

ACEs

Adverse Childhood
Experiences/Trauma

Diaper Insecurity Screening Toolkit

MaineHealth

www.mainehealth.org/aces

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Diaper Insecurity Screening Toolkit

This toolkit offers a standard set of strategies and tools designed for all members of the care team. It is intended to help your practice improve care through early identification of diaper insecurity and includes a quick start guide, screening schedule and workflows.

- 1. Diaper Insecurity Quick Start Guide & Scoring**
- 2. Screening Schedule**
- 3. Workflow**
- 4. Screeners**



DIAPER INSECURITY MINI TOOLKIT

Quick Start Guide & Scoring

What is diaper insecurity?

Diaper need is a form of material hardship that negatively effects families with young children.

Why is screening for diaper insecurity important?

Diapers are a product fundamental to child health yet SNAP benefits, WIC nor Medicaid devote resources to diapers. Low-income families often have to allocate limited resources that otherwise could be spent on nutritious food, housing, utilities, and transportation to diapers.

- Diaper Insecurity is common: A recent statewide study in Vermont demonstrated high rates of diaper insecurity (32.6%) for families that participated in SNAP and WIC. In addition, diaper insecurity was highly associated with the risk of concurrent food insecurity.¹
- The cost of diapers for low income families is a significant source of stress. The average cost of diapers is approximately \$1000 per child per year. Low-income families spend up to 13.9% of their household income on diapers.²
- Children in families facing diaper insecurity are at greater risk to develop diaper rashes and urinary tract infections.³
- Diaper need is a stronger predictor of stress for mothers than even indicators such as neighborhood crime and food insecurity. It is also an independent risk factor for postpartum depression.⁴
- Children who may be eligible for early intervention services may not be able to participate because many facilities require up to a 2-week supply of diapers.
- Strategies parents employ in the setting of diaper insecurity: diapering babies in t-shirts, bleaching used diapers to sterilize them, rinsing dirty diapers, leaving children in diapers longer, turning them inside out, using the wrong size diaper, early toilet training.⁵

The MaineHealth Diaper Insecurity question was developed and piloted at the MMC Pediatric Clinic. The question was developed to align with The Hunger Vital Sign™ two question food insecurity screening tool. During the 2020-21 pilot-phase the MMC Pediatric Clinic reported twice the rate of diaper insecurity relative to food insecurity.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

Never True Sometimes True Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

Never True Sometimes True Often True

Within the past 12 months, we worried about how to pay for diapers.

Never True Sometimes True Often True

Scoring

If the response is “often true” or “sometimes true” to **either or both statements**, this is a **positive** screen.

¹. Emily Belarmino, Amy Malinowski, Karen Flynn, *Preventative Medicine reports Volume 22, June 2021, 101332 Diaper need is associated with risk for food insecurity in a statewide sample of participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*

². Emily Badger, Juliet Eilperin. *The cruelest thing about buying diapers.* Washington Post March 14, 2016.

³. Adalat, S., Wall, D., & Goodyear, H. (2007). *Diaper dermatitis-frequency and contributory factors in hospital attending children.* *Pediatric Dermatology*, 24(5), 483-488

⁴. Smith, M. V., Kruse, A., Weir, A., & Goldblum, J. (2013). *Diaper need and its impact on child health.* *Pediatrics*, 132(2), 253–259. <http://dx.doi.org/10.1542/peds.2013-0597>.

⁵. Waxman, E., Santos, R., Daley, K., Fiese, B., Koester, B., & Knowles, E. (2013). *In short supply: American families struggle to secure everyday essentials* (Report by Feeding America)

Tips for diaper insecurity screening

1. Team Preparedness

- Provide necessary training to the team
- Review workflow as a team
- Review EPIC dot phrases and documentation
- Order laminated screeners from MH
- Prepare screeners by age at the front desk
- Set a go-live date

Workflow:

- PSR staff distribute laminated questionnaire at front desk
- Clinical rooming staff: enter dot phrase(.DIAPERINSECURITY) in visit note and enters screening results from laminated questionnaire
Within the past 12 months, we worried about how to pay for diapers: {diaper insecurity choices:42582}.

Action: {diaperinsecurityactions:44212}
If no diaper insecurity clinical rooming staff pick N/A under Action
- Provider: If positive diaper insecurity the provider completes the Action choices

2. Introduce the questions in a discreet and respectful manner:

- Ask the parent/caregiver to complete the diaper insecurity question on a de-identified handed-out form. The questionnaire is designed with trauma-informed language and has been found to elicit a higher rate of positive screenings than asking the questions verbally.
- Discuss with families that the questions are confidential, voluntary and given to ALL families at well-child visits.
- Offer assistance when needed and thank the parent/caregiver for completing the questions.
- Be mindful that parents/caregivers may be reluctant to talk about diaper insecurity in front of their children and may experience shame or embarrassment.
- Presenting the question as a health intervention can help build trust with the parent/caregiver.

