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Healthcare Institutions' Influences on Health Literacy Levels in Mothers in Greensboro, North Carolina

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Walden University

College of Education and Human Sciences

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Wole Ajala

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Walden University
2026

Abstract

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by

Wole Ajala

MPhil, Walden University, 2023

MSc, University of New England, 2018

BSc, Obafemi Awolowo University, 1981

A Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Education and Promotion

Walden University

May 2026

Abstract

Immigrant populations experience persistent challenges within the U.S. healthcare system, including marginalization, discrimination, and limited access to understandable health information, which contribute to health disparities. Factors such as low income, cultural differences, and intersecting identities related to gender and race further compound these challenges. This qualitative phenomenological study examined how these social determinants of health influenced the health literacy experiences of African immigrant mothers in Greensboro, North Carolina. Data were collected through encrypted WhatsApp audio interviews with eight African immigrant mothers who had used healthcare services in the United States. Interview recordings were transcribed verbatim and analyzed using inductive thematic analysis to identify recurring patterns and themes. Findings revealed that systemic barriers, cultural communication challenges, and perceived provider bias significantly affected participants' ability to access, understand, and apply health information. Despite these obstacles, participants demonstrated resilience by seeking information through community networks, digital resources, and self-advocacy strategies. The study concluded that improving health literacy among African immigrant mothers requires culturally responsive communication, equitable treatment, and intentional efforts to address structural and relational barriers within healthcare settings. The findings may contribute to positive social change by informing healthcare providers, researchers, and policymakers about strategies to promote inclusive, patient-centered care for immigrant populations.

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Dedication

This dissertation is dedicated to all African immigrant mothers whose voices and stories inspired this research. Your resilience, courage, and unwavering dedication to your families' well-being remind the world that strength often comes from adversity.

To my family and loved ones who have stood beside me with patience, encouragement, and faith throughout this journey, thank you for your love and belief in my purpose.

Above all, I dedicate this work to God Almighty, whose guidance, wisdom, and grace made this achievement possible.

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Finally, I thank God for granting me the strength, clarity, and perseverance to complete this doctoral journey and contribute meaningfully to improving health equity within immigrant communities.

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Chapter 1: Introduction to the Study

Introduction

Immigrants encounter challenges when interacting with health systems that they have yet to become accustomed to. Multiple studies have shown that immigrants face numerous challenges (Bello et al., 2022; Mbanya et al., 2019; Svendsen et al., 2020). This research examined the influence of healthcare institutions on health literacy among mothers in Greensboro, North Carolina, with a specific focus on African immigrant women. It examined the effects of low income, culture, race, and gender on health literacy, based on the experiences of the sampled women in the healthcare sector. This study was necessary because it not only recognized the challenges these women faced but also considered the variables that affected their health literacy. It points healthcare officials to culturally relevant intervention points, making it more suitable for immigrants. This chapter includes the problem statement, purpose, research questions, conceptual or theoretical framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, significance, and a summary.

In this qualitative study, the term *levels* are used to describe variations in participants' health literacy experiences rather than numerical measurement or statistical categorization. Consistent with qualitative research traditions, *levels* refer to differences in understanding, access, interpretation, and navigation of healthcare information as expressed through participants' lived experiences. The use of this term reflects thematic distinctions that emerged from participant narratives during data collection and analysis, rather than predetermined or quantitatively assigned classifications. This approach aligns

with qualitative inquiry methods that emphasize meaning-making, depth, and contextual variation among participants within a shared phenomenon.

Background of the Study

Mbanya et al. (2019) noted that immigrants experienced health gaps stemming from policies and structures within healthcare systems that are not sufficiently responsive to their needs. They faced challenges in two classes: before and after engagement with the health system. Before healthcare engagement, many immigrants needed instruction on what to do or where to go to access help. Immigrants faced challenges accessing services and information that met their health needs (Mbanya et al., 2019). Mbanya et al. reported that communal influences made them wary of the health system, as prior experiences had shaped their perceptions of it. Second, they faced language and cultural gaps within the system, which may have affected their navigation of the health system.

The challenges immigrants faced were tied to their social and economic determinants of health. Svendson et al. (2020) found that immigrants' health literacy was low. Health literacy was low because they did not engage effectively with the healthcare system to identify available interventions to improve their outcomes (Svendon et al., 2020). The lack of comprehensive information on healthcare services had a cascading impact on other aspects of immigrants' lives. For instance, immigrants were likely to incur higher healthcare payment costs due to a wide range of underlying medical conditions and limited insurance coverage, as federal allocations for them had been declining (Bustamante et al., 2021). With the prohibitive costs of care, especially in the United States, they were likely to fall into poverty (Svendson et al., 2020). Furthermore,

they might have missed work, reducing their income and their ability to access timely assistance. These different forms of marginalization caused stress and disenfranchisement, which could have affected the social status of the immigrants (Svendson et al., 2020).

Societal norms have shaped how the healthcare community has engaged with immigrants and mothers (Mbanya et al., 2019). Political ideology has led many people to believe that immigrants should return to their countries of origin (Mbanya et al., 2019). Immigrants have been harassed and threatened in some cases because some people have felt that they should not be part of American society (Bello et al., 2022). In healthcare, this social and cultural exclusion from society has been a form of discrimination and prejudice. Immigrants have been treated based on assumptions about their legal status and income levels. Some in the healthcare community have not been attuned to immigrants' cultural backgrounds, income levels, and social positions and, in doing so, have lowered these women's expectations of the system (Ward et al., 2019).

Further, the intersection of race and gender identity has compounded the situation (Bello et al., 2022). It is easier for a White woman to access treatment and receive care from a physician than it is for women of color (Ward et al., 2019). At times, women of color have not received the help they needed when they needed it due to medical assumptions that did not fully characterize their health experiences (Taylor, 2020). The dehumanizing effect of the healthcare system has prevented meaningful engagement between immigrants and healthcare communities (Ward et al., 2019). Immigrants have been inclined to seek other avenues that have appreciated them or to avoid health systems

that discriminate against them (Taylor, 2020). Despite extensive research on immigrant health disparities, limited qualitative research has examined how healthcare institutions influence health literacy through the lived experiences of African immigrant mothers within specific local contexts, such as Greensboro, North Carolina.

Problem Statement

The research problem for this study involved the effect of low income, cultural differences, and intersectionality between gender and race on the health literacy levels of African immigrant mothers. Recent research has identified a significant problem in how immigrant communities perceive and engage with healthcare facilities, which affects their use of these resources (Chang et al., 2019). Additionally, women have faced numerous challenges within the healthcare system that have impeded their access to health care and fair treatment (Chang et al., 2019). These immigrant women have sometimes faced discrimination and poor care, which has promoted health disparities. Given these challenges, it was vital to examine immigrant mothers' views on healthcare services to determine which interventions and actions were most effective in ensuring better care for all (Morey, 2018). This qualitative phenomenological study explored the lived experiences of African immigrant mothers in Greensboro, North Carolina, to understand how their interactions with healthcare institutions influenced their health literacy. Using in-depth, semistructured interviews, the study examined how participants perceived and navigated healthcare communication, information access, and institutional processes. The theoretical foundations guiding this inquiry were Habermas's theory of communicative action and social cognitive theory (SCT), which together supported examination of how

communication, social interactions, and environmental contexts shaped participants' understanding and use of health information.

Purpose Statement

This phenomenological study explored the lived experiences of African immigrant mothers to understand how perceptions of low income, cultural differences, and the intersectionality between gender and race by healthcare providers within community healthcare institutions affected health literacy levels. According to Chakraverty et al. (2020), healthcare workers' perceptions influenced their interactions with immigrants and could have affected the quality and nature of the assistance and information they provided. Social determinants, as noted by Khuu et al. (2016), were crucial to understanding these perceptions, particularly among people with immigrant or refugee status or parents. Healthcare providers may confer specific traits and biases that may moderate interactions. Consequently, this research used interviews as the primary data collection method. This approach ensured that respondents shared their lived experiences without constraints and provided in-depth insights for the research (Babbie, 2020). The phenomenon of interest was how the nature of health policies in the Greensboro, North Carolina, community affected mothers' experiences, particularly their literacy levels. The goal was to dissect these experiences and what they revealed about healthcare providers. The study focused specifically on participants' interactions with healthcare institutions, including communication practices, access to information, and institutional processes that shaped their understanding and use of health services.

Research Question

The research question was: How did social determinants of health (race, culture, gender, and income) affect the health literacy levels of immigrant African mothers in Greensboro, North Carolina? Based on a review of preliminary research, it became clear that immigrant mothers experienced health services differently from other communities, especially when impoverished in several social and economic determinants of health. This research question was developed to collect sufficient information about the experiences of these immigrant women. It materialized by examining the direction this research took and the past research that informed recognition of health disparities between immigrant and nonimmigrant women.

Conceptual or Theoretical Framework

This research was based on the theory of communicative action and social cognitive theory (SCT). The theory of communicative action, embedded in sociological research, calls for understanding people based on mutual deliberation and argumentation. This theory was developed by Jürgen Habermas (1981) in his work *The Theory of Communicative Action*. Its core aim is to create an account of truth that does not imply absolute truth but rather that different experiences of the world and events shape people's or societies' versions of what they consider the truth. According to Habermas, communication is the work of consensus, with people working and sharing information within communicative norms they had established. Truth is a regulative ideal that propagates idea-sharing (Habermas, 1981).

Another grounding theory was SCT. This model describes how individual experiences, environmental factors, and others' actions influence people's health behaviors (Zhou & Fab, 2019). SCT touches on self-efficacy, expectations, expectancies, observational learning, self-control behavior, capacities, and reinforcements. Within health literacy, SCT demonstrates how social interactions and environmental factors shape how people perceive and engage with health information, thereby influencing their health behaviors. People's knowledge and actions are influenced by those around them, including their peers and the health communities with whom they interact.

The theory of communicative action and SCT informed the development of the research questions and the analytic approach used in this study. The research questions were designed to explore how African immigrant mothers interpreted and made meaning of their interactions with healthcare institutions, consistent with Habermas's emphasis on communication, understanding, and consensus within social systems. SCT guided attention to how environmental factors, social interactions, and prior experiences influenced participants' health literacy behaviors and perceptions. During data analysis, these frameworks sensitized the coding process by facilitating the identification of patterns in communication practices, access to information, social influences, and institutional contexts that shaped participants' understanding and use of health services.

The theory of communicative action and SCT jointly guided this study. Habermas's theory of communicative action informed the interpretation of participants' healthcare communication experiences, emphasizing mutual understanding, power relations, and information exchange within institutional settings. SCT supported

examination of how environmental conditions, provider interactions, and social influences shaped participants' health literacy behaviors. Together, these frameworks guided the development of the research question, the interview protocol, and the analytic interpretation of themes related to communication barriers, institutional processes, and health information use.

Nature of the Study

This qualitative phenomenological research examined the lived experiences of African immigrant women in Greensboro, North Carolina, from an interpretive philosophical perspective, mapping their experiences within healthcare systems and how these experiences affected their health literacy. The study used an open-ended interview approach to collect extensive, nuanced information on immigrant women. This qualitative method was chosen because it allowed me to interact with data-rich sources to communicate women's healthcare experiences. It also enabled comparative analysis of African perspectives based on emergent themes.

Definitions

Low income: Within this research, low income refers to people who, for a household or family of two, lived on an income of less than \$18,310 (2022 *Federal Poverty Level*, 2022).

Immigrant: Any person who changed their country of residence (World Health Organization, 2022, para. 1). For this study, *African immigrant* refers to a woman of African descent residing in the United States.

Health literacy: The degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. (Centers for Disease Control and Prevention, n.d., para. 2).

Race: A construct as a hierarchical human-grouping system that generated racial classifications to identify, distinguish, and marginalize some groups across nations, regions, and the world (National Human Genome Research Institute, 2023, para. 1).

Culture: “The set of distinctive spiritual, material, intellectual and emotional features of society or a social group ... [which] encompassed, in addition to art and literature, lifestyles, ways of living together, value systems, traditions, and beliefs” (World Health Organization, n.d., p. x).

Gender: Characteristics of women, girls, men, and boys that are socially constructed (World Health Organization, 2019).

Healthcare services: Any services provided by a health care professional, or by any individual working under the supervision of a health care professional, that relate to (a) the diagnosis, prevention, or treatment of any human disease or impairment; or (b) the assessment or care of the health of human beings (42 USC § 234(d)(2)).

Health disparities: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations (Centers for Disease Control and Prevention, 2023, para. 1).

Cultural differences: Variations in “values, beliefs, practices, and behaviors that helped define and differentiate one group or a person from others” (Frazier et al., 2017).

Intersectionality: “Intersectionality was defined as the interconnected structures and systems that created inequality among people and populations based on social categories of difference (such as race, class, and gender)” (Centers for Disease Control and Prevention, 2023, para 1).

Assumptions

This study involved the assumption that the African immigrant women who participated provided clear and accurate accounts of their health and health literacy experiences, including gaining the right insights into their health and acquiring information that assisted them in making informed health decisions. The participants’ responses provided insight into how healthcare systems were built around concepts of gender, race, low income, and culture that differed inherently from those embedded in healthcare design.

Scope and Delimitations

In this research, I examined how culture, race, gender, and low income intersect with healthcare to limit African immigrant mothers from accessing health literacy. I also sought to understand these women's experiences through their interactions with healthcare providers. This research was set in Greensboro, North Carolina, a city characterized by elevated poverty levels and economic inequality relative to national averages (U.S. Census Bureau, 2022). Transferability arose from unique circumstances, including poverty, that affected the quality of life and the capacity to engage with the healthcare system. Hence, collecting this information enabled the findings to be related to other research in this area.

Limitations

Access to participants was one of the significantly expected challenges. First, participants were sometimes skeptical about joining this type of study. Some people of color tended to mistrust healthcare systems and, therefore, were unwilling to participate (Mbanya et al., 2019). They required reassurance and support upon consent to participate. Second, prior marginalization within the healthcare system may have prevented participants from participating in this research project (Saunders et al., 2015). Ethical considerations were required regarding the impact of engaging immigrant women (Funge et al., 2020). Third, sharing and collecting sensitive information could have affected participants' willingness to engage (Bell et al., 2022). I created a safe environment where respondents felt valued and appreciated (Bell et al., 2022). Finally, I ensured that the data was stored in accordance with the ethics board's guidelines and that encryption tools were used to protect the data.

Significance

This study was significant because it created a platform for analyzing how the health literacy of African immigrant women in Greensboro, North Carolina, influenced their healthcare experiences. The failure to address health literacy gaps has been a major challenge within the African community. It was essential to evaluate the core gaps in current and past health-literacy interventions and healthcare experiences that normalized the isolation of African immigrant women. In this regard, I sought to provide meaningful insights into the factors the health community should have addressed to improve health

experiences for people of color while promoting trust in healthcare. This insight increased awareness of how to engage in preventive care.

Further, this community has faced adverse effects stemming from health disparities, which have lowered members' quality of life (Khuu et al., 2016). This research highlighted ways to increase interactions and healthcare utilization. The study may lead to improved outcomes in community members' social determinants of health, such as health literacy.

Summary

This chapter introduced the main topic and focused on the research. This study explored the effect of low income, cultural differences, and intersectionality between gender and race on the health-literacy levels of African immigrant mothers. The research design was a qualitative phenomenological study. The value of this study lies in creating insight into health-literacy gaps and how they are likely to affect healthcare for immigrant women. The foundations of this study were the theory of communicative action and the SCT. Chapter 2 presents a literature review in which I examine past and recent research on this subject and ground an analysis in the theory of communicative action and SCT.

Chapter 2: Literature Review

Introduction

This presented the literature search strategy, the theoretical foundation, the literature on the key variables, the summary, and the conclusions. This study explored the lived experiences of African immigrant mothers to understand how perceptions of low income, cultural differences, and the intersectionality of gender and race among healthcare providers within community healthcare institutions affected health literacy levels. The issue that prompted this research was that many women (earning less than \$18,310 annually, between 30 and 45 years) who were part of the African immigrant communities within Greensboro, North Carolina, experienced health-outcome challenges related to their social and economic capacities. Some had limited health information and were unable to engage with health service providers who could assist them. Their inhibitions regarding help-seeking behaviors were attributable to limited access to health resources, cultural differences, fear of discrimination, and structural barriers (Khuu et al., 2016; Lee et al., 2022; Tanner et al., 2014). This study focused on African immigrant women aged 30-45 with at least one child born in Greensboro, North Carolina, living in inner cities, and earning less than \$18,310 annually.

Literature Search Strategy

This research used multiple databases and search engines to retrieve research papers, including the Walden University libraries, Google Scholar, PubMed, and BMC Public Health. Search terms included health literacy, immigrants, women, race, intersectionality, health status, and low income, among other terms. These terms were

used because they most aligned with the study scope. Some of the critical terms and combinations of search terms included health literacy AND immigrants, gender AND health literacy AND immigrants, health status AND low income, health literacy AND/OR gender, intersectionality, culture AND health literacy AND immigrants, race AND health literacy AND immigrants, and Greensboro, North Carolina, immigrant, AND health literacy.

I analyzed the hits generated, focusing on the most recent research. Secondly, I reviewed the abstracts to determine whether the data met the requirements of the research question. Then, if the abstract was adequate, I proceeded to read the entire paper, focusing on the methodology, the coherence of the research design, the logic of the conclusions, and the validity and reliability of the research findings.

When initial searches returned a large volume of results, I refined the search by limiting publication dates, narrowing keywords, and applying inclusion criteria for population, setting, and study focus. When searches yielded limited results, broader search terms and related keywords were used to capture additional relevant studies. Boolean operators (AND, OR) were applied strategically to balance sensitivity and specificity in the search process. This iterative approach ensured that the literature reviewed was both comprehensive and directly aligned with the purpose of the study.

Theoretical Foundation

In their application of the Theory of Communicative Action, Harzheim et al. (2020) identified communicative action as a critical factor in promoting health literacy. This theory was posited by Jürgen Habermas in 1985. Many patients of color (African)

navigated a race-and-gender intersectionality that affected their capacity to argue and deliberate on health information. When a person was engaged in a place of inferiority, they adopted traits and norms that propagated and normalized their experience, making it the consensus. Uprooting this notion required effort, particularly in addressing health literacy. Health literacy was therefore a co-construction, grounded in mutual understanding between practitioners and patients/communities, even when the health systems created and the policies implemented within them were not fair to specific people (Harzheim et al., 2020). This study showed that health literacy was a communication issue embedded within a pluralistic, subjective approach. The information exchanged between patients and the health community shaped different lived realities.

This theory was selected because health literacy was a communication issue involving different stakeholders who treated one another based on their perceived “truth.” In this case, when medical professionals treated immigrants as inferior, they were living out a form of their truth. Feagin and Bennefield (2014) explained that healthcare providers had broad framings of racism against people of color, which could have affected their capacity to provide equitable healthcare. At the same time, when immigrants believed that medical doctors were not providing them with information tailored to their best interests, they also presented the truth. This belief that medical practitioners did not provide adequate and accurate information aligned with immigrants' needs presented a lived truth that influenced how immigrants participated in and engaged

with the healthcare system. Health literacy was a space of performative experiences, grounded in the mutual co-creation of a lived reality and consensus.

SCT influenced how people developed and utilized health information. Albert Bandura originally designed this theory in the 1960s. It pointed to the intersection of the person, environment, and social factors in determining the ideal health behaviors and the path most effectively to realize the care they needed. In this regard, immigrants tended to experience health disparities for various reasons. One consideration was that, in unfamiliar settings, they relied on the environment and social ties to determine the best course of action. When healthcare communities failed to act as agents of positive reinforcement in the use of healthcare services, immigrants looked to their peers, who might not have had accurate information due to past experiences and observational learning (Aliakbari et al., 2020).

The rationale for selecting this theory was based on the social contexts in which people accepted and acted on health information. These contexts were dictated by the person, the environment, and the person's behavior. Immigrants, especially those of color, could observe healthcare providers to determine whether they were seen as valuable. In cases of discrimination, they (immigrants) considered other options that might not have led to appropriate access to health information. The immigrants were therefore looking for health providers to assess their underlying perceptions and capacity to address their (immigrant) health needs. As Zhou and Fan (2019) argued, positive health interactions in the professional and social arena mediated health literacy. Hence, this research hypothesized that some healthcare providers' negative perceptions of African immigrant

women on issues such as low income, cultural differences, and gender and race were likely to affect health literacy levels and continued use of healthcare services. Repeated negative engagement was expected to reinforce poor health behaviors.

