

Addressing Diaper Need: Innovative Solutions to Improve Health and Wellness

The Council on Medical Assistance Program Oversight, **Medical Assistance Program Oversight Council (MAPOC)**,
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The Diaper Bank of Connecticut **Model**



Connecticut: Leading the Way

- CT -1st state to have line item in state budget for diapers in 2007.
- Emergency supply 2010 TANF ARRA
- Sales tax on diapers and period supplies: passed 2016 enacted 2018
- 1st Economic Analysis of diaper bank in the country 2018
- ***26 million diapers distributed***



How something so small can have such a large impact

Overall Health

- Severe diaper rash leading to eczema and possible urinary tract infections.
- Education for Children
 - Early Childhood Centers will not take children without an accompanying supply of diapers.
- Jobs and Education for Parents
 - Parents without access to daycare centers are prevented from training and entering the workforce.



ELEVATE

A POLICY LAB TO ELEVATE MENTAL HEALTH AND DISRUPT POVERTY

Diaper Need Science to Policy



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Diaper Need and Its Impact on Child Health

Megan V. Smith, Anna Kruse, Alison Weir and Joanne Goldblum
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The online version of this article, along with updated information and services, is located on the World Wide Web at:
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Low-income families in America spend **twice as much** as some families that have access to bulk-buying options for diapers.

Let's make diapers more accessible and affordable for everyone.

Wh.gov/DiaperGap



Why Diapers Matter

**Without Diapers — Babies Cannot Participate in Early Childhood Education
Without Childcare — Parents Cannot Go to Work**



Why Does Early Childhood Education Matter?

Students that participate in early childhood education are **2.5 times** more likely to go on to higher education.



Source: *Economic Impacts of Early Care and Education in California*. UC Berkeley Center for Labor Research and Education. 2011

Smith MV, *Pediatrics*.2013.



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“What money we would use for diapers we are using to just keep our children fed”



- **Diaper Need:** The inability to supply a sufficient supply of diapers to keep a baby or toddler clean, dry and healthy ¹
- No federal program to support the provision of diapers. Diaper banks only meet 4% of diaper need in the U.S. ^{3, 4}
- Number one predictor of postpartum depressive symptoms in sample of mothers with children three and under ^{1,2}
- Diaper need ranges from: **27% (Kentucky); 33 to 57% (Connecticut); 61% (New York City); 44% (Vermont)**



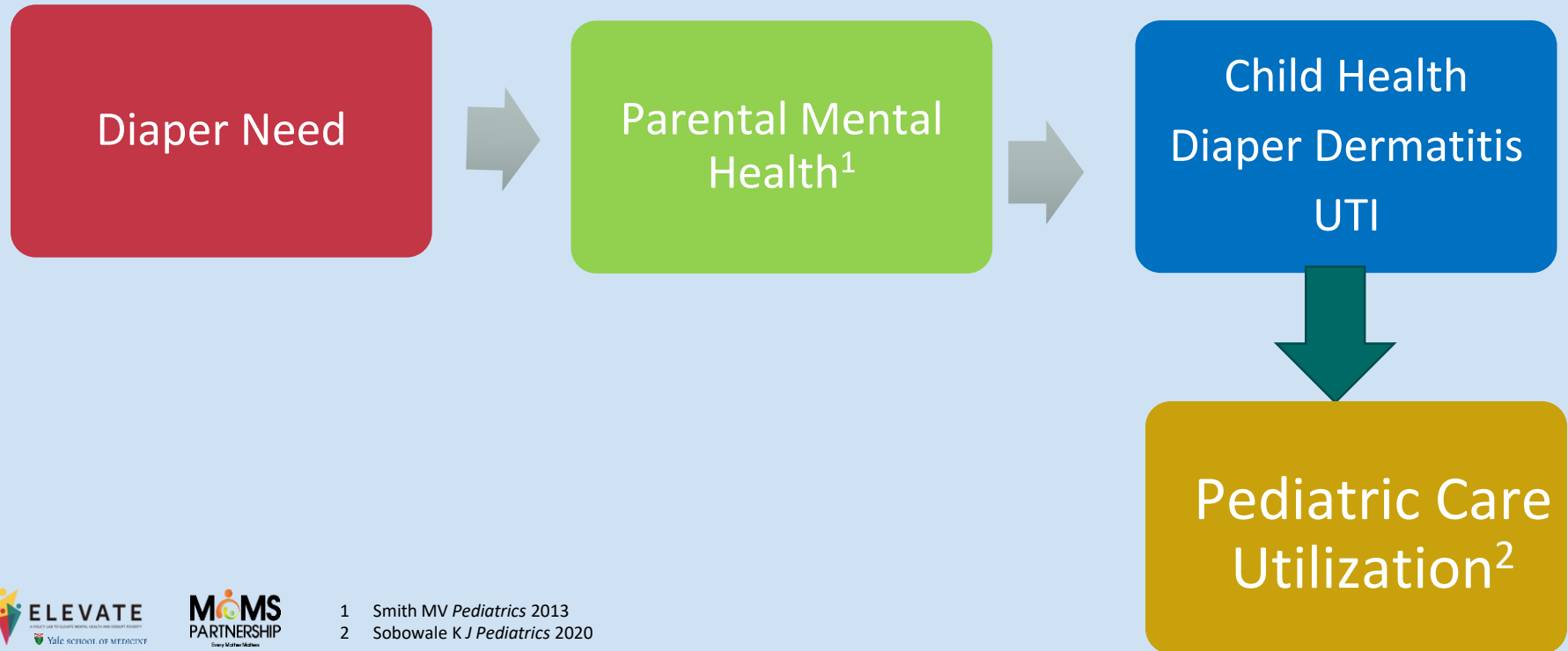
¹ Smith MV, *Pediatrics*. 2013;132(2):253-259.

