

# Instrument 8.

## DDDRP Listening Session Discussion Guide

### Introduction *(read to the group)*

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[Westat staff introduce themselves]

We are glad you joined this voluntary listening session for DDRP grant recipients to provide input into an impact study design. We want the impact study design to reflect your information needs, goals, and expertise. We wanted to begin by giving you a little background on the purpose of this session and what we hope to get out of it.

As you know, we are conducting an implementation assessment of the Diaper Distribution Pilot program and have been asked by the Administration for Children and Families (ACF) to propose an impact study design to more rigorously evaluate the impact that diaper distribution programs have on children and families. The study may happen sometime in the future and will not necessarily be conducted by Westat or include any currently funded sites. These details are not known at this time. However, your expertise, experiences, and perspectives about what an impact study should focus on, the types of research designs and methods that would be feasible and acceptable to both participants and providers, and what is needed for organizations to participate in an impact study are incredibly valuable for informing our next steps in developing an impact study design.

We have a series of topics we would like to go over with you. Before we get started, we need to go over a few items with you.

1. You can choose not to participate in this discussion, and if you do decide to participate, you can skip any question you don't want to answer for any reason.
2. [Read only if participants did not receive OMB language with consent form ahead of time]: This study is bound by the Paperwork Reduction Act. "A Federal agency may not conduct or sponsor, and no individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless that collection of information displays a currently valid OMB Control Number. The OMB # is 0970-0531 and the expiration date is 9/30/2025."
3. We will keep any information you choose to share today private. We will record this session to aid with our notetaking; we will not share this recording with anyone outside of the study and will destroy the recording at the end of our analysis.

4. If you choose to stay in the meeting today, we will consider that consent to the recording. If you do not consent to being recorded, we will ask you to exit the meeting shortly. If you do not consent to being recorded but would still like to provide feedback, please write your name in the chat and we will follow up with you so you can provide feedback via email instead.

Do you have any questions for us before we get started, either about today's session or about the assessment as a whole? If you have any questions regarding this information collection, you may also always contact the Project Director, Allison Hyra at (703)822-4639 or [allisonhyra@westat.com](mailto:allisonhyra@westat.com).

We will now begin recording – if you do not consent to being recorded, please exit the meeting now. [Pause to allow people to exit, begin recording].

## Outcomes of interest

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Let's begin with a discussion of family-level **outcomes**.

- Outcomes most likely to change from diaper distribution? Outcomes that are most important to you? Most important to families? Most important to others with an interest in diaper distribution (like state funders)?
- Aspects of a diaper distribution program that make it effective? (e.g., features of how diapers are distributed, frequency of distribution, program setting, community context, something else?)
- If a program is effective, when should you expect the outcomes to occur? Which outcomes occur first?

## Randomization

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The strongest future impact study would include a lottery to randomly determine who gets diapers (the treatment condition) and who gets some other resource (a control condition). We would like your thoughts on ways we might best do this.

- Your perspectives on implementing a lottery? Sense of staff perspectives and acceptability? Sense of families' perspectives and acceptability?
- Resources and support needed to support randomization?
- Strategies for best assigning families (e.g., families from a wait list? As families sign up? Other ways to identify families before they receive diapers?)
- Challenges in implementing a lottery? Things we need to consider?

- Suitable control condition (i.e., what families receive who do not get diapers)? Strategies for providing an incentive for families to participate yet still build in a contrast with the treatment?
- If we cannot use a lottery, other ways of identifying families with similar needs who are not receiving diapers?

## Family eligibility

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We are thinking of having study eligibility criteria for families so that we have less variability in some family characteristics that could create more variability in outcomes and make it harder to measure outcomes (such as children of various ages). We are thinking of focusing the study to measure the effects on one child in a family (perhaps limiting the study measurement to children 12 months or younger at study entry).

- Your perspectives on restricting study eligibility? Feasibility concerns in having enough families meeting criteria?
- Outcomes we might miss by restricting eligibility?

## Implementation factors

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We are interested in learning your thoughts around implementation. Each pilot operates slightly differently, and we want to design a study that gives us the best chance to see positive outcomes. What parameters/guidance would you recommend for features of implementation that you believe lead to the strongest outcomes?

- How often to distribute diapers?
- Length of time families have to receive diapers to see effects/outcomes? Concerns about limiting the time families receive diapers for (in order to serve more families over the course of a study)?
- How to calculate how many diapers to give per child? (Factors – child age, extra % for blowouts/malfunctions) Should the project meet the whole need or part of the need?
- How to distribute? Home delivery? Drive-up? Open hours on site? Are there methods that definitely do or do not work, and what context should we account for those that work sometimes?

- How to purchase diapers? Form partnerships between purchasing and distributing organizations, co-locate these functions, focus on organizations who can do both?
- How to meet individual family needs – like allergies with specific brands of diapering supplies?
- Strategies for ensuring families are referred to and access needed services?

## Recruitment and retention

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We are interested in learning your thoughts of ways we could engage and retain people in the study, especially in the control group.

- Best ways to engage families in the evaluation? Appropriate level/type of compensation for interviews?
- Strategies for keeping them in study? Staying in touch over 9-12 months?

## Capacity and data collection/logistics

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We would like your thoughts on the capacity that diaper distribution programs have to participate in an impact study and what additional support is needed.

- Type of staff available to support the evaluation (with compensation)?
- Other supports organizations may need to support the evaluation? Needs for supporting randomization and on-site data collection (such as rooms for families to fill out forms on a computer)?

Thank you for your thoughts today!