Literature Review Related to the Key Variables

Health Literacy

Zoblin et al. (2022) systematically reviewed the literature on the connection between health literacy, health literacy interventions, and decision-making. The study examined 34 studies over 20 years (2000 to 2020). In their research, Zoblin and co-authors primarily targeted older adults (ages 60 and above). The findings indicated that health literacy was imperative for the adoption of health-management competencies, attitudes/confidence, and health literacy skills to guide effective healthcare decision-making among older adults. Older people face challenges accessing health information and appropriate platforms to meet their healthcare needs. This study noted that part of healthcare service organizations' role was to provide practical information and develop skills with health literacy programs. These interventions provided a framework for supporting decision-making while accommodating biological and cognitive gaps that might otherwise have prevented access to high-quality health literacy. The information and skills older people developed were imperative for navigating the digital landscape and its information sources, regardless of the intervention approach. This study was valuable to the proposed research because it demonstrated the scope of healthcare services that had to be covered to ensure that health literacy interventions impacted the

target population. Zoblin et al. (2022) reported that health literacy is associated with improved health utilization, competence, and self-management.

Zoblin et al. (2022) focused on older adults, which did not encompass the demographic groups relevant to this study. Nonetheless, the findings were based on a long study period, which could have strengthened the results' credibility. However, the results were based on the conclusions and data of other researchers. Hence, there was a risk that erroneous data or misinterpreted findings influenced the conclusions of Zoblin et al. (2022).

Low Income and Health Literacy

Couture et al. (2018) assessed the relationship between health literacy and patient activation among frequent healthcare users. The authors conducted a cross-sectional study of 247 participants. Couture et al. (2018, para. 2) described patient activation as “someone’s knowledge, skills, confidence, and behaviors needed for self-managing one’s condition or health.” They used this information to determine whether health literacy affected patients' perceptions of their role and confidence in the information provided by healthcare workers to take action, and the extent to which they could remain on the course even when faced with stress. The findings showed no relationship between health literacy and the frequency of healthcare service use. Hence, despite some patients' frequent contact with healthcare settings, they did not demonstrate improved health literacy. These data showed that individuals who regularly engaged with healthcare services had a limited need for patient activation. This study highlighted that infrequent users. Patient activation informed the field of study by demonstrating the importance of

health literacy in interacting with the healthcare system and in driving positive health behaviors.

This study (Couture et al., 2018) involved a sample size (N = 247), which raised the credibility and potential accuracy of the findings. The study by Couture et al. (2018) was accurately powered. However, the issue of patient activation in health literacy warrants more thorough exploration rather than focusing solely on health service utilization.

Cultural Differences and Health Literacy

Bello et al. (2022) conducted a study on maternal health literacy. The focus was on how literacy affected the use of maternal healthcare services and pregnancy outcomes in Nigeria. This cross-sectional study involved 185 newly delivered mothers. The findings indicated that poor maternal health literacy was associated with moderate healthcare service utilization. Consequently, those with poor maternal education and literacy exhibited poor pregnancy outcomes. This study showed that maternal health literacy was vital to achieving positive outcomes and to using existing services. Health literacy is added to the body of literature for the proposed research, demonstrating that it is associated with improved patient engagement with the healthcare system (Bello et al., 2022). The patients became more competent at navigating and engaging with these healthcare systems, potentially leading to better health outcomes. Hence, healthcare practitioners could promote training sessions for all pregnant women, thereby increasing health-service knowledge and literacy and supporting a healthy pregnancy and childbearing process.

In this study by Bello et al. (2022), the research design was coherent, and the sample size (N = 185) was adequately powered, enhancing the accuracy and credibility of the findings. However, the study of Bello et al. (2022) was based in Nigeria. Women's health experiences in this nation could have varied significantly from those in Greensboro, North Carolina. Therefore, there could have been a challenge to generalizability.

Intersectionality of Gender and Race in Health Literacy

Jansen et al. (2018) investigated the role of health literacy in elucidating the nexus between educational attainment and the use of out-of-hours primary care services for people with chronic illness. The study investigated 1,811 participants. The results indicated that high educational attainment was positively associated with health literacy. These (educated) people could efficiently evaluate health information and determine the best personal utilization options depending on available alternatives. Jansen et al. (2018) found that patients used primary care services more effectively when they had accurate and timely information tailored to their needs.

Providing high-quality, actionable information to patients led to higher utilization and greater capacity for appraisal in healthcare services. Conversely, promoting higher literacy levels led communities to reduce inappropriate use of healthcare services. Therefore, people would seek care only when necessary from a competent health care provider. This study was instrumental to the proposed research because it connected education, a social determinant of health, to health. This concept of health was critical to health literacy and to healthcare service utilization. Hence, Jansen et al. (2018) were

imperative in demonstrating the nexus between education, health literacy, and healthcare services. However, the sample size was limited to chronically ill patients, which could have affected the study's accuracy and generalizability. Nonetheless, the findings were valuable.

Vamos et al. (2020) highlighted the need to expand education to improve health literacy. They contended that education was essential because it increased individuals' acceptance of health information and improved their ability to discern which habits were likely to promote health-seeking behaviors. Their study involved a documentary analysis of other research papers. Vamos et al. (2020) found that expanding education in line with national health policies in Canada, America, and Germany led to better utilization of healthcare services and heightened health literacy. This study was imperative because it demonstrated the relationship between education and health literacy. Furthermore, it contributed to one of the research's focal angles: the impact of education as a social determinant of health on individuals. When people lacked access to education, they might have lacked the skills to identify the most reliable sources of healthcare information and verify their accuracy before making a decision. Therefore, developing strategic opportunities to impact health literacy promoted equity among health communities. The underlying ideology in this research was that there was no health without education. Thus, health literacy started with education.

Vamos et al.'s (2020) findings could be generalized to a large population because they included data from three nations. The findings could be applied across the countries studied, given the diversity of healthcare systems. However, Vamos et al. (2020) relied

on documentary analysis, which might have raised ethical concerns with secondary data, such as misrepresentation of ideas and facts or insufficient data on the same issues and policies across all three nations.

Fernández-Gutiérrez et al. (2017) conducted a study investigating health literacy interventions for immigrant populations. These authors opined that health literacy was a social determinant of health and that it influenced health outcomes by empowering patients. They conducted a systematic literature review, selecting 34 papers on the subject. The findings highlighted that many immigrant communities were not empowered and did not know how to advocate for themselves in healthcare. Their specific social and economic determinants remained unexplored. Therefore, they were likely to face a wide range of health inequalities and disparities. However, in places where health interactions positively affected immigrants' needs, they also positively influenced the community's espoused functional health literacy. This research was helpful because it highlighted that health literacy was a social determinant of health. They concluded that educational strategies needed to be incorporated into health literacy interventions. Immigrants needed support to acquire enough education to navigate healthcare systems effectively. A more targeted and inclusive approach might have reduced disparities in highly populated immigrant communities.

Fernández-Gutiérrez et al.'s (2017) research demonstrated significant coherence in the research design and could be easily replicated. Furthermore, it aligned with the other studies examined in this paper. However, with any systematic literature review, there was always a risk of bias, as noted in prior research. Therefore, researchers needed

to ensure they developed interventions, such as ROBIS, to assess and minimize their risk of bias.

Mbanya et al. (2019) focused on immigrants by examining how sub-Saharan African immigrants faced challenges in accessing and using the Norwegian health system. This qualitative research used 47 in-depth interviews and two focus group discussions with immigrants from sub-Saharan Africa. The findings revealed that immigrants faced numerous barriers within two main categories. They experienced challenges before accessing healthcare systems and when involved in them. Their communal influences made them shy away from using health systems. Their peers were not using healthcare services as extensively. In this case, immigrants tended to do the same when others within their social circle avoided using formal health systems.

Immigrants had mixed feelings about healthcare services (Mbanya et al., 2019). Conversely, the treatments and gaps in understanding immigrants also led to challenges in providing accurate and timely healthcare interventions. Mbanya et al. (2019) explained that, in addition to language gaps, people of color were the “black elephant in the room” (people the health community wished not to deal with or tended to ignore). This study mapped immigrant challenges, particularly for those with low health literacy. The paper also informed the core research paper by noting that intersections with healthcare systems could contribute to health literacy levels in communities often facing significant discrimination. While the paper addressed the research questions well, its generalizability might have been limited because the findings were based on Norwegian healthcare systems, which differ from those in the United States.

Svendsen et al. (2020) examined the concept of health literacy under the nexus of socioeconomic position, health-risk behavior, and health status. Their study focused on Danish adults. The findings showed that more than 40% of the sampled population had massive challenges accessing healthcare services and comprehending information before applying it in various health contexts; many had poor health behaviors such as smoking and sedentary lifestyles, which led to a higher incidence of chronic diseases (Nisar et al., 2022). Consequently, many adults received high sickness-absence compensation benefits. They missed work due to poor health, prompting dependency on welfare systems. This paper reinforced the social determinants of health literacy and their compounding effects on health behaviors and strategies that affect communities. Inadequate health literacy could promote poor outcomes for immigrants while creating gaps in providing meaningful assistance for many health issues. Nonetheless, their low socioeconomic position was challenging to their health because they were more likely to engage in counterproductive activities such as smoking (Nisar et al., 2022). The consequences were detrimental to the individual and the community, stemming from a lack of quality information and poor help-seeking behavior.

Svendsen et al.'s (2020) results may be generalizable given their large sample size of 15,728 individuals. However, the study may have been affected by selection bias. The people interviewed by phone had lower health literacy scores than the web-based respondents. This variance could have affected the accuracy of the findings. At the same time, the design of this research (cross-sectional) could have prevented an extensive analysis of causal relationships within the data. This paper demonstrated the connection

between social determinants of health and health status, particularly for immigrants, which helped develop the argument and logic underpinning this study.

According to Zimmerman (2018), immigrants tended to be at heightened risk of adverse health outcomes, such as being sick more often or not getting the information they needed on time. He conducted a study involving 74 women, aiming to develop information-horizons mapping that could assess their health-literacy rates. Information maps were tools created by Sonnenwald, Wildemuth, and Harmon that combined data collected from interviews with participants to represent recent health information-seeking experiences. The researcher found that women who could draw complex horizon maps had higher health literacy. The article also noted that women of refugee status tended to be more affected by low health literacy levels. These women were unaware of where and when to seek information sources that could promote health outcomes (Zimmerman, 2018). This study was valuable to this research because it engaged immigrant women who were a critical part of the health community to which this paper sought to cater. Higher health literacy among women of immigrant status was associated with greater health-seeking behaviors, which could have predicted their life outcomes.

Zimmerman's (2018) study was beneficial because it demonstrated the necessity of health maps to assess predictive behaviors in health information seeking. Mixed-methods research increased the credibility of the results by using both open- and closed-ended questions in the data analysis (Bell et al., 2022). A separate analysis of data from open and closed questions could have prevented the visualization of critical intersections

in the data, resulting in an analysis that was not effectively representative of all the issues raised. It helped the current study point out variables indicative of health literacy levels.

Ward et al. (2019) conducted a systematic review of the literature on migrant health literacy within the European Union. Using the PRISMA guidelines, they selected 21 articles for inclusion. They evaluated the challenges affecting migrants' healthcare communication, including communication difficulties, cultural differences, and existing levels of health literacy. The findings indicated that cultural sensitivity was critical when dealing with migrant health to avoid situations where the patient felt discriminated against or prejudiced. When culture was insufficiently considered, information receptiveness was threatened, and the subsequent quality of care declined. Further, health literacy promoted preventive behavior, reducing disease incidence (Ward et al., 2019). This paper was a valuable inclusion because it demonstrated the importance of cultural insight and effective communication in promoting health literacy.

Ward et al. (2019) risked selection bias, whereby the authors could select ideas and points that affirmed their perspective rather than rejected it. This challenge could have clouded the accuracy of the conclusions. However, the paper provided comprehensive insights that helped build evidence for this topic and identified research gaps for future researchers.

A previous study conducted in Greensboro, North Carolina assessed the health perspectives of African immigrants. They examined what it means to be healthy from the perspective of an elderly African immigrant (aged 65 years or older) and contrasted it with that of the younger generation (ages 13–18). They also examined barriers to health

among African immigrants. They selected a photo-voice project based on focus groups. The participants took photos as guided by the research questions. The images were then coded and analyzed. The findings noted that healthcare services and professionals affected the health of immigrant communities. The elderly respondents had a general idea of being healthy. However, they found that culturally appropriate information was not available. The study noted that African immigrants were underrepresented in research; consequently, their healthcare concerns, such as quality and culturally sensitive interventions, received less attention than they should have.

Mendez (2019) conducted a qualitative study assessing the impact and implementation of connecting youth from seasonal farmworker families to tablets for paid health literacy training. The project's sample size was 10. The findings indicated that youth technology could be impactful in promoting self-efficacy when accessing health information. This study was selected because it focused on underserved immigrant workers who are often overlooked in health literacy programs due to their seasonal status. It was connected to the need to ensure equitable access to health information, including technology, to foster self-efficacy in seeking health information. It also examined why participants would trust and conceptualize health information.

More research on healthcare providers' perceptions of immigrants and people of color as determinants of healthcare interventions emerged as influential and imperative to this research. Chakraverty et al. (2020) examined perceptions of interactions between healthcare providers and migrants in Germany, focusing on gender and health literacy. The study noted that when healthcare providers were under pressure to perform, they

tended to resort to stereotypes to analyze and engage with the migrant group they treated. Language barriers and differing cultural and social expectations may further impede effective engagement. This study offered that within the study setting in Germany, gender played a significant role in healthcare access.

On the one hand, husbands acted as gatekeepers to the health services that women, or, rather, wives, could have had. Thus, they could prevent their wives from seeing male doctors. This limitation highlighted the role of culture and social norms in shaping immigrants' willingness to seek help (Chakraverty et al., 2020). Some healthcare providers might not have understood this dynamic, which could have affected their ability to provide quality care.

Previous studies argued that healthcare providers' perceptions played a significant role in the provision of care services. This study performed a systematic review by gathering data from a variety of studies since 2000 and reviewing “(1) how healthcare providers interacted with individual migrant patients, (2) how workplace factors shaped services for migrants, and (3) how the external environment, specifically laws and professional norms, influenced their practices.” The research findings, based on 37 studies, showed that practitioners' perceptions were mediated by cultural beliefs, language differences, institutional capacities, resource and time limitations, and professional ethics versus laws that granted immigrants the right to care. Previous studies have also found that many healthcare providers were willing to disregard legal issues, such as a patient's legal status, to ensure that immigrants received the care they needed. The study focused on cultural and linguistic differences as variables that could have led

to unfavorable perceptions of immigrants and, hence, affected the quality of care they received. However, these studies were not without some limitations. The research focused solely on English-language articles, and many papers were collected from online databases. Hence, the scope of the findings could have been limited, given that immigrant health access tended to be resource-constrained.

Khuu et al. (2016) investigated the perceptions that health providers had of parent literacy levels and their effects on the health outcomes of children. The focus of the research was on six major themes: “(1) multi-dimensional components of parental health literacy; (2) parent characteristics and native country experiences; (3) host systems and their interactions impact on parental health literacy; (4) diverse aspects of help-seeking; (5) culture-based parental help-seeking; and (6) child health outcomes” (Khuu et al., 2020). The findings showed a significant correlation between parents' lack of awareness about health care and its influence on health literacy. This assertion related to the provider's need to know the locus of control they had to exert to ensure they could meet the immigrant community's health demands. This paper additionally reflected on the differences in the conceptualization of health as a core factor in moderating healthcare professionals' perceptions. An immigrant patient might not have been ignorant about an issue but might have appeared so because of different conceptualizations of healthcare in the West. The immigrant might have seemed inexperienced by Western standards but had high health literacy by their native standards (Khuu et al., 2020).

Demographics of Greensboro, North Carolina

According to Data USA (2023), as of 2020, Greensboro, North Carolina, had more than 294,395 people. The median age was 35.2 years. The average household income was \$49,492. The poverty rate stood at 18.4%. Five major ethnic groups lived in Greensboro. They included “White (Non-Hispanic) (43.2%), Black or African American (Non-Hispanic) (41.3%), Asian (Non-Hispanic) (4.73%), White (Hispanic) (4.65%), and Two+ (non-Hispanic) (2.32%)” (Data USA, 2020, para. 2). 93.6% of Greensboro's residents were U.S. citizens. However, as of 2020, more than 12.1% of the residents were born in nations other than the USA. According to ANCHOR (2023), North Carolina was home to people from more than 100 nations, many of whom formed communities in and around Greensboro. Some countries with the largest populations included Ghana, Nigeria, Sierra Leone, Sudan, Niger, Somalia, Liberia, Congo, Ethiopia, Senegal, Togo, Ivory Coast, and North Africa, among others. This paper sought to collaborate with health and administrative agencies and nonprofits to help connect with people who could participate in the research. The North Carolina African Services Coalition and CWS Greensboro were identified as potential sources of information and guidance to assist with recruitment.

Summary and Conclusions

This chapter described the literature associated with immigrant healthcare. The results discerned that immigrant care and consequent health literacy were complex when many healthcare workers and systems did not understand their experiences and needs. Income, cultural sensitivity, and race were significant predictors of access to healthcare

and health literacy levels among various geographical communities and populations. Several findings emerged from this literature review. First, immigrants with lower levels of health literacy and who faced structural and systemic barriers to healthcare might not have received the much-needed care when they needed it. Again, health literacy was shown to improve health decision-making because when immigrants had the correct information, they could seek help. Another theme was that immigrants' understanding of healthcare varied by age and geographic location. These variations might have informed how immigrant women of color determined when to seek health interventions. The final theme identified was that the challenges faced by immigrants existed before they sought healthcare. Their adverse experiences may have affected long-term care and their willingness to seek and use health information.

Despite the literature covering a broad demographic and geographic scope, it did not map immigrants' perceptions of how they received health information. Immigrants' perspectives on the health system, by race, gender, culture, and income, have received limited attention in the literature. While some studies have examined Greensboro, North Carolina, they have not considered potential differences in health literacy experiences among African immigrant mothers. This gap prompted this research. It sought to identify differences in experience that may have arisen and to examine what these differences communicated about the health systems in Greensboro, North Carolina. This study therefore provided an in-depth look at health literacy among immigrants in Greensboro, North Carolina. The reviewed literature further supported the appropriateness of a phenomenological research approach for this study because the phenomenon under

investigation centered on the lived experiences of African immigrant mothers as they interacted with healthcare institutions. Phenomenology is designed to capture how individuals perceive, interpret, and give meaning to their experiences within a specific social context (Creswell & Poth, 2018). In alignment with phenomenological philosophy, this approach allows researchers to bracket assumptions and focus on participants' subjective meanings as they describe a shared phenomenon. Because this study sought to understand how social determinants such as race, culture, gender, and income shape mothers' health literacy experiences, a phenomenological framework was the most appropriate design for revealing these realities from participants' own perspectives.

Collectively, the literature demonstrates that health literacy among immigrant mothers is not determined solely by individual knowledge deficits but is shaped by systemic barriers, cultural communication challenges, and provider–patient interactions embedded within healthcare institutions. Prior studies emphasize the role of social determinants—including race, gender, income, and culture—in influencing access to information and engagement with healthcare services. However, limited qualitative research has examined how these factors operate simultaneously within localized community contexts. This gap in literature supported the need for the present phenomenological study.

Chapter 3, therefore, details the phenomenological research design, participant selection, data collection procedures, and analytic strategies used to examine these lived experiences in depth.

Chapter 3: Research Method

Introduction

The current research explored the lived experiences of African immigrant mothers to understand how perceptions of low income, cultural differences, and the intersectionality between gender and race by healthcare providers within community healthcare institutions affected health literacy levels. This section presents the research methodologies used in the data collection and analysis. This chapter included information on research design and rationale, the role of the researcher, methodology, instrumentation, issues of trustworthiness, and ethical procedures.

Research Design and Rationale

The research question for this study was: How did social determinants of health (race, culture, gender, and income) affect the health literacy levels of African immigrant mothers in Greensboro, North Carolina?

The research philosophy underpinning this study was interpretivism. According to Babbie (2020), this research philosophy holds that reality is subjective and that multiple socially constructed realities exist. Understanding people involved in looking at their experiences from their social and historical perspectives. This approach was ideal for this research because it recognized that women in this context may have had diverse social experiences that shaped their interactions with the healthcare system. Furthermore, their experience might have been subjective, but it did not invalidate it. It created nuance and perspective into the factors influencing health education in Greensboro, North Carolina.

Furthermore, this study employed a phenomenological research design. This qualitative tradition was appropriate because phenomenology centers participants' lived experiences and meanings, aligning with the study's aim to understand the shared phenomenon of how African immigrant mothers interpret healthcare interactions within specific social, cultural, and institutional contexts. This research focused on people's experiences by mapping how they perceived and interpreted the world around them. Also, it elaborated on their unique experiences. Phenomenological research examined the inherent meanings and essential structures of various experiences.