3. Continue the dialogue:

- Use the trauma-informed concepts of respectful listening and choice to develop a collaborative plan with the parents/caregiver.
- It is important to note that a family with diaper insecurity may have other Social Determinants of Health (SDOH) needs such as housing, transportation and food insecurity. Documenting the SDOH needs in the electronic medical record (EMR) will improve care for the family.

3. Supporting Families: Here are some next steps and diaper insecurity resources to share with families:

- **Referral to the MaineHealth Patient Assistance Line (PAL).** The Patient Assistance Line is available to help all patients within MaineHealth's network of care connect with community resources.
- **Community resources:**
 - Utilize Find Help to search diaper resources near the patient's zip code.
- **Distribute emergency diapers:** Determine in-office storage space and have diaper packs on-site to distribute to families as needed. Give families the choice if they would like to receive diaper packs.
- **Diaper ordering and budgeting Tips:** Work with your practice leadership to determine available funds to support diaper purchasing. Order diaper packages, for an estimated annual cost of between \$150 to \$360, to have onsite via the MaineHealth Supply Chain.

Diapers: The order number and cost per package are as follows:

o	New Born Huggies	# 944293	cost 0.2458 dollars per package	24 per package
o	Size 1 diaper	# 944292	cost 0.2050 dollars per package	20 per package
o	Size 3 diaper	# 978417	cost 0.5775 dollars per package	25 per package
o	Size 4 diaper	# 978165	cost 0.5075 dollars per package	22 per package
o	Size 6 diaper	# 978417	cost 0.8250 dollars per package	16 per package

Diaper Wipes: The order number and cost per package are as follows:

o	Pampers Wipes	# 945771	cost 2.8200 dollars per case	12 per case 36 per package
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Please note: Place your order based on diaper size as the Lawson order numbers may be different based on your location.

Recommended cost centers/accounts to utilize include the following:

Acct Number	Strata Expense	Financial Category
63100	Supplies- Med Noncharge	Medical Supplies
63110	Supplies- Misc Med	Medical Supplies
67469	Miscellaneous	Other

Screening Schedule for Well Child Visits

	Trauma/ Food/EPDS/ Diaper	Trauma/ Food/ Diaper	SWYC	MCHAT	Trauma/ Food/ACEs	Trauma- CRAFFT- PHQ2-ACEs	Food Insecurity	5210
3-5 Days	X							
2-4 Weeks	X							
2 Months	X							
4 Months	X							
6 Months	X							
9 Months			X					
12 Months		X						
15 Months			X					
18 Months		X		X				
24 Months		X		X				X
30 Months			X					
3-5 Years					X			X
6-11 Years					X			X
12-21 Years *						X **	X	X *

* For ages 12-21 hand Trauma-CRAFFT-PHQ-ACEs and 5210 questionnaires directly to the patient. Explain that the questions are designed to be completed confidentially (without parent input).

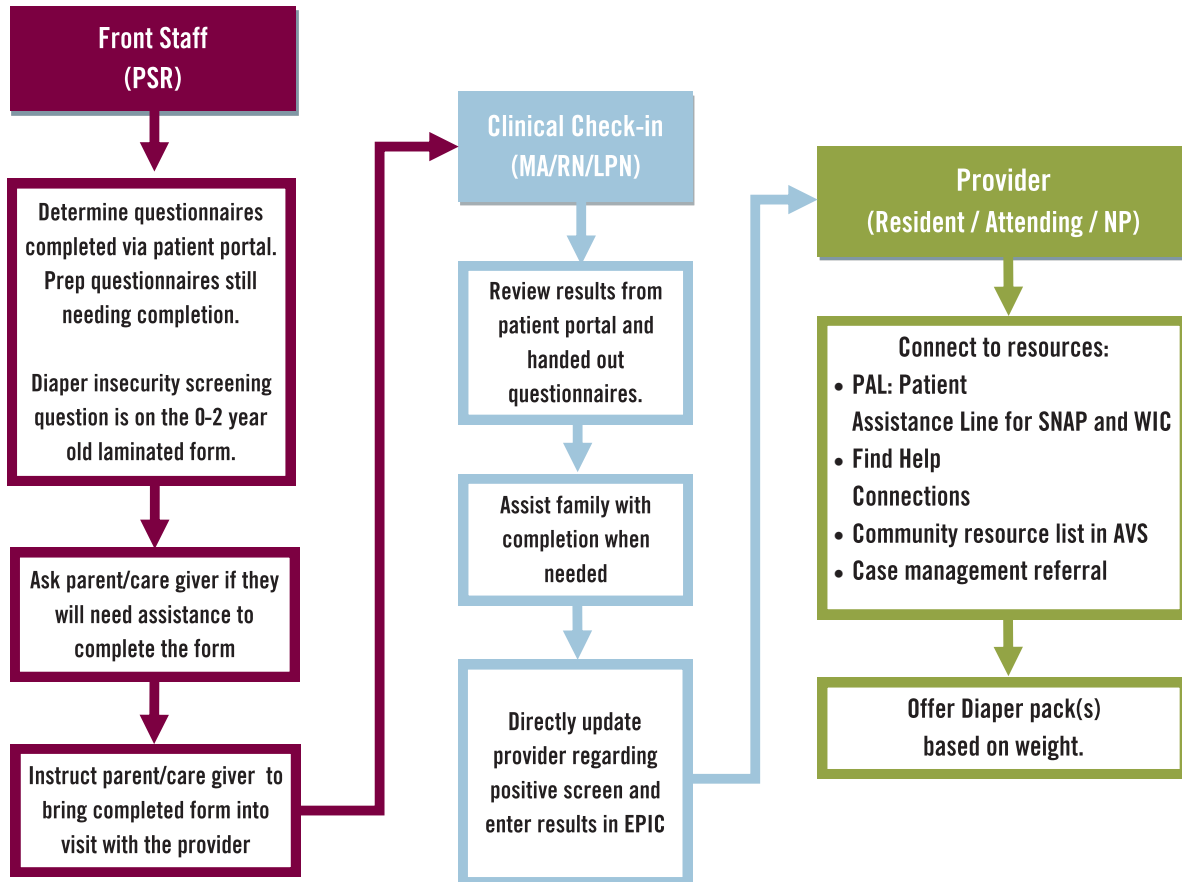
**For ages 12-21 hand Food Insecurity Screener to the parent/caregiver. If no parent/caregiver is present, give to patient.

