clothing exchange. The caregivers' suggestions illustrated a broad range of needs that, if met, could significantly improve their quality of life and ease the burden of caring for their families. These comprehensive insights reflect the multifaceted challenges faced by low-income families and underscore the need for holistic support programs that address a wide array of socioeconomic needs.

Theme 2: Barriers to accessing basic social needs. Caregivers highlighted numerous barriers to accessing essential needs such as food resources, childcare, housing, and others. When accessing these resources they described lack of support, long waitlists to receive services and resources, and language barriers. One participant poignantly shared her struggles with navigating support systems: “It’s so hard in the system to qualify for things, because you know I want to apply for low-income housing. The waiting list is more than 3 years” (ID 337). This sentiment was echoed by many others who faced extensive waitlists and strict qualifications for various low-income resources, such as diaper programs, food banks, and childcare services. Language barriers were a particularly significant issue within this community, where many caregivers spoke little to no English. This barrier often prevented them from effectively communicating their needs and accessing available resources. One participant emphasized the challenge: “So [my] English is really bad, so more Spanish speakers, more Spanish worksheets and translations. Like that’s really helpful for other families that are struggling, you know” (ID 169). The lack of language support made it difficult for caregivers to understand and navigate the system, leaving them feeling isolated and unsupported. The caregivers’ stories underscored the necessity for more accessible, streamlined, and culturally sensitive support systems that truly address the diverse needs of the community. By understanding and addressing these barriers, policymakers and service providers can create more effective and equitable support structures that ease the burden on families and help them achieve a better quality of life.

Theme 3: Participants expressed frustration with government assistance programs. Caregivers voiced significant frustration when discussing government assistance programs and their stringent qualification requirements. One participant summarized the problem: “So basically there are like no resources for low-income childcare, or you qualify for them, but they can’t give

them to you because they don't actually have the resources. I qualify for subsidized care, but there are no funds from the county to subsidize my care." (ID 248). This comment reflects a widespread issue where families meet the eligibility criteria for assistance programs but are unable to receive the promised resources due to funding shortages. In addition to the scarcity of resources, many families reported difficulties even qualifying for these programs. The bureaucratic hurdles can be overwhelming. One caregiver shared her experience: "Yeah, because if we were to go to any agent or any place it's very hard, because they ask you for so many things to qualify, you know" (ID 337). The lack of necessary paperwork is also a common barrier. Many caregivers do not have the required documentation to access the assistance offered by the government. Furthermore, the process of completing the paperwork can be both lengthy and complex.

Discussion

This study explored the perspectives of participants enrolled in a clinic-based diaper distribution program and to assess the impact of the program on overall well-being. I found that the benefits of receiving a month's supply of diapers extended far beyond the monetary value of the diapers themselves. Participants reported that the program had a positive impact on diaper security, health, and various social outcomes. Families highlighted the importance of the provision of diapers, expressing deep appreciation for the significant cost savings and the relief it brought to their lives. This study underscores the substantial public health impact of implementing a clinic-based diaper distribution program to address diaper needs among low-income families. By providing a reliable supply of diapers, the program not only alleviates financial stress but also promotes better health outcomes and social well-being for both children and caregivers. Financially, consistent access to diapers means that caregivers can reallocate

funds to other pressing needs such as food, rent, and healthcare. This financial relief helps stabilize household budgets, reducing the frequency of difficult trade-offs that caregivers must make. The emotional benefits for caregivers are substantial. Knowing that they have a reliable source of diapers significantly reduces the anxiety and stress associated with diaper needs.

The findings indicate that such programs can serve as a crucial intervention to address broader socioeconomic needs, reducing the burden on families and improving overall quality of life. By demonstrating the multifaceted benefits of a clinic-based diaper distribution program, this study highlights a practical and impactful approach to improving public health among vulnerable populations. Implementing such programs can lead to a ripple effect, where addressing a basic need like diaper security sets the stage for broader socioeconomic improvements and better health outcomes (Messenger et al. 2017).

This study indicates that providing diapers through a clinic-based diaper distribution program is a highly beneficial strategy for addressing diaper needs among low-income families. This approach improves access to essential supplies, removes stigma, and leads to significant cost savings, thereby enhancing the physical and emotional well-being of both children and caregivers. Additionally, such partnerships can strengthen the relationship between healthcare providers and families, empowering participants in the process. By integrating diaper distribution conversations with routine healthcare visits, providers can consider the broader socioeconomic factors shaping a patient's health. This holistic approach encourages healthcare providers to look beyond immediate medical needs and address underlying social determinants of health.

This study marks a first step. While these findings align with prior research on federal assistance programs, which has explored the barriers to participation and retention (Liu et al.,

2016; Davis et al., 2022), more research is needed to explore how receiving diapers and other forms of material support might incentivize parents or caregivers and impact clinical relationships. Since families experiencing diaper need often face multiple hardships, the clinic-based diaper distribution model could serve as a template for other partnerships aimed at improving child and maternal health (Murphy et al. 2021). This model could also be instrumental in developing strategies to provide additional forms of assistance, such as hygiene products including toothpaste, soap, and sanitary napkins, which are not covered under state or federal supplementary food or assistance programs.

Limitations

This study includes several limitations. Firstly, the study was conducted during the coronavirus pandemic, which affected the degree of hardship experienced by participants. Nonetheless, interviews were conducted over four months, capturing a diverse range of experiences related to the pandemic. Secondly, there may have been underreporting of the utilization of other programs, participants were informed beforehand that their responses would not impact their participation in the diaper program. Thirdly, the study population was predominantly Hispanic, reflecting the clinic's demographic; and to capture a broad range of perspectives, interviews were conducted in both English and Spanish. More work is needed to explore potential impacts across more diverse racial/ethnic groups. Lastly, the program was conducted at a single Federally Qualified Health Center (FQHC) in Northern California, which may limit the generalizability of the findings to other regions.