Alignment was maintained throughout the study by ensuring consistency between the research problem, purpose statement, research question, interview protocol, data collection procedures, and analytic process. Interview questions were directly mapped to the research question and the identified social determinants of health. Emergent themes were inductively derived from participant narratives and subsequently interpreted in relation to the conceptual frameworks, ensuring coherence across all phases of the study.

Role of the Researcher

I sought potential participants through personal connections and referrals. Using peers and personal connections, including friends, was a delicate process because the research relied on the data they provided to identify potential participants. This approach helped people who provided data for this research. However, it was vital to handle the biases that might have emerged. This approach entailed journaling to log my thoughts and reflect on assumptions, logic, and thinking processes.

This approach entailed reflexive journaling to document the researcher's assumptions, decision-making processes, and potential biases throughout the study. Journaling was used at each stage of the research process, including participant recruitment, data collection, transcription review, and data analysis to record reflections and monitor how personal perspectives might influence interpretation. These journal entries were reviewed alongside interview data to ensure that emerging themes were grounded in participants' accounts rather than the researcher's preconceptions.

The corresponding ethical implication of this relationship was that I had to maintain distance from the participant, such that any cordial relationship did not influence the responses. To do this, personal narration or provision of private information that might have affected the participant's perceptions of the researcher was avoided. The respondent was informed that participation was voluntary and that they could choose the level of personal detail they were comfortable sharing. Participants were not compelled to disclose sensitive information, nor were they encouraged to embellish their responses. To maintain appropriate boundaries, I avoided personal stories and limited personal disclosures. These measures ensured that the researcher-participant relationship did not compromise the accuracy or credibility of the findings.

Methodology

Participant Selection

Target Group of Interest

Eight African immigrant mothers participated in this study. Participants met the eligibility criteria for being African immigrant mothers aged 30-45, residing in North

Carolina for fewer than 10 years, and earning below the federal poverty threshold.

Specific countries of origin within Africa were not collected as part of the demographic data for this study.

This research examined how interactions with health organizations affected the health literacy of African immigrant mothers. The study focused on African immigrant women living in low-income areas of Greensboro, North Carolina. Previous research has shown that this group has experienced challenges in the healthcare system due to their immigration and social status, and that this group could provide useful insights (Nisar et al., 2022). The participants were African immigrant women living below the poverty line (\$18,310 for a three-person household). The criteria for these participants were: aged 30-45 years; having lived in Greensboro, North Carolina, for fewer than 10 years; and having delivered at least one child while living in Greensboro, North Carolina. These included African immigrant women with multiple interactions with the healthcare system, including childbirth, gynecological, and obstetric care.

I personally contacted local community leaders and churches to recruit participants who could provide insight into the research topic. Additionally, I obtained permission from the North Carolina African Service to post flyers on their premises to reach a larger sample.

Sampling Strategy

I contacted community leaders, social workers, and peers and engaged them in the research process by sharing information about the study, its aims, the required

participants, its value to the community, and the intended use of the collected data. I distributed flyers at community centers to reach as many people as possible.

I assessed participants against the inclusion criteria to determine eligibility. Participants who met the criteria were then interviewed to collect data after being provided sufficient information on the research expectations. One method for information-rich cases was purposeful sampling. Purposeful sampling was used to recruit participants who met the inclusion criteria. While qualitative scholars recommend varying sample sizes based on depth and saturation, this study adopted a phenomenological approach that emphasized data saturation rather than numerical thresholds. Based on methodological guidance and Eisenhardt (1989), I recruited eight participants, which was sufficient to achieve data saturation, as no new themes emerged during analysis. Therefore, the final sample size for this study was eight African immigrant mothers

A brief pre-interview screening was used to confirm participant eligibility and ensure that individuals could meaningfully engage with the interview questions; it was not used to determine sample size. It assessed whether the scope of the questions was sufficient and capable of collecting data for the researcher.

The ideal sample size for this research was at least 12 participants until data saturation was achieved. Eisenhardt's (1989) study, based on methodological guidance for qualitative research, followed a purposive sampling approach focused on data saturation rather than statistical representation. Although prior studies have suggested sample sizes ranging from 4 to 12 participants for qualitative inquiry (Eisenhardt, 1989), this study

recruited eight participants, which was sufficient to achieve data saturation. For this qualitative phenomenological study, I recruited eight participants, which was sufficient to achieve data saturation. Although qualitative scholars have proposed a range of sample sizes for qualitative inquiry (Eisenhardt, 1989), this study employed a data-saturation approach rather than a predetermined numerical target. Data saturation was reached when continued analysis yielded no new themes or insights, and further coding became redundant. The sample provided rich, information-dense accounts relevant to the research question but was not intended to be statistically representative of Greensboro, North Carolina's cultural diversity. Data saturation was reached when no new themes emerged during analysis, and additional data saturation was attained when the study had collected sufficient information to replicate the study and when the same themes emerged from the data, making further data coding no longer feasible.

Data collection continued until data saturation was achieved, defined as the point at which no new themes or meanings emerged from the interviews.

Criterion of Sample Selection

Participants were African immigrant mothers who had lived in Greensboro, North Carolina, for fewer than 10 years, had delivered at least one child in Greensboro, and earned less than \$18,310 annually for a three-person household. Participants were required to demonstrate intermediate English proficiency to ensure meaningful participation in interviews (British Council, 2023).

Purposeful sampling was used to recruit information-rich cases aligned with the study's phenomenological design. Eight participants were sufficient to achieve data

saturation, defined as the point at which no new themes or meanings emerged from continued analysis. Data collection ended when interviews became redundant and thematic patterns stabilized.

Contacting Participants to Participate

Once participants who met the inclusion criteria were selected, I sent invitation emails to notify them of their eligibility. Then, I scheduled online interviews, during which participants could decide whether to show their faces. Respondents were required to be available during the data collection period, which lasted approximately four weeks. In cases of scheduling conflicts or unforeseen circumstances, special arrangements were made to reschedule interviews within the data collection period.

Table 1 presents the eligibility criteria used to recruit participants for the study.

Table 1*Eligibility Criteria Table*

Criterion	Requirement
Age	30–45 years
Gender	Female
Population	African immigrant mothers
Residence	Greensboro, NC
Income	Below the federal poverty level
Maternal status	At least one child was born in Greensboro

Eligibility was determined through participant self-report during recruitment and screening in accordance with the approved study protocol. Individual-level demographic variables such as specific age, detailed income, educational attainment, and years residing in the United States were not collected because they were not included in the approved interview protocol or recruitment materials. Therefore, only available participant characteristics are reported.

Instrumentation

Designing and selecting interview questions was critical to ensuring the research could generate the insights needed to answer the main research question. The steps I took to ensure that the interview questions would provide the required information included the following:

1. Developing a clear understanding of the research objectives. This process involved mapping each interview question directly to the study's research question and identifying social determinants, ensuring alignment between the

study objectives and data collection. The research objectives highlighted the variables and themes to be explored.

2. Peer-reviewed qualitative studies on health literacy, migration, and maternal healthcare were reviewed to identify common themes and methodological approaches, which directly informed the structure and wording of the interview questions. The research and literature provided methodological guidance on how best to assess specific dimensions, such as culture and gender, while maintaining sensitivity.
3. Understanding previous research and determining how it informed the interview questions, including exploring new insights. The focus shifted to the interview setting, which was open-ended and ensured open communication with participants and the exploration of the core themes in the research. Specifically, prior studies informed the development of interview prompts by identifying recurring themes related to health literacy, provider communication, cultural barriers, and access to care, which were translated into open-ended questions designed to elicit participants' lived experiences.

Based on this process, the interview questions were highlighted below (prompts preserved verbatim):

Experiences of Service (Racasag-Niemi & Yli-Panula, 2020)

- Tell me about your experiences in healthcare services.
- Did you experience any obstacles while getting health care services, including care information?

- Tell me, did you understand the health information presented to you? Were you provided with assistance or any help to help you know better?

Intersectionality and Gender (Sourced and Modified from Migrant Friendly Maternal Care Questionnaire [MFMCQ])

- Are you happy with the maternal care and information that you receive?
- How have your experiences when making service requests or health information been addressed in healthcare settings?
- How have healthcare professionals addressed your healthcare concerns?
- Do you feel comfortable asking for more information on things you have not understood about your care, medications, and other medical information?
- Do you feel or think that healthcare providers treat you differently from other people?
- Have healthcare providers spent enough time explaining your care?
- What would you need to better understand the health information provided?

Culture (Sourced and Modified from Racasag-Niemi & Yli-Panula, 2020)

- Kindly share how your cultural background affects your ability to access and use the health system and information.
- How does the healthcare provider's culture influence your understanding of his/her information and care procedures about your treatment?
- What are your experiences with using your language in healthcare settings? Do you feel understood? Do you think that you understood the healthcare

providers? Did you feel that they took time to understand you? Did they provide an interpreter?

Low-Income (Sourced and Modified from Well-Being and Basic Needs Survey, 2022 Version)

- Thinking about your healthcare experiences over the past 12 months, was there any time when you needed medical care but did not get it because you could not afford it? This would include general doctor care, specialist care, prescription drugs, medical tests, treatment or follow-up care, dental care, mental health care or counselling, or treatment or counselling for alcohol or drug use.
- Was there any time in the past 12 months when you needed medical care but did not get it because of difficulty taking time off work? Was it for any of the following reasons:
 - You could not afford care.
 - You could not find a doctor or healthcare provider accepting new patients.
 - You could not find a doctor or health care provider accepting your type of health insurance coverage.
 - You could not get an appointment at a doctor's office or clinic as soon as needed.
 - You had difficulty getting authorization from your health insurance plan for health care or prescription drugs.
 - Your doctor or healthcare provider did not know how to treat you.

- Your doctor or healthcare provider dismissed your concerns.
- If your reason is not provided in the list above, kindly list it here.....

Assessment of Health Literacy Levels Using the HLQ

- Do you feel that your current healthcare providers understand and support you?
- Do you feel that you have sufficient and suitable information to help you manage your health?
- Have you developed any plans to manage your health? Have you set corresponding health goals?
- How do you access social health support? Do you feel you have strong social support?
- How do you gauge your ability to appraise and compare health information from different healthcare providers and information sources?
- How well do you feel that you engage with healthcare providers? Are you able to freely discuss your health concerns?
- How well do you feel you navigate the healthcare system? Can you access the correct practitioners and information and know where to find them?
- Do you feel you can access good health information by yourself? How much assistance do you need from others?

- How well do you understand your health information to accurately manage your health and understand what health providers are sharing with you? Do you feel confident reading health information and following instructions?

The following considerations were communicated to the participants: The Health Literacy Questionnaire (HLQ) is a widely used instrument for assessing functional, interactive, and critical health literacy across diverse populations and healthcare settings. The instrument has demonstrated strong construct validity, reliability, and cross-cultural applicability across multiple populations, including immigrant and underserved groups. The HLQ has been used with adult populations to assess functional, interactive, and critical health literacy across healthcare contexts. For this study, the HLQ was selected because its domains aligned with the study's focus on healthcare navigation, provider communication, access to information, and self-management. No modifications were made to the instrument. The questions were administered as prompts within semistructured interviews to ensure contextual and cultural relevance for African immigrant mothers in Greensboro, North Carolina, while maintaining the instrument's conceptual integrity.

Procedures for Data Collection

Data Collection

Data was collected through online interviews. I contacted the participants who agreed to be part of the study and then communicated at a time that was convenient for them for the interview. The interviews lasted approximately 90 minutes. I engaged with

the participants to collect data, ensuring enough time to interact with respondents and achieving data saturation.

Due to convenience and accessibility considerations, all interviews were conducted via WhatsApp rather than Microsoft Teams, as initially proposed in the IRB submission.

WhatsApp provided reliable audio recording, ease of scheduling, and better participant access while maintaining confidentiality and comfort. This adjustment was consistent with the study's IRB approval scope and did not alter the interview questions, consent process, or ethical safeguards. WhatsApp also provided clarity and observation of verbal and nonverbal cues that could influence understanding of the study (Iacono et al., 2016; Seitz, 2016).

Before the research, participants were informed that their session would be recorded for transcription purposes. The data were recorded via WhatsApp because it allowed clear audio recording. The data could then be transcribed and analyzed as needed. Secondly, after data collection, participants were informed that they might be contacted later to answer follow-up questions clarifying their responses during the interviews. Participants provided informed consent prior to participation to ensure their privacy and confidentiality were protected. No other variations from the approved data collection procedures occurred.

Interview Procedures

I conducted semistructured, audio-recorded online interviews using WhatsApp's built-in audio recorder. Each interview followed the same interview guide and question

sequence to ensure consistency across participants. Interviews lasted approximately 90 minutes and were conducted in English. All interviews were recorded with participant consent and later transcribed verbatim for analysis. The same procedures were followed for all participants to allow replication of the study.

A total of eight participants were recruited and interviewed for this study. This sample size was sufficient to achieve data saturation, as no new themes emerged during later interviews. The final sample size aligned with qualitative research recommendations indicating that phenomenological studies typically require small, information-rich samples to explore lived experiences in depth. Recruitment concluded once thematic saturation was reached, and no further participants were added.

The Health Literacy Questionnaire (HLQ) domains were used to guide the development of interview questions related to participants' healthcare experiences. Rather than measuring or scoring health literacy, the HLQ domains were used as a conceptual framework to explore how participants described their understanding of health information, their interactions with providers, and their ability to navigate healthcare systems. These domains helped structure the interview prompts and supported the interpretation of participants' lived experiences, which were as follows:

- feeling understood and supported by healthcare providers
- having sufficient information to manage my health
- actively managing my health
- social support for health
- appraisal of health information

- ability to engage with healthcare providers
- navigating the healthcare system
- ability to find good health information
- understanding health information well enough to know what to do

These domains were used to structure and guide the semistructured interview questions rather than to generate numerical scores. Participants were invited to describe how each domain reflected their lived experiences within healthcare settings, including how they felt supported, how they accessed and understood information, and how they navigated the healthcare system. Their responses were analyzed thematically to explore patterns in health-literacy experiences rather than to quantify or rank individuals. These findings were then contextualized, taking into account the other questions posed to respondents about their health experiences.

Debriefing Participants

Before the interview, participants were informed about the study's purpose, procedures, and their rights, and informed consent was obtained.

After the interview, participants were debriefed and given the opportunity to ask questions or seek clarification.

For the interview process, I ensured the interviewees were comfortable. I informed them that they could ask questions and seek clarification when unsure about details. I ensured there were no gaps in their understanding of the study and the requirements imposed on them. I also informed them that the study was informal; therefore, they should express themselves as they would in conversation.

According to Roulston and Choi (2018), this approach enhanced the interview experience by avoiding undue pressure on respondents. I also provided participants with an informed consent form and a written document detailing the research questions, what to expect, their rights during the process, and how the data would be used.

Data Analysis

The data analysis plan described below reflects the procedures implemented using the actual interview data, not only the proposed approach. This study employed a phenomenological research design as its overarching methodological framework. The analytic strategies described represent complementary analytic techniques used to interpret participants' lived experiences and do not constitute separate methodological approaches.

The purpose of this study was to explore the lived experiences of African immigrant mothers to understand how perceptions of low income, cultural differences, and the intersectionality between gender and race by healthcare providers within community healthcare institutions affected health literacy levels.

It was based on the research question, "How do social determinants of health affect the health literacy levels of African immigrant mothers in Greensboro, North Carolina?" A data analysis plan was a roadmap outlining how a researcher would organize and analyze data collected during the research. Critical elements of data analysis included themes, categories, and codes likely to be present in the data. These elements could be identified in interviews using key phrases and ideas from all the studies examined.

I employed qualitative analysis in the study. An inductive-analytic approach was used to identify patterns and shared meanings across participants' narratives, thereby developing an interpretive understanding of their lived experiences (Azungah, 2018).

An inductive coding approach was used, whereby themes emerged directly from participants' narratives rather than being imposed a priori from existing literature. Although prior research informed the development of the interview protocol, no predetermined coding framework was applied during analysis.

Data analysis followed an inductive thematic approach in which meanings and patterns were derived from participants' narratives to interpret their lived experiences, consistent with phenomenological inquiry.

Finally, the data were analyzed using inductive thematic analysis (Saldana, 2021). I read through the data several times to identify key items that led to overarching themes. This open coding approach was chosen for its effectiveness in reviewing data and generating insight into respondents' meanings.

Based on the data analysis procedures used in this study, the core issues addressed during the review of the data included the following:

- utilizing an inductive coding method to allow patterns in the data to guide theme development.
- reading through the data multiple times to gain familiarity with the content.
- conducting line-by-line coding to identify initial codes.
- using color coding to group similar codes and concepts.
- categorizing codes based on similarities and differences.

- identifying and refining recurring themes across the dataset.

Issues of Trustworthiness

The study met established standards of trustworthiness by addressing credibility, dependability, confirmability, and transferability. To enhance credibility, I documented the data collection procedures and provided a clear and consistent account of the research process. Participants engaged in one primary in-depth interview, with limited follow-up communication occurring only when clarification was required during transcription review. Credibility was further strengthened through analytic triangulation, comparing patterns across participant interviews and examining the consistency between emergent themes and findings reported in prior peer-reviewed studies. Purposeful sampling and data saturation guided data collection to ensure sufficient depth and richness of the findings.

Dependability was ensured through a detailed, transparent description of the research procedures, enabling the research process to be traceable and replicable. An audit trail included documentation of recruitment procedures, interview protocols, data-collection timelines, and analytic decisions. This documentation allows other researchers to follow the methodological steps undertaken in the study and supports consistency of the findings.

Confirmability was addressed by maintaining a reflexive journal throughout data collection and analysis to document methodological decisions, emerging interpretations, and potential researcher bias. Interview transcripts, analytic memos, and coding decisions were retained as part of the audit trail. Findings were compared with existing literature to

ensure that interpretations were grounded in participants' accounts rather than the researcher's assumptions, thereby supporting objectivity.

Transferability was addressed by providing detailed descriptions of the study context, participant characteristics, and research procedures. Purposeful sampling and data saturation ensured that the findings captured rich, context-specific information, allowing readers to determine the applicability of the findings to similar populations or settings.

Ethical Procedures

Ethical approval for this study was obtained prior to data collection. The study adhered to the ethical principle of *do no harm*, and the researcher took deliberate steps to protect participants from psychological, social, or emotional distress throughout the research process. Participants were not subjected to questions or procedures that could cause harm, discomfort, or coercion.

Given that the study involved African immigrant women, a potentially vulnerable population, particular care was taken to minimize risks related to privacy, confidentiality, and misuse of data. I avoided eliciting sensitive information that could negatively affect participants' well-being or social standing. All data collected were used solely for research purposes and were intended to contribute positively to understanding health literacy within the community.

Participation was voluntary, and respondents were not pressured to participate or to disclose information beyond their comfort level. Informed consent was obtained prior to participation, and participants were informed of their right to withdraw from the study

at any time without penalty. These procedures ensured participants' welfare and upheld ethical standards throughout the study.

The collected data was managed in accordance with university and Institutional Review Board guidelines. All personal identifiers were removed prior to storage to protect participant privacy and confidentiality. Data were de-identified, anonymized, encrypted, and stored securely in an offline database accessible only to the researcher. Materials shared with the review committee were also de-identified. All data will be retained for five years following publication and then permanently destroyed, in accordance with institutional policy. No incentives were provided to participants, and no conflicts of interest were identified during the study.

Summary

This chapter described the research methodology used in the study, including the research design, participant selection, data collection procedures, data analysis approach, and ethical considerations. The study employed a qualitative phenomenological design and utilized in-depth interviews to collect detailed accounts of participants' experiences. Data was analyzed using inductive thematic analysis with open coding to identify patterns and themes. Ethical procedures were followed throughout the study to ensure the protection of participants, confidentiality, and data security. The methodological procedures outlined in this chapter guided the data collection and analysis processes that informed the findings presented in Chapter 4.

Chapter 4: Results

Introduction

This chapter presents findings that reflect the shared essence of participants' experiences, as revealed through interviews with eight African immigrant mothers residing in Greensboro, North Carolina. The purpose of this qualitative phenomenological study was to explore participants' lived experiences to understand how socioeconomic status, cultural beliefs, and the intersection of gender and race influenced their health literacy experiences in community healthcare settings.

Data was derived from verbatim interview transcripts and organized to reflect patterns that emerged across participants' accounts. The findings are presented thematically and supported by direct participant quotations to preserve participants' voices. This chapter focuses exclusively on reporting the results of the data analysis. Interpretation of findings is reserved for Chapter 5.

Organization of Findings

Analysis of the interview data revealed four major themes that captured shared experiences across participants:

1. *Socioeconomic and income-related influences*: This theme addresses the research question by illustrating how participants' financial constraints and insurance limitations shaped their access to healthcare information and services.
2. *Cultural beliefs and communication barriers*: This theme addresses the research question by showing how cultural differences, language use, and

medical communication affected participants' understanding of health information.