MyChart questionnaires are available for parents and patients ages 0-11 years old. Patients and families will have the ability to fill out the questionnaires confidentially prior to meeting with their care team at well-child visits. Available screeners include: ACEs Questionnaire, Trauma, PTSD-Ri, Food Insecurity, SWYC and MCHAT and align with the above schedule.

Parent/Patient Questions

Diaper Insecurity

Well-Child Visit Workflow



Parent Questions for Children Ages 0 through 8 months

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

Never True Sometimes True Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

Never True Sometimes True Often True

Within the past 12 months, we worried about how to pay for diapers.

Never True Sometimes True Often True

Has anyone **hurt or frightened** you or your child recently or in the last year? Yes No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? Yes No

Please complete both sides of this form.

EMOTIONAL CHANGES WITH A NEW BABY

Since you have a new baby in your family, we would like to know how you are feeling now. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

1. I have been able to laugh and see the funny side of things

- Ⓒ As much as I always could Ⓐ Not quite so much now Ⓑ Definitely not so much now Ⓓ Not at all

2. I have looked forward with enjoyment to things

- Ⓒ As much as I ever did Ⓐ Rather less than I used to Ⓑ Definitely less than I used to Ⓓ Hardly at all

3. I have blamed myself unnecessarily when things went wrong*

- Ⓒ Yes, most of the time Ⓑ Yes, some of the time Ⓐ Not very often Ⓓ No, never

4. I have been anxious or worried for no good reason

- Ⓒ No, not at all Ⓐ Hardly ever Ⓑ Yes, sometimes Ⓓ Yes, very often

5. I have felt scared or panicky for no good reason*

- Ⓒ Yes, quite a lot Ⓑ Yes, sometimes Ⓐ No, not much Ⓓ No, not at all

6. Things have been getting on top of me*

- Ⓒ Yes, most of the time I haven't been able to cope at all Ⓑ Yes, sometimes I haven't been coping as well as usual Ⓐ No, most of the time I have coped quite well Ⓓ No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping*

- Ⓒ Yes, most of the time Ⓑ Yes, quite often Ⓐ Not very often Ⓓ No, not at all

8. I have felt sad or miserable*

- Ⓒ Yes, most of the time Ⓑ Yes, quite often Ⓐ Not very often Ⓓ No, not at all

9. I have been so unhappy that I have been crying*

- Ⓒ Yes, most of the time Ⓑ Yes, quite often Ⓐ Only occasionally Ⓓ No, never

10. The thought of harming myself has occurred to me*

- Ⓒ Yes, quite often Ⓑ Sometimes Ⓐ Hardly ever Ⓓ Never

Please complete both sides of this form.

Please note, the * is there to notify you of a change in the scoring scale.

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786

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Parent Questions for Children Ages 9 months through 2 years

Stressful events like trouble getting food, violence, or loss are common and can affect your child's health and development. To provide the best care, we ask all families about their experiences. You can choose to answer these or not.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

Never True Sometimes True Often True

Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.

Never True Sometimes True Often True

Within the past 12 months, we worried about how to pay for diapers.

Never True Sometimes True Often True

Has anyone **hurt or frightened** you or your child recently or in the last year? Yes No

Has anything **bad, sad, or scary** happened to you or your child recently or in the last year? Yes No

If you answered yes to either of the last two questions, please consider filling out the back of the form.

Parent Report of Child Symptoms

1. When something reminds my child of what happened, he or she gets very upset, scared or sad.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
2. My child has upsetting thoughts, pictures, or sounds of what happened come into his or her mind when he or she does not want them to.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
3. My child feels grouchy, angry or sad.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
4. My child tries to stay away from people, places, or things that make him or her remember what happened.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
5. My child is more aggressive (hitting, biting, kicking or breaking things) since this happened.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2
6. My child has trouble going to sleep or wakes up often during the night.	Hardly ever <input type="checkbox"/> 0	Sometimes <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2