Implications

This study provides concrete and actionable implications within research, policy, and programmatic next steps. Future research on this topic should expand the scope to include multiple clinics across diverse geographic and demographic settings to assess the generalizability of the findings. Future implementations should also include conducting longitudinal studies to evaluate the long-term impacts of diaper distribution programs on child health, caregiver well-being, and economic stability. Additionally, researchers might consider a comparative analysis where researchers compare the outcomes of clinic-based diaper distribution programs with other types of assistance programs to determine the most effective models for addressing diaper need and related socioeconomic issues. Diaper programs should work to expand clinic-based diaper distribution programs to include other essential items such as hygiene products, clothing, and food to address a broader range of needs. As well as establishing robust data collection and evaluation processes to continuously assess the program's effectiveness and make data-driven improvements.

Important policy implications also emerge from this work. Informing policymakers about the critical need for such programs and encouraging the development of policies that integrate diaper support with other forms of assistance (e.g., food and housing support) (Randles 2022). The study's findings can be used to advocate for increased funding and support for diaper distribution programs at local, state, and federal levels. Additionally, by highlighting the financial strain that taxes on diapers place on low-income families, the study can support legislative efforts to eliminate these taxes. Reducing or removing diaper taxes would alleviate some of the economic burden on struggling families, making essential childcare products more accessible and affordable. This dual approach of increasing program support and addressing tax

policies can significantly enhance the well-being of families and contribute to better health outcomes for children and caregivers.

By achieving these impacts and setting up these next steps, the study can contribute to a more holistic approach to addressing diaper insecurity and related socioeconomic challenges, ultimately enhancing the well-being of low-income families and communities.

Conclusion

This study highlights the significant impact of the clinic-based diaper distribution program, Diapers at the Doctor, on addressing diaper insecurity and broader socioeconomic needs among low-income families. By alleviating the financial burden associated with purchasing diapers, the program not only improved the physical health and well-being of children but also provided emotional relief to caregivers. The findings suggest that such programs can serve as a crucial intervention, reducing stress and enabling caregivers to allocate resources to other essential needs.

The program's success underscores the potential of similar initiatives to act as a comprehensive support system, addressing multiple facets of socioeconomic hardship. By integrating diaper distribution into healthcare settings, these programs can strengthen the relationship between healthcare providers and families, fostering a holistic approach to patient care. This model could also inspire further initiatives that include additional forms of assistance, such as hygiene products, thereby addressing a broader range of needs and improving overall quality of life.

Policy implications from this study include advocating for increased funding and support for diaper distribution programs at all levels of government. Additionally, the study highlights

the need for legislative action to eliminate diaper taxes, which disproportionately affect low-income families. By addressing these issues, policymakers can help create a more equitable system that supports the health and well-being of all families, regardless of income. This comprehensive approach can significantly enhance the quality of life for vulnerable populations and promote better health outcomes for both children and caregivers.

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Appendix

Table 1 Demographics

Patient Demographics	Characteristics	Number of Participants
Language	English	20
	Spanish	9
Number of Children in House/ Apartment	1	8
	2	9
	3	6
	4	1
	5	0
	6	1
Number of Adults in House/ Apartment	1	4
	2	13
	3	4
	4	3
	5	0
	6	1
Ethnicity	Latinx/Hispanic	21
	White	6
	Black/ African American	0
	Asian	3
	American Indian/ Alaska Native	0
	Native Hawaiian/ Pacific Islander	1

	Other	0
Description of Household	Two-Parent Household	16
	Single Parent Household	11
	Grandparent Led Household	0
	Other Legal Guardian Household	0
Highest Level of School in Household	No Schooling Completed	4
	Less than High School	6
	High School Degree or GED	11
	Some College but no degree	3
	Bachelor Degree	1
	Graduate Degree	4
Currently Employed	Yes	4
	No	23
	Don't Know	0

Table 2 Thematic analysis

Themes:	Quotes:		
Theme 1: Caregivers recognized unmet social needs and resources in addition to diaper insecurity.	Childcare: “Childcare is pretty complicated and [the agency] like couldn’t help out a whole lot and that’s challenging.” (ID 248)	Supportive Resources: “More wipes...[and] feminine products are great when you guys have them.” (ID 300)	Rent & Utilities: “I mean here rent is really expensive and they don’t pay more than the minimum wage. So, if you don’t have a diploma or work in tech it’s really hard to live here.” (ID 169)
Theme 2: Families perceived barriers to accessing basic social needs as a burden.	Lack of support: “I feel like if you don’t have somebody there to navigate you then you can never get the resources.” (ID 328)	Long Wait List: “But I feel it’s so hard in the system to qualify for things, because you know I want to apply for low income housing. The waiting list is more than 3 years.” (ID 337)	Language Barriers: “So, [my] English is really bad, so more Spanish speakers, more Spanish worksheets and translations. Like that’s really helpful for other families that are struggling, you know” (ID 169)
Theme 3: Participants expressed frustration with government assistance programs.	Feelings of Frustration: “So basically, there are no resources for low-income childcare, or you qualify for them, but they can’t give them to you because they don’t have the resources. Like I qualify for subsidized care, but there are no funds from the country to subsidize my care” (ID 248)	“Yeah, because if we were to go to any agent or any place it’s very hard, because they ask you for so many things to qualify, you know” (ID 337)	