3. *Gender and race intersection in healthcare experiences*: This theme addresses the research question by demonstrating how the combined effects of gender, race, and immigrant status influenced participants' interactions with healthcare providers and their comfort seeking information.
4. *Health-literacy behaviors and provider interactions*: This theme addresses the research question by explaining how participants responded to barriers by using personal strategies to seek, interpret, and apply health information.

Each theme is presented with supporting verbatim excerpts drawn directly from participant interviews.

Theme 1—Socioeconomic and Income-Related Influences

Participants consistently described financial and systemic barriers that hindered their access to healthcare services and health information. Common challenges included insurance limitations, out-of-pocket costs, inflexible work schedules, and transportation barriers.

One participant explained: “Yes, the biggest obstacles were insurance coverage and long waiting times for appointments. Sometimes clinics didn’t accept my insurance at all.” (P8_Q02)

Another participant shared: “Yes, I missed appointments before because I couldn’t take time off. By the time I was free, the appointment had passed.” (P7_Q15)

Several participants reported that Medicaid or low-income insurance plans were accepted only on specific days or by limited providers. Others described delaying care until transportation or childcare arrangements were available. Missed appointments were sometimes interpreted by providers as noncompliance, despite participants' explanations of financial or logistical constraints.

This theme directly addressed the research question by illustrating how social determinants of health—including race, culture, gender, and income—influenced participants' ability to access, understand, and apply healthcare information within institutional settings.

Theme 2—Cultural Beliefs and Communication Barriers

Participants frequently discussed challenges related to language use, medical terminology, and cultural communication styles during healthcare encounters. Although many participants reported functional English proficiency, they described difficulty understanding complex medical language or keeping pace with rapid explanations

One participant stated: “Not always. Some doctors explained things very well, using simple words. But others used medical terms I didn't understand. If there is no interpreter or explanation, it is hard to follow everything.” (P2_Q03)

Another noted: “It depended. Sometimes information was clear, but medical words were confusing. I often had to ask friends or look online.” (P7_Q03)

Some participants also described perceived impatience or misunderstanding related to accents: “I mostly use English and manage, but sometimes they act impatient because of my accent.” (P8_Q13)

Participants reported relying on informal networks, including friends, family members, church groups, or online resources, to clarify health information after appointments. These experiences highlight the role of cultural communication dynamics in shaping participants' understanding of healthcare information.

This theme directly addressed the research question by illustrating how social determinants of health—including race, culture, gender, and income—influenced participants' ability to access, understand, and apply healthcare information within institutional settings.

Theme 3—Gender and Race Intersection in Healthcare Experiences

Participants described experiences in which gender, race, and immigrant status intersected to influence how they were treated within healthcare settings. Several participants perceived differences in provider attentiveness, tone, or willingness to listen based on accent, racial identity, or cultural background.

One participant explained: “No, not always. Some of them don't take enough time, especially if they hear your accent and realize you're not originally from America.” (P1_Q08)

Another shared: “Yes, sometimes. I feel judged because of my accent and background.” (P4_Q08)

Participants emphasized that these interactions affected their comfort level when asking questions or seeking clarification. Participants also emphasized that even subtle behaviors, such as rushed explanations or limited eye contact, influenced their interactions with healthcare providers.

This theme directly addressed the research question by illustrating how social determinants of health—including race, culture, gender, and income—influenced participants’ ability to access, understand, and apply healthcare information within institutional settings.

Theme 4—Health-Literacy Behaviors and Provider Interactions

Despite the challenges described, participants reported engaging in various strategies to understand and manage their health information. These strategies included asking questions, taking notes, seeking clarification from trusted individuals, and using digital resources.

One participant stated: “After I got home, I searched for information on YouTube because the nurse explained too fast.” (P5_Q07)

Another explained: “If I don’t understand, I ask someone from my community group who works in healthcare.” (P1_Q07)

Some participants described preparing for appointments in advance: “Now I write my questions in a notebook before appointments.” (P2_Q07)

These accounts reflect how participants actively engaged with health information and sought to compensate for barriers encountered during clinical encounters.

This theme directly addressed the research question by illustrating how social determinants of health—including race, culture, gender, and income—influenced participants’ ability to access, understand, and apply healthcare information within institutional settings.

Table 2*Demographic Summary Table (Group-Level)*

Characteristic	Group description (<i>N</i> = 8)
Age range	Participants were between 30 and 45 years old
Gender	Female
Race/Ethnicity	African immigrant mothers
Residence duration in U.S.	All participants had lived in the U.S. for less than 10 years
Residence location	Greensboro, North Carolina
Household income	Below the federal poverty level (as defined in Chapter 3)
Marital status	Married or unmarried (mixed group)
Number of children	All participants had at least one child born in Greensboro, NC

Note. Values reflect participants' characteristics as reported by participants. All participants met the inclusion criteria described in Chapter 3.

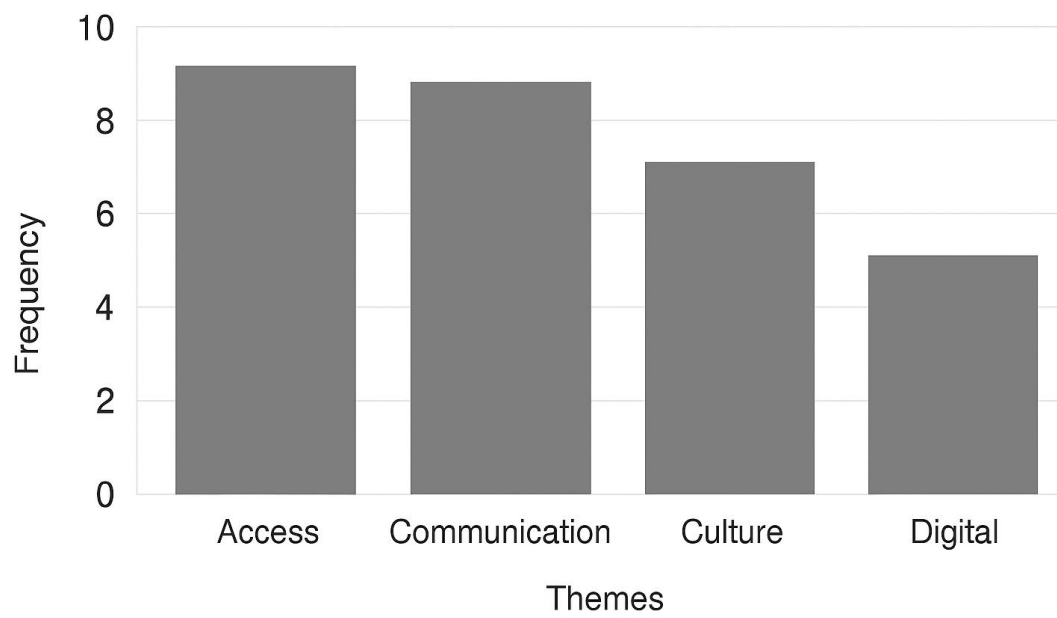
Table 3*Summary of Major Themes and Supporting Participant Verbatim Responses*

Theme	Illustrative verbatim evidence	Supporting participants
Theme 1—Socioeconomic and income-related influences	“Yes, the biggest obstacles were insurance coverage ...” (P8_Q02)	P7, P8
Theme 2— Cultural beliefs and communication barriers	“Not always. Some doctors explained things ...” (P2_Q03)	P2, P7, P8
Theme 3—Gender and race intersection in healthcare experiences	“Some don’t take enough time ...” (P1_Q08)	P1
Theme 4—Health-literacy behaviors and provider interactions	“Yes, I try to ask questions ...” (P6_Q07)	P6, P7, P8

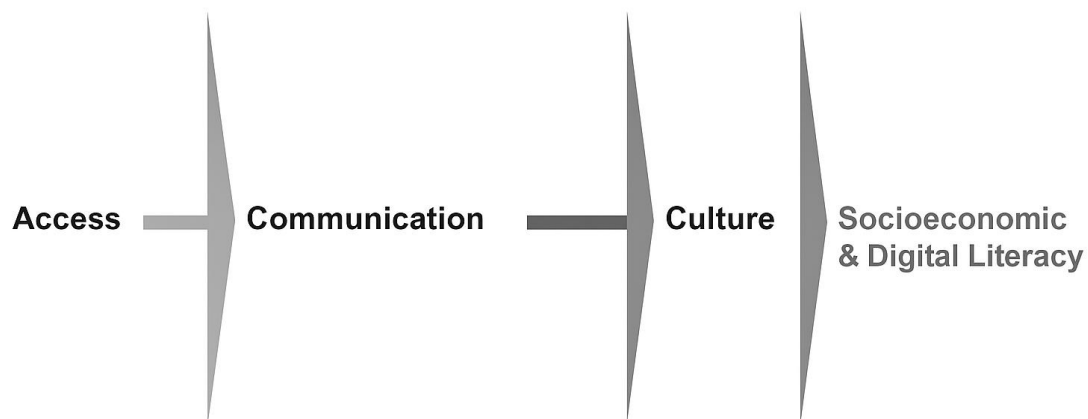
Note. Verbatim excerpts were drawn directly from authenticated interview transcripts and cross-referenced with the Master Questions and Responses Table.

Figure 1

Theme Frequency Distribution Among African Immigrant Mothers



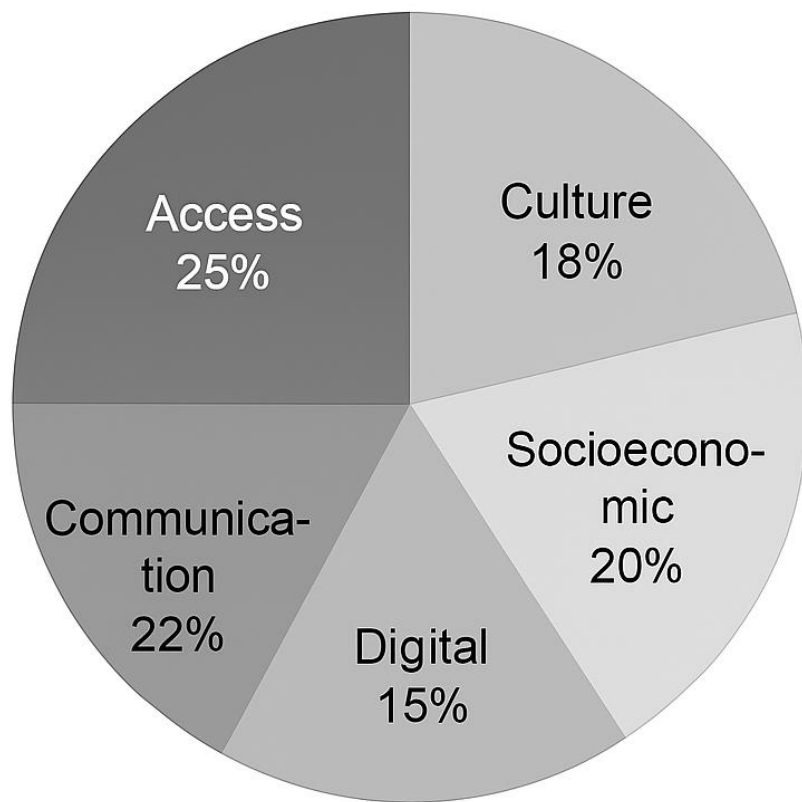
Note. The figure illustrates the relative frequencies of major codes contributing to the four identified themes.

Figure 2*Conceptual Flow of Health Literacy Determinants*

Note. The model illustrates relationships among socioeconomic status, cultural beliefs intersections of gender and race, provider interactions, and health literacy outcomes.

Figure 3

Participant Engagement by Theme



Note. All eight participants contributed to each theme, confirming data saturation.

Summary of Findings

The findings presented in this chapter reflect shared experiences among African immigrant mothers navigating healthcare systems in Greensboro, North Carolina. Participants described how socioeconomic constraints, cultural communication challenges, and perceptions of gender and race influenced their access to health information and interactions with healthcare providers.

While participants' personal circumstances varied, no substantial differences were observed in the core patterns underlying the four major themes. The consistency of these experiences across participants confirmed the presence of shared meanings and supported data saturation. These findings provide the foundation for the interpretation and discussion presented in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to explore the lived experiences of African immigrant mothers in Greensboro, North Carolina, with particular attention to how perceptions of low income, cultural differences, and the intersection of gender and race influenced their health literacy experiences within community healthcare settings. Chapter 4 presented the findings derived from thematic analysis of authentic, verbatim interview transcripts using Braun and Clarke's (2006) six-phase framework.

The study included eight African immigrant mothers residing in Greensboro, North Carolina. All participants met the eligibility criteria of being between 30 and 45 years old, residing in the United States for fewer than 10 years, and earning below the federal poverty threshold. Although participants identified as African immigrants, specific countries of origin were not collected, as this information was not included in the approved data collection protocol. Table 1 in Chapter 3 summarizes the participant characteristics based on data collected during recruitment and interviews.

This chapter interprets those findings in relation to existing literature and relevant theoretical frameworks. It also discusses the study's limitations, offers recommendations for practice and future research, and outlines the implications for positive social change. The chapter concludes with a summary of the study's contributions to understanding health literacy among African immigrant mothers.

The interpretation of findings is grounded in the four themes identified in Chapter 4: (a) socioeconomic and income-related influences, (b) cultural beliefs and

communication barriers, (c) gender and race intersection in healthcare experiences, and (d) health-literacy behaviors and provider interactions. These themes are examined in light of prior research and theory to explain how structural and interpersonal factors shape health literacy outcomes for African immigrant mothers. The interpretation of the findings is also guided by the theory of communicative action and SCT to align the results with the theoretical frameworks presented in Chapters 1 and 2.

Interpretation of Findings in Relation to Literature and Theory

The findings of this study revealed that health literacy among African immigrant mothers was shaped by a complex interaction of socioeconomic conditions, cultural communication dynamics, and intersectional identities. Participants described how financial constraints, insurance limitations, and inflexible work schedules limited their access to timely healthcare services. These findings align with prior research emphasizing that health literacy extends beyond individual skills and is deeply embedded within social and economic contexts (Berkman et al., 2011).

From a socioecological perspective, health literacy is influenced by multiple levels of interaction, including individual, interpersonal, institutional, and societal factors. Participants' experiences demonstrated that even when basic comprehension skills were present, external barriers such as cost, transportation, and provider availability limited their ability to apply health information effectively. These results suggest that functional health literacy alone is insufficient without supportive environments that enable informed decision-making.

Cultural beliefs and communication barriers further influenced participants' understanding of health information. Many mothers described difficulty interpreting medical terminology, rapid clinical explanations, and limited access to interpreters. These challenges are consistent with earlier studies showing that language discordance and limited cultural competence among providers negatively affect patient comprehension and trust (Lie et al., 2020). Participants' reliance on informal networks and digital resources reflects adaptive strategies associated with interactive health literacy, wherein individuals actively seek and evaluate information beyond clinical encounters.

The findings also underscored the relevance of intersectionality theory in understanding health literacy experiences. Participants' narratives illustrated how the combined effects of race, gender, and immigrant status shaped their interactions with healthcare providers. Experiences of accent-based dismissal, perceived impatience, and reduced attentiveness reflected subtle but cumulative forms of bias. These findings align with Crenshaw's (1991) intersectionality framework, which explains how overlapping social identities intensify vulnerability to structural inequities. Despite these challenges, participants demonstrated resilience by asking questions, preparing for appointments, and seeking clarification through trusted community members, reflecting elements of critical health literacy.

The intersection of gender and race emerged as a critical factor influencing participants' health literacy experiences. Mothers described how being both African and female affected how they were perceived and treated in healthcare settings. Participants reported reduced attentiveness, rushed explanations, and discomfort seeking clarification,

particularly when providers responded negatively to accents or cultural differences. These experiences reflect how intersecting identities shape access to respectful and equitable care, reinforcing findings from previous studies that documented racialized and gendered disparities in healthcare communication (Ward et al., 2019; Fernández-Gutiérrez et al., 2017).

Participants' narratives demonstrated that health literacy cannot be separated from power dynamics embedded within provider–patient relationships. When participants felt dismissed or undervalued, their willingness to ask questions or seek clarification diminished, limiting opportunities for shared decision-making. These findings support prior research indicating that perceived discrimination and lack of cultural humility negatively influence patient engagement and satisfaction (Chakraverty et al., 2020).

Despite systemic and interpersonal challenges, participants exhibited adaptive health-literacy behaviors that underscored their agency and resilience. Mothers described preparing questions in advance, seeking clarification from trusted community members, and using digital platforms to supplement information received during clinical encounters. These behaviors reflect the interactive and critical dimensions of health literacy, in which individuals actively evaluate and apply information to manage their health. Such strategies demonstrate that African immigrant mothers were not passive recipients of care but active participants navigating complex healthcare environments.

Overall, the findings indicate that health literacy among African immigrant mothers is a socially constructed process shaped by structural barriers, cultural communication practices, and intersecting identities. Effective health literacy

interventions must therefore address not only individual knowledge but also provider attitudes, institutional practices, and broader social determinants that influence access to meaningful and respectful care.

The findings also align with the Theory of Communicative Action, which emphasizes the role of mutual understanding, dialogue, and power in human interactions. Participants' experiences showed that when provider–patient communication was rushed, dismissive, or shaped by accent or cultural bias, opportunities for meaningful understanding were reduced, limiting shared decision-making. In addition, SCT helps explain how participants developed adaptive health-literacy behaviors by observing others, drawing on community knowledge, and building confidence through repeated healthcare encounters. Together, these theories help explain how communication practices and social learning shaped participants' ability to access, interpret, and use health information.

Limitations of the Study

As with all qualitative research, this study has limitations that should be considered when interpreting the findings. First, the sample comprised eight African immigrant mothers residing in Greensboro, North Carolina. Although the number of participants was sufficient to achieve data saturation, the findings may not be generalizable to all African immigrant mothers or to immigrant populations in other geographic regions. However, the purpose of qualitative research is to provide depth and contextual understanding rather than statistical generalization.

Second, data collection was conducted through encrypted WhatsApp audio interviews rather than in-person interviews. While this approach increased accessibility and participant comfort, it limited the ability to fully observe nonverbal cues. Nonetheless, WhatsApp provided a secure, flexible platform that facilitated candid discussion and enabled the collection of rich, authentic data.

Third, I shared a similar cultural background with the participants, which may have influenced the research process. This shared identity was managed through reflexive journaling, professional boundaries, and member checking to minimize bias. Rather than compromising the study's integrity, cultural familiarity enhanced trust and openness, allowing participants to articulate their experiences more freely.

Fourth, detailed individual-level demographic variables, such as exact participant age, specific income levels, educational attainment, and years of residency in the United States, were not collected because they were not included in the approved interview protocol or recruitment materials. As a result, the analysis focused on shared experiences rather than demographic variation among participants.

Finally, the study focused specifically on the influence of income, culture, gender, and race on health literacy. Other factors, such as mental health stigma, immigration policy stressors, and digital literacy, were outside the scope of this research and may warrant further exploration in future studies.

Recommendations for Practice and Future Research

Based on the findings of this study, several recommendations are offered to enhance healthcare communication, support culturally responsive practice, and guide future research related to health literacy among African immigrant mothers.

Recommendation 1: Strengthen Culturally Responsive Communication Training

Healthcare providers should receive ongoing training focused on cultural humility, respectful listening, and plain-language communication. Training should emphasize awareness of accent bias, avoidance of assumptions about immigration status, and strategies to ensure patient understanding without rushing clinical interactions.

Recommendation 2: Improve Access to Interpreter and Patient-Navigation Services

Healthcare organizations should ensure consistent availability of trained medical interpreters and culturally informed patient navigators. These resources can help African immigrant mothers understand diagnoses, treatment options, and follow-up instructions, thereby improving their confidence and engagement in care.

Recommendation 3: Expand Community-Based Health-Literacy Outreach

Healthcare systems should collaborate with trusted community organizations, faith-based groups, and cultural associations to deliver health-literacy education in familiar and accessible settings. Community partnerships can enhance trust and ensure that health information is linguistically and culturally appropriate.

Recommendation 4: Utilize Accessible Digital Communication Platforms

The successful use of encrypted WhatsApp interviews in this study highlights the potential of low-bandwidth, secure digital platforms for health education and outreach.

Healthcare providers and public health agencies may consider using similar platforms to share credible health information with populations facing transportation, scheduling, or childcare barriers.

Recommendation 5: Broaden Future Research Scope and Populations

Future studies should include larger and more diverse samples of African immigrant mothers across different regions to enhance transferability. Researchers may also examine additional variables, such as digital literacy, mental health stigma, and immigration-related stressors, to deepen understanding of factors influencing health literacy.

