

Table 3. Role of healthcare professionals in addressing diaper insecurity

Major Theme	Minor Theme	Representative Quote
<p>Healthcare interactions are an opportunity to identify and address diaper insecurity.</p>	<p>Diaper insecurity screening in healthcare settings is supported by community partners and caregivers, but likely does not capture every person with diaper need.</p>	<p>"I certainly don't think [doctor's offices are an] inappropriate place [to screen]. I don't think it's sufficient, but I mean I think it is in many ways a healthcare issue... Basic needs kind of have to get met before you can meet...mental health needs or... see people thrive in their new environment." <i>[Participant from healthcare agency]</i></p>
	<p>Diapers can feasibly be provided in healthcare settings.</p>	<p>"I know that most pediatric practices have more storage space, and so, having diapers on hand...shouldn't be a controversial or... a low priority thing." <i>[Participant from healthcare agency]</i></p>
	<p>Embedded workflows and community resource liaisons can improve connection to diaper resources.</p>	<p>"It really comes down to expecting a family in crisis to be able to become their own advocate...I think that's why it's so important to have the liaison person on site to help navigate that system for a lot of families." <i>[Participant from healthcare agency]</i></p>
	<p>Pairing screening with resource connection builds trusts with families.</p>	<p>"...that family is going to say, oh, this doctor heard me and did something about [diaper need]. And so, when the doctor says you need to take a prenatal vitamin, they're not going to say... 'No, I'm not going to take that vitamin.' They're going to say, 'Okay, fine.' And they're gonna take it." <i>[Participant from healthcare agency]</i></p>
	<p>Families can leverage medical transportation benefits to attend appointments reducing barriers to connection.</p>	<p>"Families should be able to get [Medicaid] transportation right to medical visits. And so sometimes, when we talk with families about other resources, they decline because they don't have a way to get there, because it's not medical enough for them to get a ride... I do think those well child visits are sort of like a magical opportunity." <i>[Participant from government agency]</i></p>
	<p>Addressing social drivers of health can be a competing priority with medical goals during appointments.</p>	<p>"...what ends up happening, I think, is [doctors] get down the social determinants of health rabbit hole and then rush through the medical stuff." <i>[Participant from healthcare agency]</i></p>
<p>Partnerships between healthcare organizations and community-based organizations are helpful for patients, but can be challenging to optimize.</p>	<p>It is helpful to optimize referral and communication processes between organizations.</p>	<p>"We can collaborate on...a very secure referral system... To have the infrastructure to...say to the client, 'How many diapers do you want to take today'... but then... that baton would be passed to a community partner, and then they would be able to continue to meet that need." <i>[Participant from CBO]</i></p>
	<p>Alignment of goals between healthcare systems and community-based organizations is key.</p>	<p>"[I] just feel... a lot of good mutuality in that relationship and... being aligned in... mission, vision, values... That has been a really great experience, and we feel like clients are being served well through that system." <i>[Participant from CBO]</i></p>

	Community-based organizations appreciate donations from hospital systems.	“Partnering with hospitals and [their] ability to get diapers and wipes...becomes very advantageous to the whole community.” <i>[Participant from CBO]</i>
	Sharing data about social drivers of health between hospital leadership and community-based organizations can lead to collaboration.	“We’re taking all of this data. We’re sharing it with our hospital leadership... And then, additionally, we have a community conversation where community-based organizations... [and] state agencies join this call every 6 weeks.... We bring in an expert from the community to start the conversation, and we present our data. We open it up for conversation, and then just be a listening ear to what are the stories behind the data we’re collecting.” <i>[Participant from healthcare agency]</i>
	It can be challenging to maintain effective partnerships, which may be due challenges related to communication, data sharing, engagement, or goal alignment.	“I did call the physician’s office and let them know my findings, but I never received [a call back]... I’m sure they have a lot of phone calls to return as well, so...they probably triage it.” <i>[Participant from government agency]</i>
Health professionals should be knowledgeable about community resources.	Diaper insecurity should be paired with knowledge of local resources.	“And I’m not saying... every doctor’s office needs to have a stockpile of diapers, but I do think any office that sees children of diaper age should have access to a place they can tell a family about... a consistent place that [they] can send them...” <i>[Participant from government agency]</i>
	Many organizations want to provide education to healthcare professionals about their resources.	“I’d like to access them earlier in their careers. so I can teach them how [our services] can be vital... We see those babies four times a year. We can be your eyes and ears in the community. We can help you.” <i>[Participant from WIC]</i>

Abbreviation: CBO - community based organization