² Austin, AE. *Health equity*. 2017

³ Wallace, L. *Women's Health Issues*. 2017

⁴ Massengale, KEC, *American Journal of Public Health*. 2019

Diaper Need & Maternal & Child Health



Medicaid

- Diapers covered as an expense for children with special needs
- Adult incontinence products covered as an expense

Data on Medicaid Expenditures

- ***UTI is third leading primary cause of rehospitalization 31-365 days after birth for Medicaid enrollees***
 - Children diagnosed with UTIs account for over 1 million annual office visits and 500,000 ED visits
 - ***Children less than 1 year of age represented 40% of all UTI hospitalizations***
 - In 2000, 42.3% of children with UTIs depended on government insurance; by 2006 this had increased to 51.5%.
(UTI ([Rehospitalization during the First Year of Life by Insurance Status \(nih.gov\)](#)) (2014))
- Hospital costs (Spencer 2010):
 - ***UTIs are among the most common pediatric admission diagnoses.***
 - Hospital costs for UTIs were \$2,858 per hospitalization and rose to \$3,838 by 2006
 - Mean hospital charges increased from \$6,279 to \$10,489 per stay.
 - By 2006, aggregate hospital charges exceeded \$520 million.
 - ***Children with Medicaid visited EDs for UTI-related care 2.8 times more frequently than children with commercial insurance***
 - ED cost increases for UTI's in children: 18.26%, increasing from 254 million USD in 2006 to 464 million USD in 2011

An Act Creating a Pilot to Improve the Health of Mothers and Babies

This bill proposes that the CT Department of Social Services administers a pilot program to study the physical and mental health benefits to babies and mothers of providing a holistic approach to pre and post natal care including diapers and other essential basic health needs.

Proposed Pilot

The pilot would establish a demonstration program for a bundled payment (“maternity or pediatric bundle”) to support effective interventions that are proven to reduce maternal depression and increase the health and well-being of babies.

This payment could reduce Medicaid costs through reductions in diaper dermatitis and urinary tract infections for the child and reductions in acute maternal mental health visits.

Further collaboration

Integrated Care for Kids/Clifford Beers

We are also examining ways to expand the pilot by integrating it with the work of Clifford Beers and through the Federal CMS Center for Innovation, Integrated Care for Kids (InCK) initiative, focused on a system of integrated care that addresses the physical, mental and social determinants of health for 30,000 New Haven children and pregnant mothers on Medicaid and CHIP.



Embrace
New Haven
CT INCK

Integrated Care for Kids System of Care Framework

Goals:

1

Early identification
and treatment

2

Integrated care
coordination and
case management

3

Development of a
state payment
model

Thank you!

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