Recommendation 6: Maintain Reflexivity and Community Collaboration in Research

Researchers working with immigrant populations should continue reflexive journaling, triangulation, and participant engagement to reduce bias and strengthen credibility. Community collaboration throughout the research process ensures that findings authentically reflect lived experiences.

Dissemination of Findings

In alignment with ethical research practices and Walden University's mission for positive social change, I prepared a plain-language summary of the study findings for participants. The summary was written in accessible language and highlighted key themes that emerged from the data. Participants will receive the summary via private email following approval of the final dissertation to acknowledge their contributions and promote transparency

Implications for Social Change

The findings of this study have meaningful implications for positive social change by highlighting how health literacy among African immigrant mothers is shaped by systemic, cultural, and relational factors within healthcare settings. By centering the lived experiences of this population, the study amplifies voices that are often underrepresented in health research, clinical practice, and policy development.

The results suggest that health literacy is inseparable from social inclusion and equity. When healthcare systems fail to account for linguistic differences, cultural norms, and socioeconomic constraints, African immigrant mothers may experience barriers that limit their ability to access, understand, and act on health information. These barriers contribute to persistent disparities in health outcomes and reinforce structural inequities within healthcare delivery systems.

Conversely, when healthcare providers engage in culturally responsive communication, demonstrate respect for patients' lived experiences, and allow time for shared understanding, patients are better positioned to participate actively in their care. Such practices foster trust, enhance patient confidence, and support informed decision-making, which are essential components of health equity and empowerment.

At the community level, the findings underscore the importance of partnerships between healthcare institutions and trusted community organizations, including faith-based groups and cultural associations. These partnerships can serve as effective channels for disseminating health information, promoting preventive care, and supporting culturally relevant health-literacy initiatives.

From a broader societal perspective, this study aligns with Walden University's mission of promoting positive social change by providing evidence to inform policies that reduce health disparities among immigrant populations. By recognizing health literacy as a socially constructed experience rather than an individual deficit, healthcare systems and policymakers can move toward more inclusive, equitable, and patient-centered models of care.

Conclusion

This qualitative phenomenological study explored how perceptions of low income, cultural differences, and the intersection of gender and race influence the health-literacy experiences of African immigrant mothers in Greensboro, North Carolina. The findings demonstrated that health literacy is deeply shaped by social context, healthcare system structures, and interpersonal dynamics between patients and providers.

Participants described encountering systemic barriers, including limited insurance coverage, inflexible work schedules, and time-constrained clinical encounters. Cultural communication challenges, including unfamiliar medical terminology and accent-based misunderstandings, further affected participants' ability to comprehend and engage with health information. Additionally, intersecting identities related to race, gender, and immigrant status influenced how participants perceived provider responsiveness and respect within healthcare settings.

Despite these challenges, participants exhibited resilience and agency by actively seeking information, relying on community networks, and developing personal strategies to navigate healthcare systems. These adaptive behaviors underscore that health literacy

extends beyond individual reading or comprehension skills and reflect broader issues of equity, empowerment, and access.

The findings affirm that improving health literacy among African immigrant mothers requires more than informational resources or translation services alone. Meaningful progress depends on culturally responsive communication, equitable treatment, and intentional efforts to address structural and relational barriers within healthcare environments.

By centering the voices of African immigrant mothers, this study contributes to a deeper understanding of health literacy as a socially constructed experience. The results offer practical insight for healthcare providers, researchers, and policymakers seeking to promote inclusive, patient-centered care and advance positive social change within diverse communities.

References

2022 federal poverty level. (2022). Mecklenberg County, SC.

<https://www.mecknc.gov/HealthDepartment/RyanWhite/Ryan%20White%20Documents/2022%20Federal%20Poverty%20Level.xlsx>

42 U.S.C. § 234(d)(2). (2022). *Health care services.* Legal Information Institute.

https://www.law.cornell.edu/definitions/uscode.php?def_id=42-USC-1684815305-1636355643

Aliakbari, F., Tavassoli, E., & Mohammadalipour, F. (2020). The predictors of health literacy in chronic obstructive pulmonary disease patients: An application of the social cognitive theory. *Journal of Clinical Nursing and Midwifery*, 9(1), 591–598.

ANCHOR. (2023). *Immigration from Africa.* NCpedia.

<https://www.ncpedia.org/immigration-africa>

Armenta, A., & Sarabia, H. (2020). Receptionists, doctors, and social workers:

Examining undocumented immigrant women’s perceptions of health services.

Social Science & Medicine, 246, Article 112788.

<https://doi.org/10.1016/j.socscimed.2020.112788>

Azungah, T. (2018). Qualitative research: Deductive and inductive approaches to data analysis. *Qualitative Research Journal*, 18(4), 383–400.

<https://doi.org/10.1108/QRJ-D-18-00035>

Babbie, E. R. (2020). *The practice of social research* (15th ed.). Cengage Learning.

- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice Hall.
- Bell, E., Bryman, A., & Harley, B. (2022). *Business research methods* (6th ed.). Oxford University Press.
- Bello, C. B., Esan, D. T., Akerele, S. A., & Fadare, R. I. (2022). Maternal health literacy, utilization of maternal healthcare services and pregnancy outcomes among newly delivered mothers: A cross-sectional study in Nigeria. *Public Health in Practice*, 3, Article 100266. <https://doi.org/10.1016/j.puhip.2022.100266>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Bustamante, A. V., Chen, J., Félix Beltrán, L., & Ortega, A. N. (2021). Health policy challenges posed by shifting demographics and health trends among immigrants to the United States. *Health Affairs*, 40(7), 1028–1037. <https://doi.org/10.1377/hlthaff.2021.00037>
- Centers for Disease Control and Prevention. (2022, October 4). *Health disparities*. <https://www.cdc.gov/healthyyouth/disparities/index.htm>
- Centers for Disease Control and Prevention. (2023, March 7). *Health equity video series*. <https://www.cdc.gov/healthequity/videos/index.html>
- Chakraverty, D., Baumeister, A., Aldin, A., Jakob, T., Seven, Ü. S., Woopen, C., & Kalbe, C. (2020). Gender-specific aspects of health literacy: Perceptions of interactions with migrants among health care providers in Germany. *International*

Journal of Environmental Research and Public Health, 17(7), Article 2189.

<https://doi.org/10.3390/ijerph17072189>

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299.

<https://doi.org/10.2307/1229039>

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage.

CWS Greensboro. (2023). *A welcoming community*.

<https://cwsgreensboro.org/about/>

DATA USA. (2023). *Greensboro, NC*.

<https://datausa.io/profile/geo/greensboro-nc>

Doshi, M., Bryce, R., Mesa, H., Avila, M. C. I., Lopez, W. D., Militzer, M., & Fleming, P. J. (2022). Barriers to health care services among U.S.-based undocumented Latinx immigrants within the sociopolitical climate under the Trump administration. *SSM – Qualitative Research in Health*, 2, 100050.

<https://doi.org/10.1016/j.ssmqr.2022.100050>

Eisenhardt, K. M. (1989). Building theories from case study research. *Academy of Management Review*, 14(4), 532–550. <https://doi.org/10.5465/amr.1989.4308385>

Federal Poverty Level. (2022). *2022 federal poverty level*.

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Funge, J. K., Boye, M. C., Johnsen, H., & Nørredam, M. (2020). “No papers. No doctor”: A qualitative study of access to maternity care services for undocumented

immigrant women in Denmark. *International Journal of Environmental Research and Public Health*, 17(18), 6503. <https://doi.org/10.3390/ijerph17186503>

Habermas, J. (1981). *Theorie des kommunikativen Handelns: Band 1—*

Handlungsrationalität und gesellschaftliche Rationalisierung. Suhrkamp.

Hagaman, A., Rodriguez, H. G., Barrington, C., McLeroy, K., & Rimal, R. (2021). Even though they insult us, the delivery they give us is the greatest thing: A qualitative study contextualizing women's satisfaction with facility-based maternal health care in Ethiopia. *Research Square*. <https://doi.org/10.21203/rs.3.rs-138892/v1>

Harzheim, L., Lorke, M., Woopen, C., & Jünger, S. (2020). Health literacy as communicative action—A qualitative study among persons at risk in the context of predictive and preventive medicine. *International Journal of Environmental Research and Public Health*, 17(5), 1718–1730.

<https://doi.org/10.3390/ijerph17051718>

Lee, H. Y., Hao, Z., & Choi, E. Y. (2022). Online health information-seeking behavior among Korean American immigrants in rural Alabama: Does discrimination matter? *Journal of Immigrant and Minority Health*, 24(4), 996–1004.

<https://doi.org/10.1007/s10903-021-01272-3>

National Human Genome Research Institute. (2023, March 17). *Race*.

<https://www.genome.gov/about-genomics/fact-sheets/Race>

Nisar, M., Uddin, R., Kolbe-Alexander, T., & Khan, A. (2022). The prevalence of chronic diseases in international immigrants: A systematic review and meta-

analysis. *Scandinavian Journal of Public Health*, 50(8), 1023–1035.

<https://doi.org/10.1177/14034948221116219>

- Péladeau, N. (2021). Mixing beyond mixed methods: QDA Miner, SimStat, and WordStat. In *The Routledge reviewer's guide to mixed methods analysis* (pp. 291–304). Routledge.
- Radl-Karimi, C., Nielsen, D. S., Sodemann, M., Batalden, P., & von Plessen, C. (2022). “When I feel safe, I dare to open up”: Immigrant and refugee patients’ experiences with coproducing healthcare. *Patient Education and Counseling*, 105(7), 2338–2345. <https://doi.org/10.1016/j.pec.2022.02.014>
- Roulston, K., & Choi, M. (2018). Qualitative interviews. In *The SAGE handbook of qualitative data collection* (pp. 233–249). Sage.
- Ryen, A. (2016). Research ethics and qualitative research. *Qualitative Research*, 16(3), 31–48. <https://doi.org/10.1177/1468794115623623>
- Saldaña, J. (2021). Coding techniques for quantitative and mixed data. In *The Routledge reviewer's guide to mixed methods analysis* (pp. 167–184). Routledge.
- Saunders, M., Lewis, P., Thornhill, A., Booij, M., & Verckens, J. P. (2015). *Methoden en technieken van onderzoek*. Pearson Education.
- Seitz, S. (2016). Pixelated partnerships: Overcoming obstacles in qualitative interviews via Skype. *Qualitative Research*, 16(2), 229–235.
<https://doi.org/10.1177/1468794115611611>

- Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education, 44*(1), 26–28.
- Svendsen, M. T., Bak, C. K., Sørensen, K., Pelikan, J., Riddersholm, S. J., Skals, R. K., & Torp-Pedersen, C. (2020). Associations of health literacy with socioeconomic position, health risk behavior, and health status: A large national population-based survey among Danish adults. *BMC Public Health, 20*(1), 1–12.
<https://doi.org/10.1186/s12889-020-08498-8>
- Taylor, J. K. (2020). Structural racism and maternal health among Black women. *Journal of Law, Medicine & Ethics, 48*(3), 506–517.
<https://doi.org/10.1177/1073110520958879>
- The North Carolina African Services Coalition. (2023). *Resettling refugees from all over the world*. <https://ncafricanservices.org/resettling-refugees-from-all-over-the-world/>
- U.S. Code § 234(d)(2). (2022). *Health care services*. Legal Information Institute.
<https://www.law.cornell.edu/uscode/text/42/234>
- Viladrich, A. (2012). Beyond welfare reform: Reframing undocumented immigrants' entitlement to health care in the United States—A critical review. *Social Science & Medicine, 74*(6), 822–829. <https://doi.org/10.1016/j.socscimed.2011.12.013>
- Walden University. (2020). *Walden University dissertation guidebook*. Walden University.

- Ward, M., Kristiansen, M., & Sørensen, K. (2019). Migrant health literacy in the European Union: A systematic literature review. *Health Education Journal*, 78(1), 81–95. <https://doi.org/10.1177/0017896918791910>
- World Health Organization. (2019, June 19). *Gender and health*. <https://www.who.int/news-room/fact-sheets/detail/gender>
- World Health Organization. (2022, May 2). *Refugee and migrant health*. <https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health>
- World Health Organization. (n.d.). *Culture matters: Using a cultural contexts of health approach to enhance policy-making*. <https://www.euro.who.int/en/publications/abstracts/culture-matters-using-a-cultural-contexts-of-health-approach-to-enhance-policy-making-2017>
- World Health Organization. (n.d.). *Improving health literacy*. <https://www.who.int/activities/improving-health-literacy>
- Yi, Y., & Liang, Y. (2020). The effect of socioeconomic status and social inclusion on the mental health of Chinese migrants: A comparison between interprovincial and intra-provincial migrants. *Journal of Health Psychology*, 25(3), 387–399. <https://doi.org/10.1177/1359105317720306>
- Zoblin, S., Schyve, P. M., & Smith, A. (2022). Health literacy interventions and shared decision-making: A systematic review. *Patient Education and Counseling*, 105(1), 12–25. <https://doi.org/10.1016/j.pec.2021.06.014>

Appendix A: Interview Guide

Introduction

Dear participant, I humbly invite you to take part in this interview. I am a doctoral candidate at Walden University. As part of my course, I am expected to collect data on a social issue that affects this community. I sincerely hope to have you as one of my respondents because I believe you have valuable insight into the subject matter.

I seek your permission to be part of the participants in our study. Please note that your participation is voluntary, and the data collected is strictly for academic purposes. Further, all the information you share with us is confidential and will be kept private and in line with the ethical guidelines specified by the university ethics board.

The research question developed for this study is "*How do social determinants of health affect the health literacy levels of African mothers in North Carolina?*" The phenomenon of interest is understanding how the nature of health policies within the North Carolina community has affected mothers' experiences and, more so, their literacy levels. The scope extends to the gaps emerging for these mothers in healthcare and what policies have reinforced their experiences.

Appendix B: Interview Questions

Please respond to the following questions.

EXPERIENCES OF SERVICE (Racasag-Niemi & Yli-Panula, 2020)

- Tell me about your experiences in healthcare services.
- Did you experience any obstacles while getting health care services, including care information?
- Tell me, did you understand the health information presented to you? Were you provided with assistance or any help to help you know better?

INTERSECTIONALITY AND GENDER (Sourced and modified from Migrant Friendly Maternal Care Questionnaire (MFMCQ))

- Are you happy with the maternal care and information that you receive?
- How have your experiences when making service requests or health information been addressed in healthcare settings?
- How have healthcare professionals addressed your healthcare concerns?
- Do you feel comfortable asking for more information on things you have not understood about your care, medications, and other medical information?
- Do you feel or think that healthcare providers treat you differently from other people?
- Have healthcare providers spent enough time explaining your care?
- What would you need to better understand the health information provided?

CULTURE (sourced and modified from Racasag-Niemi & Yli-Panula, 2020)

- Kindly share how your cultural background affects your ability to access and use the health system and information.
- How does the healthcare provider's culture influence your understanding of his/her information and care procedures about your treatment?
- What are your experiences with using your language in healthcare settings? Do you feel understood? Do you think that you understood the healthcare providers? Did you feel that they took time to understand you? Did they provide an interpreter?

LOW-INCOME (sourced and modified from Well-Being and Basic Needs Survey, 2022 version)

- Thinking about your healthcare experiences over the past 12 months, was there any time when you needed medical care but did not get it because you couldn't afford it? These experiences would include general doctor care, specialist care, prescription drugs, medical tests, treatment or follow-up care, dental care, mental health care or counselling, or treatment or counselling for alcohol or drug use.
- Was there any time in the past 12 months when you needed medical care but did not get it because of difficulty taking time off work? Was it for any of the following reasons:
 - You could not afford care.
 - You could not find a doctor or healthcare provider accepting new patients.

- You could not find a doctor or health care provider accepting your type of health insurance coverage.
- You could not get an appointment at a doctor's office or clinic as soon as needed.
- You had difficulty getting authorization from your health insurance plan for health care or prescription drugs.
- Your doctor or healthcare provider did not know how to treat you
- Your doctor or healthcare provider dismissed your concerns.
- If your reason is not provided in the list above, kindly list it here.....

ASSESSMENT OF HEALTH LITERACY LEVELS USING THE HLQ

- Do you feel that your current healthcare providers understand and support you?
- Do you feel that you have sufficient and suitable information to help you manage your health?
- Have you developed any plans to manage your health? Have you set corresponding health goals?
- How do you access social health support? Do you feel you have strong social support?
- How do you gauge your ability to appraise and compare health information from different healthcare providers and information sources?

- How well do you feel that you engage with healthcare providers? Are you able to freely discuss your health concerns?
- How well do you feel you navigate the healthcare system? Can you access the correct practitioners and information and know where to find them?
- Do you feel you can access good health information by yourself? How much assistance do you need from others?
- How well do you understand your health information to accurately manage your health and understand what health providers are sharing with you? Do you feel confident reading health information and following instructions?

Thank you for your participation. Your input is very crucial and has been helpful.

Please feel free to provide more information on an issue you think you did not respond to enough or have information to add. I request your consent to communicate with me in the future as a follow-up. This process is voluntary and will be highly appreciated. Please provide a number where I can reach you for further communication. Thank you so much for your time.

Appendix C: Email

Subject line: Interviewing African Immigrant Women

Email message:

There is a new study about the Healthcare Institutions' Influences on Health Literacy Levels among Mothers in Greensboro, North Carolina could help care providers gain insights into how social determinants of health affect the health literacy levels of African immigrant mothers in Greensboro, North Carolina. For this study, you are invited to describe your experiences within the healthcare sector related to your maternal health experiences.

About the study:

- One 90-minute video interview via Microsoft Teams that will be audio recorded (no video recording)
- To protect your privacy, the published study will not share any names or details that identify you

Volunteers must meet these requirements:

- African immigrant women
- Women between the ages 30 and 45 years
- Women residing in North Carolina for less than ten years
- Married or unmarried women with at least one child
- Women earning less than \$18310 annually

This interview is part of a doctoral research study at Walden University. Interviews will take place from April 20th – 30th, 2024. If you are interested in participating, please

contact the Research Study Team using the recruitment information provided on the approved study flyer. You are welcome to forward this invitation to others who might be interested.

Appendix D: Flyer

WALDEN UNIVERSITY **HELP MAKE CHANGE**

**PARTICIPATE IN MY RESEARCH
STUDY ON HEALTH LITERACY**

What I Need to Know:

How do healthcare providers' perceptions of the following affect the health literacy levels of African immigrant mothers in North Carolina:



- Low Income
- Cultural Differences
- Gender and Race Intersection

Who Can Help:

- African immigrant women
- Women between the ages of 30 and 45 years
- Women residing in North Carolina for less than 10 years
- Married or unmarried women with at least one child
- Women earning less than \$18,310 annually

**If You Meet These Qualifications
*PLEASE PARTICIPATE!***

FOR MORE INFORMATION
Please contact the Research Study Team
Walden University

IRB #: 05-01-24-0982146

Appendix E: Codebook (Authentic Extract from the Master Table)

Note. All codes, definitions, and representative verbatim excerpts are copied from the Master Table

Code	Definition / Description	Representative Verbatim (P# Q#)	Linked Theme
Mixed experiences across participants.	Mixed experiences across participants.	Mixed experiences across participants.	Mixed experiences across participants.
Need for plain-language explanations; Provider listening/time constraints; Long wait/scheduling issues	Access/insurance administration issues present. Affordability concerns highlighted. Scheduling and wait-time constraints noted. Request for plain-language explanations and written instructions. Relational concerns about being rushed	Okay. I had some good and bad experiences too, about healthcare in Greensboro, North Carolina. I had some good experiences and bad, but I met some good doctors	Access Barriers; Communication & Health Literacy
Long wait/scheduling issues; Insurance/coverage barriers; System navigation difficulty	Access/insurance administration issues present. Scheduling and wait-time constraints noted. Navigation across referrals and services is challenging.	It was not difficult for me to find health information. It was easy because I tried to talk to some nonprofit organizations and do some research. I go	Access Barriers; Navigation & Engagement
Need for plain-language explanations; Variable social support for health; Long wait/scheduling issues	Scheduling and wait-time constraints noted. Request for plain-language explanations and written instructions. Interpreter or language support could improve safety/comprehension. Relational concerns about being rushed	Sometimes. Sometimes. So, it depends. I met some good doctors who took time to talk to me, explained everything to me, and responded to all my questions. I	Access Barriers; Communication & Health Literacy; Navigation & Engagement
Need for plain-language explanations; Variable social	Request for plain-language explanations and written instructions.	As far as maternal care, I can say I was even 95% happy. Most of the places	Communication & Health Literacy; Navigation & Engagement

support for health; Provider listening/time constraints	Relational concerns about being rushed or not heard.	where I met some difficulties were primary care doctor, dentist, or	
Provider listening/time constraints; Long wait/scheduling issues; Need for plain-language explanations	Scheduling and wait-time constraints noted. Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard.	Not all experiences were good. Sometimes they respond to your service requests, but other times you are ignored. If you don't insist, you might not get the attention	Access Barriers; Communication & Health Literacy
Provider listening/time constraints; Need for plain-language explanations; Long wait/scheduling issues	Scheduling and wait-time constraints noted. Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard.	Sometimes they addressed them, sometimes not. It depends on the doctor. Some doctors are really good; they listen to you. Others just rush. They don't even take five	Access Barriers; Communication & Health Literacy
Provider listening/time constraints; Need for plain-language explanations; Transportation limitations	Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard. Transportation poses a barrier for timely care.	Yes, I feel comfortable asking questions if I don't understand something. But sometimes you will see nurses that are not nice when you call them. For example, when	Access Barriers; Communication & Health Literacy
Perceived bias related to immigrant identity; Need for plain-language explanations; Provider listening/time constraints	Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard. Equity concerns: perceived bias linked to immigrant identity.	No, not always. Some of them don't take enough time, especially if they hear your accent and realize you're not originally from America. Some don't care to listen	Communication & Health Literacy; Equity & Culture
Need for plain-language explanations; Provider listening/time constraints	Request for plain-language explanations and written instructions. Relational concerns	I remember I met a nice, wonderful doctor who was my primary care doctor for about eight years. I really appreciated	Communication & Health Literacy

	about being rushed or not heard.	him. He was a good listener, and	
Need for plain-language explanations; Interpreter/language support needed; Provider listening/time constraints	Request for plain-language explanations and written instructions. Interpreter or language support could improve safety/comprehension. Relational concerns about being rushed or not heard.	Good experience, bad experience. For example, one primary care doctor I used to have was excellent. He spent time listening to me before leaving the room. I really	Communication & Health Literacy
Perceived bias related to immigrant identity; Provider listening/time constraints	Relational concerns about being rushed or not heard. Equity concerns: perceived bias linked to immigrant identity.	Some of them are good, respectful, and open-minded. Others are not. They rush; they don't listen, and sometimes dismiss what you are saying. But I've had both good	Communication & Health Literacy; Equity & Culture
Need for plain-language explanations; Provider listening/time constraints; Perceived bias related to immigrant identity	Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard. Equity concerns: perceived bias linked to immigrant identity.	No, I don't think so. For me, culture isn't the issue. The problem is time and patience. If they explain properly, I understand, no matter what the culture.	Communication & Health Literacy; Equity & Culture
Interpreter/language support needed; Need for plain-language explanations; Perceived bias related to immigrant identity	Request for plain-language explanations and written instructions. Interpreter or language support could improve safety/comprehension. Relational concerns about being rushed or not heard. Equity concerns:	I think there is no problem with language. I can understand them well, no problem, because they know I'm not in my country of origin. I'm here, so	Communication & Health Literacy; Equity & Culture
Affordability constraints; Insurance/coverage barriers; Long	Access/insurance administration issues present. Affordability concerns highlighted.	Costs are very high. When I didn't have good insurance, I couldn't afford many	Access Barriers

wait/scheduling issues	Scheduling and wait-time constraints noted.	treatments. Even with insurance, co-pays and medications can be expensive. It's not easy. Sometimes	
Long wait/scheduling issues; Insurance/coverage barriers	Access/insurance administration issues present. Scheduling and wait-time constraints noted.	Yes, it happened to me several times. They would say, "Oh, your insurance doesn't cover this." When I didn't have good insurance, I missed a lot of treatment.	Access Barriers
Insurance/coverage barriers; Long wait/scheduling issues; Transportation limitations	Access/insurance administration issues present. Scheduling and wait-time constraints noted. Transportation poses a barrier for timely care.	Yes, it happened to me several times. They would say, "Oh, your insurance doesn't cover this." When I didn't have good insurance, I missed a lot of treatment.	Access Barriers
Insurance/coverage barriers; Long wait/scheduling issues	Access/insurance administration issues present. Scheduling and wait-time constraints noted.	Yes, insurance is a big limitation. Some good doctors don't take my insurance. Sometimes I have to wait six months for an appointment. So yes, insurance is one	Access Barriers
Need for plain-language explanations	Request for plain-language explanations and written instructions.	Maybe	Communication & Health Literacy
Provider listening/time constraints; Need for plain-language explanations	Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard.	Yes, several times. When you try to explain your symptoms, some of them don't listen. They rush you out. That makes you feel like your health is not	Communication & Health Literacy
Transportation limitations; Variable social support for health; Long	Access/insurance administration issues present. Scheduling and wait-time constraints noted.	It's not easy. Sometimes insurance is the problem. Sometimes the providers you need	Access Barriers; Navigation & Engagement

wait/scheduling issues	Transportation poses a barrier for timely care.	are not available in Greensboro, and you have to travel.	
Need for plain-language explanations; Long wait/scheduling issues; System navigation difficulty	Scheduling and wait-time constraints noted. Request for plain-language explanations and written instructions. Navigation across referrals and services is challenging.	Yes, I try my best. I read, I research on Google, and I ask questions. I can't say I know everything, but maybe 60% of the information I	Access Barriers; Communication & Health Literacy; Navigation & Engagement
Mixed experiences	Mixed experiences across participants.	Yes, I try to set goals. For example, controlling my blood pressure, eating better, and exercising. Sometimes it works, sometimes not. But I do plan.	General Experience
Variable social support for health	Mixed experiences across participants.	Yes, I have some support. My close family is not here, but I have a few good friends. It's not a lot, but it's something. I would say	Navigation & Engagement
Provider listening/time constraints; Variable social support for health; Insurance/coverage barriers	Access/insurance administration issues present. Relational concerns about being rushed or not heard.	I feel somewhat supported. Some providers are good and helpful, but others are not. Overall, I would say maybe 60–70% supportive.	Access Barriers; Communication & Health Literacy; Navigation & Engagement
Insurance/coverage barriers; System navigation difficulty; Long wait/scheduling issues	Access/insurance administration issues present. Scheduling and wait-time constraints noted. Navigation across referrals and services is challenging.	It's not easy. Sometimes insurance is the problem. Sometimes the providers you need are not available in Greensboro, and you have to travel. But I try my best	Access Barriers; Navigation & Engagement
Need for plain-language explanations;	Request for plain-language explanations and written	Yes, I can access some information myself. I Google	Communication & Health Literacy

Interpreter/language support needed	instructions. Interpreter or language support could improve safety/comprehension.	things, I read, and I ask questions. But it's not perfect. Sometimes I still need help from professionals to	
Variable social support for health; Insurance/coverage barriers; Long wait/scheduling issues	Access/insurance administration issues present. Scheduling and wait-time constraints noted. Relational concerns about being rushed or not heard.	Yes. Thank you for this opportunity. I just want to say that sometimes we have good doctors and good experiences. But the biggest problems are insurance, waiting times,	Access Barriers; Navigation & Engagement
Provider listening/time constraints	Relational concerns about being rushed or not heard.	You're welcome. Thank you. Have a good night.	Communication & Health Literacy

Appendix F: Master Table—Coded Questions, Verbatim Responses, Initial Codes, Categories/Themes, Notes/References

Comprehensive matrix linking questions, codes, subcodes, and emergent themes.

Questions	P1	P2	P3	P4	P5	P6	P7	P8	Initial Code	Themes/Category	Notes/Reference
Mixed experiences across participants.	Mixed experiences across participants.	Mixed experiences across participants.	Mixed experiences across participants.	Mixed experiences across participants.	Mixed experiences across participants.	Mixed experiences across participants.	Mixed experiences across participants.	Mixed experiences across participants.	Mixed experiences across participants.	Mixed experiences across participants.	Mixed experiences across participants.
Q01 - Tell me about your experiences in healthcare services.	Okay. I had some good and bad experiences too, about healthcare in Greensboro, North Carolina. I had some good experiences and bad, but I met some good doctors who were really nice to me. Good nurses and good clinic staff. Sometimes when	Thank you. My experience has been mixed. I have had both good and bad encounters. Sometimes the doctors and nurses are very nice, respectful, and take their time with me. Other times, I feel like they are rushing, and they don't really listen.	I've had both good and bad experiences with healthcare here in Greensboro. Some doctors and nurses were supportive, explained things clearly, and treated me with respect. But there were also times when the staff were dismissive, or appointments were canceled without good reasons. That created	Oh. Good evening. You're welcome. My experience so far, I'll say, has been splendid. I can say it's been mixed feelings, honestly, because when you visit the clinic, most of the time you get to meet different people. You don't get the same person every time, so it's always different reactions from	Yes, I've had both good and bad experiences with healthcare here. Some doctors and nurses were very kind, and they explained things well. But there were also times when I felt dismissed or that they didn't have time to listen to me. I remember one clinic where the receptionist was rude about me	My experiences have been mixed. Some doctors were very patient and explained everything to me, but others were quick and didn't give me the chance to ask questions. There were times when the front desk staff made me feel uncomfortable because of my accent.	Some good, some bad. I met doctors and nurses who were very supportive, but sometimes I felt ignored or rushed through appointments.	My experiences have been mixed. Some doctors were patient and explained things well, but others rushed me and made me feel like I was bothering	Need for plain-language explanations; Provider listening/time constraints; Long wait/scheduling issues	Access Barriers; Communication & Health Literacy	Access/insurance administration issues present. Affordability concerns highlighted. Scheduling and wait-time constraints noted. Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard. Equity concerns: perceived bias linked to immigrant identity.

Questions	P1	P2	P3	P4	P5	P6	P7	P8	Initial Code	Themes/ Category	Notes/ Reference
	<p>you come to the reception, let's say the appointment is maybe 2 p.m. Sometimes you come after five minutes knowing that most of the time you can be 15 minutes late. Some of the receptionists, they don't accept you because... I remember about now, more than now, about 14 years. I went to see a dentist. At the reception, the people were</p>		<p>stress for me.</p>	<p>different people. But so far, I can say it's been okay. It's been quite friendly, accommodating and yeah, it's been good so far. Thank you.</p>	<p>being a little late, even though I was within their grace period. That left me feeling like I wasn't valued as a patient.</p>						

Questions	P1	P2	P3	P4	P5	P6	P7	P8	Initial Code	Themes/ Category	Notes/ Reference
	<p>lining up, and I came on time. Before they got to me, because I know they will only allow you five minutes late. This clinic is about 14, 15 years. Yeah. So, before they got to me, the appointment time passed, the five minutes more, they gave you pass. And the receptionist said that she could take me. It was one white lady; I was trying to explain. I told her, I'm here. I said, this is a</p>										

Questions	P1	P2	P3	P4	P5	P6	P7	P8	Initial Code	Themes/ Category	Notes/ Reference
	was rude and I left. And I have never been there to see the dentist. I waited until I found a way to pay and see a dentist out of pocket. That was a bad experience. That was one of the bad experiences.										
Q02 - Did you experience any obstacles while getting health care services, including care information?	It was not difficult for me to find health information. It was easy because I tried to talk to some nonprofit organizations and do some research. I go online, look for a	Yes, several obstacles. Insurance is the biggest one. Some clinics won't take my insurance, and appointments are often far away. Sometimes it takes months before I can get an appointment	Yes, I have. Sometimes the problem is insurance—either the clinic doesn't accept it or they make the process so complicated that I give up. Other times, it's long wait times. I once had to	Yeah, I can say the waiting time most of the time is the only obstacle because of the queue. You have to wait for people to be attended to. But sometimes when you're lucky, it's quicker. Yeah, that's	Yes, sometimes the obstacle was insurance. Some clinics don't accept certain plans, so I had to call around a lot before finding a place that would take mine. And	Yes. The biggest obstacle was insurance. Some clinics refused my insurance, and other times the wait time for appointments was too long.	Yes, mainly with insurance. Some clinics wouldn't accept my card, and sometimes appointments took months to get.	Yes, the biggest obstacles were insurance coverage and long waiting times for appointments. Sometimes clinics didn't accept my insurance at all.	Long wait/scheduling issues; Insurance/coverage barriers; System navigation difficulty	Access Barriers; Navigation & Engagement	Access/insurance administration issues present. Scheduling and wait-time constraints noted. Navigation across referrals and services is challenging.

Questions	P1	P2	P3	P4	P5	P6	P7	P8	Initial Code	Themes/ Category	Notes/ Reference
	clinic around, and also because I've been here a long time. And not only that, I go to people who can refer me, who can give me resources. So, I think I'm okay.	, even when I really need care.	wait months just to see a specialist. That made me feel helpless.	just the obstacle I can see.	even when they accepted it, waiting times for an appointment could be very long—sometimes months.						
Q03 - Tell me, did you understand the health information presented to you? Were you provided with assistance or any help to help you know better?	Sometimes. Sometimes. So, it depends. I met some good doctors who took time to talk to me, explained everything to me, and responded to all my questions. I remember one doctor who didn't have time to talk to	Not always. Some doctors explained things very well, using simple words. But others used medical terms I didn't understand. If there is no interpreter or explanation, it is hard to follow everything.	Not always. Sometimes they used big medical words that I didn't understand. Unless I asked questions or looked things up later, I would leave confused. Some doctors take time to explain, but many don't.	They're quite understandable. They're not very difficult. And most of the time they're very supportive. But when they have so many casualties or they have people waiting, it's just kind of in a rush. Most of the time, to be honest, if you don't meet too many	It depends on the provider. Some doctors explained things clearly, using simple words, and even gave me written instructions. But others spoke too fast or used medical terms I didn't understand. I often had to ask questions,	Sometimes yes, sometimes no. A few doctors explained well in simple words, but some used a lot of medical terms that I didn't understand. I had to rely on friends or the internet to clarify.	It depended. Sometimes information was clear, but medical words were confusing. I often had to ask friends or look online.	Sometimes I understood, especially when they used simple words. But many times, the medical terms were confusing, and no one took time to explain.	Need for plain-language explanations; Variable social support for health; Long wait/scheduling issues	Access Barriers; Communication & Health Literacy; Navigation & Engagement	Scheduling and wait-time constraints noted. Request for plain-language explanations and written instructions. Interpreter or language support could improve safety/comprehension. Relational concerns about being rushed or not heard.

Questions	P1	P2	P3	P4	P5	P6	P7	P8	Initial Code	Themes/ Category	Notes/ Reference
	<p>people. That day, she was saying that when you come see her, she will only treat two problems. So, I asked her, what about if somebody comes with blood pressure, arthritis, and acid reflux? Some of the medicines for arthritis like ibuprofen or anti- inflammat ory medicines can't be taken by someone with acid reflux. If you say you will only treat two</p>			<p>people there, the response is different from when people are waiting. So that's all I noticed about the response.</p>	<p>and sometimes I still left confused</p>						

Questions	P1	P2	P3	P4	P5	P6	P7	P8	Initial Code	Themes/ Category	Notes/ Reference
	problems, and a patient has more than three or five diseases, you may prescribe something that can hurt them. In order to help someone, you need to listen to them and know your patient well. Then you know what type of treatment you can give them.										
Q04 - Are you happy with the maternal care and information that you receive?	As far as maternal care, I can say I was even 95% happy. Most of the places where I met some difficulties were primary care	For maternal care, I was mostly satisfied. I felt supported during my pregnancy and delivery. But I also noticed that sometimes	I would say mostly yes. During my pregnancies, I met some caring nurses and doctors who explained things carefully. But at other times, I felt rushed.	Okay, it's splendid. It's fine, okay? I just think they try their best as much as they can to be nice to people. Excuse me. I've not had any	Not always. Sometimes a nurse or assistant explained things better than the doctor did. But in some cases, I was just given a	Yes, I was satisfied with the maternal care. The nurses were supportive, and the information was clear. I didn't have many	Some helped. A few explained clearly, but many just handed me papers without making sure I understood.	I was satisfied most times with maternal care, especially with the nurses. But in other areas of healthcare, I felt less supported.	Need for plain-language explanations; Variable social support for health; Provider listening/time constraints	Communication & Health Literacy; Navigation & Engagement	Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard.

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	doctor, dentist, or orthopedic. For maternal care, to be honest, I didn't meet any problems.	they did not take my concerns seriously when I asked questions about pain or medication.	Overall, it's been more positive than negative in maternal care.	complaints about the care or the response, so that's fine by me.	prescription and told to follow the instructions on the paper. That wasn't enough for me to feel confident.	problems in that area.					
Q05 - How have your experiences when making service requests or health information been addressed in healthcare settings?	Not all experiences were good. Sometimes they respond to your service requests, but other times you are ignored. If you don't insist, you might not get the attention you need.	Sometimes they respond quickly, other times I feel ignored. If I don't insist or ask multiple times, I may not get what I need.	It's been mixed. Sometimes they respond quickly, but other times I get ignored or told to call back. That can be discouraging, especially when the issue is urgent.	Making a request can be quite difficult at times, because most likely you're making a request for medication or some healthcare needs. So, as I said initially, it depends on who you're dealing with. Who you approach to help you matters. Some people get good response and some of them, depending on their	Yes. Sometimes when I called to make appointments, the staff were not patient with me. If I asked too many questions, they became irritated. It made me feel like I was a burden, even though I was just trying to understand.	Sometimes the staff helped me quickly, but other times they acted as if I was disturbing them. It depended on who was working at the time.	Yes, sometimes the staff were polite and helped me quickly. But other times, I felt like they were rushing me or ignoring my request.	Sometimes they helped me, but other times they acted impatient, especially when I asked many questions.	Provider listening/time constraints; Long wait/scheduling issues; Need for plain-language explanations	Access Barriers; Communication & Health Literacy	Scheduling and wait-time constraints noted. Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard.

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				mood, just want to switch. So it's not always the same thing every time, but it's quite okay.							
Q06 - How have healthcare professionals addressed your healthcare concerns?	Sometimes they addressed them, sometimes not. It depends on the doctor. Some doctors are really good; they listen to you. Others just rush. They don't even take five minutes. So, I would say my concerns are sometimes taken seriously and sometimes dismissed.	Some were very attentive and supportive, but others just brushed off my concerns. It really depends on the individual doctor or nurse.	Some providers take time to listen and answer my questions. Others just write a prescription and leave. I often feel like they don't see the whole picture of my health.	Sometimes they do address them, sometimes they don't. It depends on who you meet. Some are very helpful; others don't pay much attention. I've had both good and not-so-good experiences.	Some listened carefully, explained options, and reassured me. But others rushed through the appointment and didn't take time to answer my questions fully. So, it's been inconsistent.	Some listened carefully and explained what was happening. Others rushed and dismissed my concerns. That made me feel like my health was not important.	Sometimes they listened, other times they dismissed my issues quickly. It depended on the doctor or clinic.	J: A few listened carefully and gave advice, but many just rushed and didn't give me enough explanation.	Provider listening/time constraints; Need for plain-language explanations; Long wait/scheduling issues	Access Barriers; Communication & Health Literacy	Scheduling and wait-time constraints noted. Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard.

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Q07 - Do you feel comfortable asking for more information on things you have not understood about your care, medications, and other medical information?	Yes, I feel comfortable asking questions if I don't understand something. But sometimes you will see nurses that are not nice when you call them. For example, when I get my medicine from the pharmacy and I have questions about it, I call the office. They say you can't reach the doctor, leave a message with us. But sometimes they don't pass it on correctly, or they don't give	Yes, I do ask questions, but sometimes I feel like they don't want to answer. Especially if they are busy, they just give short answers and leave.	Yes, I ask questions, but I don't always get good responses. Sometimes staff act impatient, and that makes me feel like I shouldn't ask.	Yes, I do. But sometimes I feel like they are rushing, so I don't always get the chance to ask everything. And sometimes the nurses don't seem happy when you ask many questions.	Most of the time, yes. I try to speak up. But I've noticed that some providers seem annoyed when I ask too many questions, so I sometimes hold back.	Yes, I try to ask questions, but I notice sometimes they are impatient. Because of that, I don't always feel free to ask everything I want to know.	Yes, I usually ask. But sometimes I feel the staff get annoyed when I ask too many questions.	Yes, I ask questions, but sometimes I can tell they don't like it when I ask too much.	Provider listening/time constraints; Need for plain-language explanations; Transportation limitations	Access Barriers; Communication & Health Literacy	Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard. Transportation poses a barrier for timely care.

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	the doctor the message the right way. It's not easy sometimes.										
Q08 - Do you feel or think that healthcare providers treat you differently from other people?	No, not always. Some of them don't take enough time, especially if they hear your accent and realize you're not originally from America. Some don't care to listen to you well. As soon as they hear your accent, they dismiss you. Not all, but some. But I've also met good doctors and nurses, so it's been	Yes, sometimes. I feel judged because of my accent and background. Some providers seem impatient as soon as they notice I'm not American-born.	Yes, sometimes because of my accent and background. I've noticed that they explain things less clearly to me compared to others. It feels unfair, even though not all providers do this.	Honestly, sometimes yes. Because of my accent and background, some don't explain as much as they would to others. But some doctors are very kind and patient. So, it's not all bad, it depends on the person.	Yes, I think so. Sometimes I feel like they don't take me seriously because of my accent or background. It's not every provider, but it has happened enough that I noticed it.	Yes. I feel like sometimes they don't take me seriously because of my accent and background. But not all of them, some providers were respectful and helpful.	Yes, a few times. Because of my accent, I think some staff didn't take me seriously.	Yes, I think sometimes because of my background and accent, they don't treat me the same as others.	Perceived bias related to immigrant identity; Need for plain-language explanations; Provider listening/time constraints	Communication & Health Literacy; Equity & Culture	Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard. Equity concerns: perceived bias linked to immigrant identity.

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	both good and bad experiences.										
Q09 - Have healthcare providers spent enough time explaining your care?	I remember I met a nice, wonderful doctor who was my primary care doctor for about eight years. I really appreciated him. He was a good listener, and he was doing his job correctly. Having professionals who take time to explain clearly is what really helps.	Not always. Some explained well, but many rushed and did not sit down to talk properly. It feels like they just want to get to the next patient	No, not enough. Most of the time they are rushing. I wish they would slow down and give more attention.	Not always. A few take their time, but many just want to finish quickly and move on to the next patient.	Not always. Some really take time to explain, but others are in and out of the room in just a few minutes. I leave feeling like I didn't fully understand what to do next.	Not always. A few explained things well, but many just rushed in and out. That left me feeling confused about what to do.	Not always. Many just rush. Only a few really explained things properly.	Not always. Some do, but most of them are in a hurry, and I leave not fully understanding.	Need for plain-language explanations; Provider listening/time constraints	Communication & Health Literacy	Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard.
Q10 - What would you need to understand better the health	Good experience, bad experience. For example,	They should slow down, use simple words, and ask if I understand.	They should slow down, avoid using too many medical terms, and	They should slow down, use simple words, and ask if I understand.	They should slow down, use plain language, and check	They should slow down and use simple English. It	They should slow down and use simple words. Also,	I would need them to slow down, use simpler words, and	Need for plain-language explanations; Interpreter/language support needed;	Communication & Health Literacy	Request for plain-language explanations and written instructions. Interpreter or

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information provided?	one primary care doctor I used to have was excellent. He spent time listening to me before leaving the room. I really miss that doctor because he moved to another state. Some of them are good, some are bad.	Also, having printed materials in plain English would help me review later at home.	check if I understand. Written instructions in plain language would help me review later at home.	Also, having printed materials in plain English would help me review later at home.	if I understood before I leave. Having written instructions or someone to go over the details would also help a lot.	would also help if they gave me printed instructions so I can read them again at home.	giving me written instructions in plain English helps.	give me written instructions so I can read at home.	Provider listening/time constraints		language support could improve safety/comprehension. Relational concerns about being rushed or not heard.
Q11 - Kindly share how your cultural background affects your ability to access and use the health system and information.	Some of them are good, respectful, and open-minded. Others are not. They rush; they don't listen, and sometimes dismiss what you are saying. But I've	My culture does not stop me from seeking care, but sometimes I feel judged or stereotyped. That makes me nervous about asking too many questions.	Yes, a little. I think my accent and immigrant background sometimes make staff impatient. They don't always take time to listen. But with some providers, it doesn't matter —	My cultural background doesn't stop me from seeking care, but sometimes I feel people judge me because of my accent. It can make things harder when I want them to listen carefully.	My cultural background doesn't stop me from going to the doctor, but sometimes I feel judged because of my accent. That makes me hesitate to	My culture does not stop me from using the health system, but sometimes I feel judged because of my accent. It makes me less confident when speaking up.	My cultural background doesn't stop me from seeking care, but sometimes I feel judged because of my accent. It makes me worry they won't listen carefully.	My cultural background doesn't stop me from seeking care, but sometimes I feel judged, and it makes communication harder.	Perceived bias related to immigrant identity; Provider listening/time constraints	Communication & Health Literacy; Equity & Culture	Relational concerns about being rushed or not heard. Equity concerns: perceived bias linked to immigrant identity.

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	had both good and bad experiences. Overall, my cultural background doesn't stop me from seeking care.		they treat me the same		ask questions.						
Q12 - How does the healthcare provider's culture influence your understanding of his/her information and care procedures about your treatment?	No, I don't think so. For me, culture isn't the issue. The problem is time and patience. If they explain properly, I understand, no matter what the culture.	Some providers are respectful and take time to explain, but others rush and assume I won't understand. Their attitude makes a difference.	Yes, sometimes. Some providers assume I won't understand or don't take my concerns seriously. But others are very respectful and professional.	Honestly, I don't see their culture as a problem. What matters is whether they explain well and take their time. Culture is less important to me than patience and clarity.	I think it's not about their culture but about their patience. If they take time to explain, I understand. If they rush, then I don't.	I don't think their culture is the problem. The main issue is if they take time to explain things clearly. If they rush, I don't understand.	Yes, sometimes because of my accent or background. Some providers assume I don't know much and rush me. Others are respectful, but not all.	I don't think their culture matters much. What matters is whether they take the time to explain.	Need for plain-language explanations; Provider listening/time constraints; Perceived bias related to immigrant identity	Communication & Health Literacy; Equity & Culture	Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard. Equity concerns: perceived bias linked to immigrant identity.
Q13 - What are your experiences with using your language in healthcare settings? Do you feel understood? Do you	I think there is no problem with language. I can understand them well, no problem, because	Mostly yes, but sometimes communication breaks down. I have not used an interpreter because I speak	Mostly I feel understood, but not always. Even though I speak English, sometimes they act like	I mostly use English, and I understand them, but sometimes I feel they don't take time because of my accent. I have not	I mostly use English, and I do okay. But sometimes providers don't try hard to understand me	I use English, but sometimes I feel not fully understood because of my accent. I never had an	I mostly understand and can express myself, but if the provider is impatient, communication breaks down. They	I mostly use English, and I manage, but sometimes they act impatient because of my accent.	Interpreter/language support needed; Need for plain-language explanations; Perceived bias related to immigrant identity	Communication & Health Literacy; Equity & Culture	Request for plain-language explanations and written instructions. Interpreter or language support could improve safety/comprehension. Relational concerns about

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think that you understood the healthcare providers? Did you feel that they took time to understand you? Did they provide an interpreter?	they know I'm not in my country of origin. I'm here, so I'm already prepared emotionally and everything to accept the difference of culture. Some people may say they don't want a male doctor. Me? I don't mind. Male or female, I don't mind. I don't look at the national origin of a doctor. I just want a good doctor. That's it.	English, but I know others who could benefit from one	my questions aren't important. If I had an interpreter, maybe it would be easier in those moments.	used an interpreter, but I think it would help others who need it.	because of my accent. I've never been offered an interpreter	interpreter, but I think it would help others who need it	don't always try to really listen. I haven't used an interpreter, but I think it would help others.	I haven't used an interpreter, but I know others who need one.			being rushed or not heard. Equity concerns: perceived bias linked to immigrant identity.
Q14 - Thinking about your healthcare	Costs are very high. When I didn't	Yes, there were times I postponed dental work	Yes. A few times I couldn't afford the	Yes, a few times. Dental care especially.	Yes, dental care especially. The cost	Yes, especially dental care. The cost	Yes, sometimes. Dental care especially	Yes, dental care and some prescription	Affordability constraints; Insurance/cove rage barriers;	Access Barriers	Access/insurance administration issues present. Affordability

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experiences over the past 12 months, was there any time when you needed medical care but did not get it because you couldn't afford it? These experiences would include general doctor care, specialist care, prescription drugs, medical tests, treatment or follow-up care, dental care, mental health care or counseling, or treatment or counseling for alcohol or drug use.	have good insurance, I couldn't afford many treatments. Even with insurance, the copays were too high. with insurance, co-pays and medications can be expensive. It's not easy. Sometimes you have to choose between bills and care.	and lab tests because of cost. Even with insurance, the copays were too high.	care or the clinic didn't take my insurance. Other times, the wait for an appointment was too long, and I had to give up.	The cost was too high, and I had to postpone until I saved up some money.	was too high, so I postponed until I saved money	was too high, so I postponed treatment until I had money.	was too expensive. I postponed until I could save money.	s were too expensive, so I delayed getting them.	Long wait/scheduling issues		concerns highlighted. Scheduling and wait-time constraints noted.
Q15 - Was there any time in the past 12 months when you	Yes, it happened to me several times. They	Yes, I missed a few appointments because I couldn't	Yes, there were times I missed appointments because I couldn't get	Yes, I missed appointments because I couldn't get	Yes, I missed some appointments because I couldn't	Yes, it happened a few times. My work schedule made it	Yes, I missed appointments before because I couldn't	Yes, sometimes I couldn't take time off, and I missed	Long wait/scheduling issues; Insurance/coverage barriers	Access Barriers	Access/insurance administration issues present. Scheduling and wait-time constraints noted.

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needed medical care but did not get it because of difficulty taking time off work? Was it for any of the following reasons:	would say, "Oh, your insurance doesn't cover this." When I didn't have good insurance, I missed a lot of treatment. I would say maybe 70% of treatment I needed, I couldn't get. Now I have insurance, but even then, it doesn't cover everything. There has been some improvement compared to ten years ago, but still not enough.	leave work. By the time I was free, the appointment slot was already gone and I had to wait weeks for another one.	time off from work, and by the time I was free, the appointment had passed.	time off from work. By the time I was free, the appointment window had closed.	leave work. By the time I was free, I had to wait months for another slot. [00:22:00]	difficult, and I missed appointments.	take time off. By the time I was free, the appointment had passed.	appointments.			
Q16 - You could not afford care.	Yes, it happened to me several	Sometimes yes, but more often it was	Sometimes yes, but other times it was	Not always. Sometimes it was money, but	Sometimes, yes. It wasn't always	Not always. Sometimes it was	Not always. Sometimes it was money, but	Sometimes yes, but mostly it was work	Insurance/coverage barriers; Long wait/scheduling	Access Barriers	Access/insurance administration issues present. Scheduling and

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	times. They would say, "Oh, your insurance doesn't cover this." When I didn't have good insurance, I missed a lot of treatment. I would say maybe 70% of treatment I needed, I couldn't get. Now I have insurance, but even then, it doesn't cover everything. There has been some improvement compared to ten years ago, but still not enough.	because of scheduling and transportation problems.	because the appointments were months away or no providers were available.	mostly it was time and scheduling issues.	about money, but when it was, it was very discouraging.	money, but most of the time it was getting time off work.	often it was also timing and scheduling issues.	or scheduling that caused the problem.	issues; Transportation limitations		wait-time constraints noted. Transportation poses a barrier for timely care.
Q17 - You could not	Yes. I remember	Yes, I was told a few	Yes, I faced that	Yes, especially	Yes, especially	Yes, especially	Yes, I faced that	Yes, I tried a few times	Long wait/scheduling	Access Barriers	Access/insurance administration

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find a doctor or healthcare provider accepting new patients.	trying to get an appointment with a skin doctor for a friend in 2024. We called for two months — no appointments available. Finally, they said the only appointment was in six months. Because of the type of insurance, she had to go to Winston-Salem instead of Greensboro. She waited six months to see that doctor.	times that no new patients were being accepted, and I had to look for other clinics.	problem. Some doctors said no new patients, and I had to search around.	specialists. Some told me no new patients, and I had to keep looking.	specialists. Some told me no new patients. I had to keep looking around.	for specialists. Many said they were not taking new patients.	problem. Some doctors said no new patients, and I had to search around.	to get new doctors, but they said they weren't accepting patients.	issues; Insurance/cove rage barriers		issues present. Scheduling and wait-time constraints noted.
Q18 - You could not find a doctor or health care provider	Yes, insurance is a big limitation. Some good	Yes, some clinics refused to take my insurance. I either had to	Yes, that happened too. Some clinics refused my insurance	Yes, that happened with some clinics. They refused my	Yes, this happened many times. Some clinics	Yes, that happened. Some providers refused my insurance,	Yes, very much. Some clinics refuse my insurance.]	Yes, that happened to me before. Some clinics told me they	Insurance/cove rage barriers; Long wait/scheduling issues	Access Barriers	Access/insurance administration issues present. Scheduling and wait-time constraints noted.

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accepting your type of health insurance coverage.	doctors don't take my insurance. Sometimes I have to wait six months for an appointment. So yes, insurance is one of the biggest obstacles.	wait months for one that did or pay cash.	and told me to try another facility, which delayed my care.	insurance, so I had to either pay cash or go elsewhere.	refused my insurance. I had to either pay cash or go elsewhere.	so I had to pay cash or look for another clinic.		don't take my insurance, so I had to either pay cash or just keep searching for another place.			
Q19 - You could not get an appointment at a doctor's office or clinic as soon as needed.	Sometimes I have to wait six months for an appointment.	Yes, that happened many times. I was told the next appointment was several months away.	Yes, sometimes I had to wait three to six months for a specialist. That was very frustrating and made my condition worse.	Definitely. Sometimes the wait was three or four months, and I needed help sooner.	Definitely. Sometimes appointments were 3-6 months away, and I needed care much sooner.	Yes, the waiting times were very long, sometimes three months or more.	Yes, because of insurance and scheduling. Sometimes they told me the earliest appointment was months away, or they said they don't take my insurance.	Yes, sometimes they give you an appointment three or four months away. By then, the problem could get worse, but you don't have a choice.	Long wait/scheduling issues; Insurance/coverage barriers	Access Barriers	Access/insurance administration issues present. Scheduling and wait-time constraints noted.
Q20 - You had difficulty getting authorization from your health insurance plan for health care	They would say, "Oh, your insurance doesn't cover this." Now I have	Yes, the prior authorization process delayed my medication before. I had to call several	Yes, I had to wait for insurance authorization before I could get tests or medications. Sometimes I gave up	Yes, for some prescriptions. The insurance delayed approval, and I couldn't get the	Yes, especially for some prescriptions. The insurance delayed approval, and I couldn't	Yes, a few times. The insurance delayed the approval, and I could not get my medicine on time.	Other times, I have to wait months because of approval processes	Yes, for some medications they delayed the approval. I had to wait weeks before I could pick	Insurance/coverage barriers; Long wait/scheduling issues	Access Barriers	Access/insurance administration issues present. Scheduling and wait-time constraints noted.

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or prescription drugs.	insurance, but even then, it doesn't cover everything.	times to get it approved.	because the wait was too long.	medicine right away.	get the medicine when I needed it.			it up from the pharmacy.			
Q21 - Your doctor or healthcare provider did not know how to treat you	Maybe	Yes, once I was referred out because the provider said they didn't know how to handle my condition.	Yes, once a doctor said they were not sure about my condition and referred me somewhere else. That delayed my treatment.	No, I didn't face that issue. They usually knew what to do, even if they didn't always explain it clearly.	No, I didn't face that. They usually knew what to do, even if they didn't explain clearly	No, I never felt that. They usually knew how to treat me, but sometimes they didn't explain clearly.	No, I did not experience it	No, I wouldn't say that. Most of them knew, but sometimes they just didn't explain it well.	Need for plain-language explanations	Communication & Health Literacy	Request for plain-language explanations and written instructions.
Q22 - Your doctor or healthcare provider dismissed your concerns.	Yes, several times. When you try to explain your symptoms, some of them don't listen. They rush you out. That makes you feel like your health is not important to them.	Yes, that happened before. I tried to explain my symptoms but was told it was "nothing serious." Later I found out it was important.	Yes, many times. I tried to explain my symptoms, but they rushed me and said it was nothing serious. Later I found out it was important.	Yes, a couple of times. They acted like my concerns weren't serious and rushed me out.	Yes, a couple of times. They acted like my issues weren't serious and rushed me out.	Yes, that happened a couple of times. They acted like what I said was not important.	Yes, many times. I tried to explain my symptoms, but they rushed me and said it was nothing serious. Later I found out it was important.	Yes, that has happened. A couple of times I felt like they were rushing me out and not paying attention to what I was really saying.	Provider listening/time constraints; Need for plain-language explanations	Communication & Health Literacy	Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard.
Q23 - If your reason	It's not easy.	Yes, transportation	Yes, sometimes	Another reason is	Transportation was	Transportation was	I couldn't take time	Another reason is	Transportation limitations;	Access Barriers;	Access/insurance administration

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is not provided in the list above, kindly list it here.....	Sometimes insurance is the problem. Sometimes the providers you need are not available in Greensboro, and you have to travel.	n is another reason. Sometimes I don't have a ride to the clinic, and I have to cancel.	transportation was a problem. If I couldn't get a ride, I had to cancel or miss appointments.	transportation. Sometimes I couldn't get to the clinic because I rely on friends or buses.	also a problem. Sometimes I couldn't get to the clinic because I rely on buses or friends	also a problem. Sometimes I couldn't get to the clinic because I rely on buses and friends	off work, or I didn't have someone to drive me to the clinic. So, I had to cancel.	transportation. If I don't have someone to drive me or the bus is not on time, I can miss appointments.	Variable social support for health; Long wait/scheduling issues	Navigation & Engagement	issues present. Scheduling and wait-time constraints noted. Transportation poses a barrier for timely care.
Q24 - Do you feel that your current healthcare providers understand and support you?	Not always. Some doctors understand and try to help. Others don't listen well, and that makes me feel unsupported. It's better now compared to the past, but not 100%.	Some do, but others don't seem to care. I feel partially supported, not fully.	Not completely. Some try, but others don't really listen. It depends on the doctor.	Some of them do, yes. But not all. It depends on who I meet	Some of them do, yes. But not all. It depends on who I see.	Some do, but not all. It depends on who I meet.	Not always. Some are supportive and try to explain, but others don't seem to care much. It's mixed	Some do, yes, but not all. It depends on the provider I see that day.	Need for plain-language explanations; Variable social support for health; Provider listening/time constraints	Communication & Health Literacy; Navigation & Engagement	Request for plain-language explanations and written instructions. Relational concerns about being rushed or not heard.
Q25 - Do you feel that you have sufficient and suitable information	Yes, I try my best. I read, I research on Google,	Not always. I still have to search online to fill in the gaps after	I can find some information, but it's not always clear. I	Not always. I have some information, but sometimes the	Not always. I have some information, but sometimes	Not always. Sometimes the information is too	I try my best with what I get, but it's not always enough. I	Not really. I still need help to understand some instructions	Need for plain-language explanations; Long wait/scheduling issues; System	Access Barriers; Communication & Health Literacy;	Scheduling and wait-time constraints noted. Request for plain-language explanations and

Questions	P1	P2	P3	P4	P5	P6	P7	P8	Initial Code	Themes/ Category	Notes/ Reference
to help you manage your health?	and I ask questions. I can't say I know everything, but maybe 60% of the information I need, I manage to get.	appointments.	usually get about half of what I need.	instructions are too medical. I still need help to understand them fully.	it's too medical. I still need help to understand it fully.	medical, and I need more explanation.	search online or ask friends to fill the gaps.	, because the way they explain is too medical.	navigation difficulty	Navigation & Engagement	written instructions. Navigation across referrals and services is challenging.
Q26 - Have you developed any plans to manage your health? Have you set corresponding health goals?	Yes, I try to set goals. For example, controlling my blood pressure, eating better, and exercising. Sometimes it works, sometimes not. But I do plan.	Yes, I try to eat better, walk for exercise, and keep my blood pressure under control.	Yes, I try to eat better, walk for exercise, and manage my blood pressure. But sometimes I don't keep up with it.	Yes, I try to make plans, like eating healthier and exercising. But sometimes I can't keep up because of stress or lack of time.	Yes, I try to eat healthier and exercise, but stress and lack of time make it hard to follow through.	Yes, I try to eat better and exercise. But it's not always easy because of stress and lack of time.	Yes, I try to control my diet and watch my blood pressure. I also try to exercise, though sometimes it's difficult to keep up.	Yes, I try to eat healthier and go walking, but sometimes it's hard to keep up because of stress.	Mixed experiences	General Experience	Mixed experiences across participants.
Q27 - How do you access social health support? Do you feel you have strong social support?	Yes, I have some support. My close family is not here, but I have a few good friends. It's not a lot, but it's	I have a few friends who support me, but my family is not nearby. My support system is small.	It's limited. I have some friends who help me, but not much family here. So, I would say it's moderate, not strong.	I have some friends who support me, but my family is back home. So, I would say my support here is small, but it helps.	I have a few friends who support me, but my family is not here. So, support is limited.	My support here is small. I have friends who help, but my family is back home.	It's limited. I don't have many family members nearby, but I have a few friends who help when they can. It's not strong, but at least I	My family is far away, but I have friends here that help me when I need it. So I would say I have some support, but not very strong.	Variable social support for health	Navigation & Engagement	Mixed experiences across participants.

Questions	P1	P2	P3	P4	P5	P6	P7	P8	Initial Code	Themes/ Category	Notes/ Reference
	something . I would say it's acceptable , though not very strong.						have some support.				
Q28 - How do you gauge your ability to appraise and compare health information from different healthcare providers and information sources?	I try my best. Sometimes I compare what one doctor says to what another says. I also check online, but it's not always easy to know which is correct. Still, I try to evaluate the information as much as I can.	I try to compare information, but sometimes it's confusing because different doctors say different things.	I try to check online and ask different doctors, but sometimes the answers don't match. That makes it confusing.	I try to compare what doctors say with what I read online. But sometimes it is confusing because the information does not always match.	I try to compare what doctors say with what I read online. But sometimes the information doesn't match, and it's confusing.	I try to compare what doctors say with online information, but it can be confusing when they don't match.	I try to compare what doctors say with what I read online, or what friends tell me. But sometimes it is confusing because the advice is not the same.	I try to compare what doctors say and what I read online, but sometimes it's confusing because they don't always match.	Variable social support for health	Navigation & Engagement	Mixed experiences across participants.
Q29 - How well do you feel that you engage with healthcare providers? Are you able to freely	I feel somewhat supported. Some providers are good and helpful, but others	Yes, I try to ask questions, but sometimes I still feel rushed.	It's not easy. Sometimes I feel lost because of insurance rules or because I don't know	Sometimes yes, but sometimes no. If the provider is rushing, I don't get the chance to ask all	Sometimes yes, but other times they are rushed, and I don't get to ask everything.	Sometimes yes, sometimes no. If they are rushing, I don't get to ask everything.	Yes, I usually ask. But sometimes I feel the staff get annoyed when I ask	Sometimes I can, but if they are rushing, I don't get the chance to ask everything I want.	Provider listening/time constraints; Variable social support for health; Insurance/cove rage barriers	Access Barriers; Communication & Health Literacy; Navigation & Engagement	Access/insurance administration issues present. Relational concerns about being rushed or not heard.

Questions	P1	P2	P3	P4	P5	P6	P7	P8	Initial Code	Themes/ Category	Notes/ Reference
discuss your health concerns?	are not. Overall, I would say maybe 60-70% supportive.		which doctor to see first.	my questions.				too many questions.			
Q30 - How well do you feel you navigate the healthcare system? Can you access the correct practitioners and information and know where to find them?	It's not easy. Sometimes insurance is the problem. Sometimes the providers you need are not available in Greensboro, and you have to travel. But I try my best to find the right people and places.	It is not easy. I often have to make many calls to find the right provider.	I can find some of the right doctors, but it takes a lot of effort and phone calls.	It is not easy. Sometimes insurance is the problem, or the doctors are not available in my area. But I try to manage.	It's not easy. Insurance is a barrier, and sometimes the right doctors aren't nearby. I just try to manage.	It's not easy. Insurance and availability of doctors make it difficult.	It's not always easy. Sometimes I don't know which clinic to go to, or which doctor will accept my insurance. It takes a lot of phone calls.	It is not easy. Insurance and location of clinics make it difficult. I just do my best to find my way.	Insurance/cove rage barriers; System navigation difficulty; Long wait/scheduling issues	Access Barriers; Navigation & Engagement	Access/insurance administration issues present. Scheduling and wait-time constraints noted. Navigation across referrals and services is challenging.
Q31 - Do you feel you can access good health information by yourself? How much assistance do you need from others?	Yes, I can access some information myself. I Google things, I read, and I ask questions. But it's	I can get some information online, but I need help to understand medical terms and instructions.	Yes, some of the time. I Google things and read about them, but I still need help understanding medical terms.	I can get some information myself from the internet, but sometimes I need others to explain, especially	I can get some information online, but I need help to understand medical terms and instructions.	I can get some information from the internet, but medical words are sometimes too technical.	I can access some information, but I often need help to understand it. The language is difficult, and	I can get some information online, but I still need others to explain some things, especially	Need for plain- language explanations; Interpreter/lang uage support needed	Communica tion & Health Literacy	Request for plain-language explanations and written instructions. Interpreter or language support could improve safety/comprehe nsion.

Questions	P1	P2	P3	P4	P5	P6	P7	P8	Initial Code	Themes/ Category	Notes/ Reference
	not perfect. Sometimes I still need help from professionals to understand.			medical terms.			sometimes I misinterpret medical terms.	medical terms.			
Q32 - How well do you understand your health information to accurately manage your health and understand what health providers are sharing with you? Do you feel confident reading health information and following instructions?	Yes, I feel confident. I can read health information and follow instructions. But sometimes the medical terms are too technical, and I need more explanation from the doctor.	I am about 70% confident. I usually follow instructions, but sometimes I get confused by the wording.	Yes, I do my best. I can read most of the information and follow instructions, but sometimes the terms are too medical. When that happens, I need to ask questions.	I understand some things, but not all. Sometimes the language is too technical, and I have to ask again.	I understand some things, but not all. Sometimes the language is too technical, and I ask again.	I understand some things, but not all. I sometimes have to ask again because the language is too advanced.	I feel somewhat confident, but not 100%. I follow most instructions, but sometimes I need to ask someone to explain the details again.	I understand a little, but not always. Sometimes the instructions are too hard, so I have to ask again.	Need for plain-language explanations; Interpreter/language support needed	Communication & Health Literacy	Request for plain-language explanations and written instructions. Interpreter or language support could improve safety/comprehension.
Q33 - Thank you for your participation. Your input is very crucial and has been helpful.	Yes. Thank you for this opportunity. I just want to say that sometime	Thank you. I don't have more to add, but I am open to being contacted for follow-up.	I just want to say that healthcare in Greensboro has improved in some ways, but big	Not strong enough. Friends try to help, but without family here it is limited.	Not really. Friends help, but without family here, support is limited. You're	Not strong enough. Friends try, but without family it's limited.	Yes, I want to say that many mothers like me struggle with the same issues. If	I think I have shared most of it. If you need to ask me later, that is okay.	Variable social support for health; Insurance/coverage barriers; Long wait/scheduling issues	Access Barriers; Navigation & Engagement	Access/insurance administration issues present. Scheduling and wait-time constraints noted. Relational concerns about

Questions	P1	P2	P3	P4	P5	P6	P7	P8	Initial Code	Themes/ Category	Notes/ Reference
Please feel free to provide more information on an issue you think you did not respond to enough or have information to add. I request your consent to communicate with the researcher in the future as a follow-up. This process is voluntary and will be highly appreciated.	s we have good doctors and good experiences. But the biggest problems are insurance, waiting times, and providers not listening. If they could improve these areas, it would make healthcare much better.		issues remain—insurance, waiting times, and communication. These need to be addressed.		welcome. Thank you too.		doctors listened more and insurance was better, our lives would improve.				being rushed or not heard.
Q34 - Please provide a number where I can reach you for further communication. Thank you so much for your time.	You're welcome. Thank you. Have a good night.	Yes, I can be reached, and I am willing to share my phone number for future communication.	You're welcome. Thank you. I hope this helps improve healthcare for mothers like me.	You're welcome. Thank you TOO.	You're welcome. Thank you too.	You're welcome. Thank you too.	You're welcome. Thank you too for listening.		Provider listening/time constraints	Communication & Health Literacy	Relational concerns about being rushed or not heard.

Appendix G: Participant 1—Deidentified Verbatim Transcript (P1 Q01–Q34)

Interviewer_P1_Q01 [00:00:00]: Tell me about your experiences in healthcare services.

Participant_P1_A01 [00:00:30]: Okay. I had some good and bad experiences too, about the healthcare in Greensboro, North Carolina. I had some really good experiences and bad, but I met some good doctors who were really nice to me. Good nurses and good clinic staff. Sometimes when you come to the reception, let's say the appointment is maybe 2 p.m. [00:01:00] Sometimes you come after five minutes, knowing that most of the time you can be 15 minutes late. Some of the receptionists, they don't accept you because... I remember about now, more than now, about 14 years. I went to see a dentist. At the reception, the people were lining up, and I came on time. Before they got to me, because I know they will only allow you five minutes late. [00:02:30] This clinic is about 14, 15 years. ...

Interviewer_P1_Q02 [00:05:00]: Did you experience any obstacles while getting healthcare services, including care information?

Participant_P1_A02 [00:05:30]: It was not difficult for me to find the health information. It was easy because I tried to talk to some nonprofit organizations and do some research. I go online, look for a clinic around, and also because I've been here a long time. And not only that, I go to people who can refer me, who can give me resources. So, I think I'm okay. [00:06:00]

Interviewer_P1_Q03 [00:06:30]: Tell me, did you understand the health information presented to you? Were you provided with assistance or any help to help you know better?

Participant_P1_A03 [00:07:00]: Sometimes. Sometimes. So, it depends. I met some good doctors who took time to talk to me, explained everything to me, and responded to all my questions. I remember one doctor who didn't have time to talk to people. That day, she was saying that when you come see her, she will only treat two problems. So, I asked her, what about if somebody comes with blood pressure, arthritis, and acid reflux? Some of the medicines for arthritis like ibuprofen or anti-inflammatory medicines can't be taken by someone with acid reflux. If you say you will only treat two problems, and a patient has more than three or five diseases, you may prescribe something that can hurt them. [00:08:00]

Interviewer_P1_Q04 [00:08:30]: Are you happy with the maternal care and information that you receive?

Participant_P1_A04 [00:09:00]: As far as maternal care, I can say I was even 95% happy. Most of the places where I met some difficulties were primary care doctor, dentist, or orthopedic. For maternal care, to be honest, I didn't meet any problems. [00:09:30]

Interviewer_P1_Q05 [00:10:00]: How have your experiences when making service requests or health information been addressed in healthcare settings?

Participant_P1_A05 [00:10:30]: Not all experiences were good. Sometimes they respond to your service requests, but other times you are ignored. If you don't insist, you might not get the attention you need. [00:11:00]

Interviewer_P1_Q06 [00:11:30]: How have healthcare professionals addressed your healthcare concerns?

Participant_P1_A06 [00:12:00]: Sometimes they addressed them, sometimes not. It depends on the doctor. Some doctors are really good, they listen to you. Others just rush. They don't even take five minutes. So, I would say my concerns are sometimes taken seriously and sometimes dismissed. [00:12:30]

Interviewer_P1_Q07 [00:13:00]: Do you feel comfortable asking for more information on things you have not understood about your care, medications, and other medical information?

Participant_P1_A07 [00:13:30]: Yes, I feel comfortable asking questions if I don't understand something. But sometimes you will see nurses that are not nice when you call them. For example, when I get my medicine from the pharmacy and I have questions about it, I call the office. They say you can't reach the doctor, leave a message with us. But sometimes they don't pass it on correctly, or they don't give the doctor the message the right way. [00:14:00]

Interviewer_P1_Q08 [00:14:30]: Do you feel or think that healthcare providers treat you differently from other people?

Participant_P1_A08 [00:15:00]: No, not always. Some of them don't take enough time, especially if they hear your accent and realize you're not originally from America. Some don't care to listen to you well. As soon as they hear your accent, they dismiss you. Not all, but some. But I've also met good doctors and nurses, so it's been both good and bad experiences. [00:15:30]

Interviewer_P1_Q09 [00:16:00]: Have healthcare providers spent enough time explaining your care?

Participant_P1_A09 [00:16:30]: I remember I met a nice, wonderful doctor who was my primary care doctor for about eight years. I really appreciated him. He was a good listener, and he was doing his job correctly. Having professionals who take time to explain clearly is what really helps. [00:17:00]

Interviewer_P1_Q10 [00:17:30]: What would you need to understand better the health information provided?

Participant_P1_A10 [00:18:00]: Good experience, bad experience. For example, one primary care doctor I used to have was excellent. He spent time listening to me before leaving the room. I really miss that doctor because he moved to another state. Some of them are good, some are bad. But overall, my cultural background doesn't stop me from seeking care. [00:18:30]

Interviewer_P1_Q11 [00:19:00]: Kindly share how your cultural background affects your ability to access and use the health system and information.

Participant_P1_A11 [00:19:30]: Some of them are good, respectful, and open-minded. Others are not. They rush, they don't listen, and sometimes dismiss what you are saying. But I've had both good and bad experiences. [00:20:00]

Interviewer_P1_Q12 [00:20:30]: How does the healthcare provider's culture influence your understanding of his/her information and care procedures about your treatment?

Participant_P1_A12 [00:21:00]: No, I don't think so. For me, culture isn't the issue. The problem is time and patience. If they explain properly, I understand, no matter what the culture. [00:21:30]

Interviewer_P1_Q13 [00:22:00]: What are your experiences with using your language in healthcare settings? Do you feel understood? Do you think that you understood the healthcare providers? Did you feel that they took time to understand you? Did they provide an interpreter?

Participant_P1_A13 [00:22:30]: No problem about language. I can understand them well, no problem, because they know I'm not in my country of origin. I'm here, so I'm already prepared emotionally and everything to accept the difference of culture. Some people may say they don't want a male doctor. Me? I don't mind. Male or female, I don't mind. I don't look at the national origin of a doctor. I just want a good doctor. [00:26:00]

Interviewer_P1_Q14 [00:23:30]: Thinking about your healthcare experiences over the past 12 months, was there any time when you needed medical care but did not get it because you couldn't afford it?

Participant_P1_A14 [00:24:00]: Costs are very high. When I didn't have good insurance, I couldn't afford many treatments. Even with insurance, co-pays and medications can be expensive. It's not easy. Sometimes you have to choose between bills and care. [00:24:30]

Interviewer_P1_Q15 [00:25:00]: Was there any time in the past 12 months when you needed medical care but did not get it because of difficulty taking time off work?

Participant_P1_A15 [00:25:30]: Yes, I missed appointments before because I couldn't take time off. By the time I was free, the appointment had passed. [00:22:00]

Interviewer_P1_Q16 [00:26:30]: Was it because you could not afford care?

Participant_P1_A16 [00:27:00]: Yes, it happened to me several times. They would say, “Oh, your insurance doesn’t cover this.” When I didn’t have good insurance, I missed a lot of treatment. I would say maybe 70% of treatment I needed, I couldn’t get. Now I have insurance, but even then it doesn’t cover everything. [00:27:30]

Interviewer_P1_Q17 [00:28:00]: Was it because you could not find a doctor or healthcare provider accepting new patients?

Participant_P1_A17 [00:28:30]: Yes. I remember trying to get an appointment with a skin doctor for a friend in 2024. We called for two months — no appointments available. Finally, they said the only appointment was in six months. Because of the type of insurance, she had to go to Winston-Salem instead of Greensboro. [00:29:00]

Interviewer_P1_Q18 [00:25:00]: Was it because you could not find a doctor or health care provider accepting your type of health insurance coverage?

Participant_P1_A18 [00:25:30]: Yes, insurance is a big limitation. Some good doctors don’t take my insurance. Sometimes I have to wait six months for an appointment. So yes, insurance is one of the biggest obstacles. [00:26:00]

Interviewer_P1_Q19 [00:26:30]: Was it because you could not get an appointment at a doctor’s office or clinic as soon as needed?

Participant_P1_A19 [00:27:00]: Sometimes I have to wait six months for an appointment. [00:27:30]

Interviewer_P1_Q20 [00:28:00]: Was it because you had difficulty getting authorization from your health insurance plan for health care or prescription drugs?

Participant_P1_A20 [00:28:30]: They would say, “Oh, your insurance doesn’t cover this.” Now I have insurance, but even then it doesn’t cover everything. [00:29:00]

Interviewer_P1_Q21 [00:29:30]: Was it because your doctor or healthcare provider did not know how to treat you?

Participant_P1_A21 [00:30:00]: Maybe] [00:30:30]

Interviewer_P1_Q22 [00:31:00]: Was it because your doctor or healthcare provider dismissed your concerns?

Participant_P1_A22 [00:31:30]: Yes, several times. When you try to explain your symptoms, some of them don’t listen. They rush you out. That makes you feel like your health is not important to them. [00:32:00]

Interviewer_P1_Q23 [00:32:30]: If your reason is not provided in the list above, kindly list it here.

Participant_P1_A23 [00:33:00]: It’s not easy. Sometimes insurance is the problem. Sometimes the providers you need are not available in Greensboro, and you have to travel. [00:33:30]

Interviewer_P1_Q24 [00:34:00]: Do you feel that your current healthcare providers understand and support you?

Participant_P1_A24 [00:34:30]: Not always. Some doctors understand and try to help. Others don’t listen well, and that makes me feel unsupported. It’s better now compared to the past, but not 100%. [00:35:00]

Interviewer_P1_Q25 [00:35:30]: Do you feel that you have sufficient and suitable information to help you manage your health?

Participant_P1_A25 [00:36:00]: Yes, I try my best. I read, I research on Google, and I ask questions. I can't say I know everything, but maybe 60% of the information I need, I manage to get. [00:36:30]

Interviewer_P1_Q26 [00:37:00]: Have you developed any plans to manage your health? Have you set corresponding health goals?

Participant_P1_A26 [00:37:30]: Yes, I try to set goals. For example, controlling my blood pressure, eating better, and exercising. Sometimes it works, sometimes not. But I do plan. [00:38:00]

Interviewer_P1_Q27 [00:38:30]: How do you access social health support? Do you feel you have strong social support?

Participant_P1_A27 [00:39:00]: Yes, I have some support. My close family is not here, but I have a few good friends. It's not a lot, but it's something. I would say it's acceptable, though not very strong. [00:39:30]

Interviewer_P1_Q28 [00:40:00]: How do you gauge your ability to appraise and compare health information from different healthcare providers and information sources?

Participant_P1_A28 [00:40:30]: I try my best. Sometimes I compare what one doctor says to what another says. I also check online, but it's not always easy to know which is correct. Still, I try to evaluate the information as much as I can. [00:41:00]

Interviewer_P1_Q29 [00:41:30]: How well do you feel that you engage with healthcare providers? Are you able to freely discuss your health concerns?

Participant_P1_A29 [00:42:00]: I feel somewhat supported. Some providers are good and helpful, but others are not. Overall, I would say maybe 60–70% supportive.

[00:42:30]

Interviewer_P1_Q30 [00:43:00]: How well do you feel you navigate the healthcare system? Can you access the correct practitioners and information and know where to find them?

Participant_P1_A30 [00:43:30]: It's not easy. Sometimes insurance is the problem. Sometimes the providers you need are not available in Greensboro, and you have to travel. But I try my best to find the right people and places. **[00:44:00]**

Interviewer_P1_Q31 [00:44:30]: Do you feel you can access good health information by yourself? How much assistance do you need from others?

Participant_P1_A31 [00:45:00]: Yes, I can access some information myself. I Google things, I read, and I ask questions. But it's not perfect. Sometimes I still need help from professionals to understand. **[00:45:30]**

Interviewer_P1_Q32 [00:46:00]: How well do you understand your health information to accurately manage your health and understand what health providers are sharing with you? Do you feel confident reading health information and following instructions?

Participant_P1_A32 [00:46:30]: Yes, I feel confident. I can read health information and follow instructions. But sometimes the medical terms are too technical, and I need more explanation from the doctor. **[00:47:00]**

Interviewer_P1_Q33 [00:47:30]: Thank you for your participation. Your input is very crucial and has been helpful. Please feel free to provide more information on an issue you

think you did not respond to enough or have information to add. I request your consent to communicate with the researcher in the future as a follow-up. This process is voluntary and will be highly appreciated.

Participant_P1_A33 [00:48:00]: Yes. Thank you for this opportunity. I just want to say that sometimes we have good doctors and good experiences. But the biggest problems are insurance, waiting times, and providers not listening. If they could improve these areas, it would make healthcare much better. [00:48:30]

Interviewer_P1_Q34 [00:49:00]: Please provide a number where I can reach you for further communication. Thank you so much for your time.

Participant_P1_A34 [00:49:30]: You're welcome. Thank you. Have a good night.

[00:50:00]

Appendix H: Participant 2—Deidentified Verbatim Transcript (P2 Q01–Q34)

Interviewer_P2_Q01 [00:00:00]: Okay, thank you for joining this study. Please start by sharing your experiences with healthcare services here in Greensboro.

Participant_P2_A01 [00:00:30]: Thank you. My experience has been mixed. I have had both good and bad encounters. Sometimes the doctors and nurses are very nice, respectful, and take their time with me. Other times, I feel like they are rushing, and they don't really listen. [00:01:00]

Interviewer_P2_Q02 [00:01:30]: Have you experienced any obstacles while trying to get healthcare services, including health information?

Participant_P2_A02 [00:02:00]: Yes, several obstacles. Insurance is the biggest one. Some clinics won't take my insurance, and appointments are often far away. Sometimes it takes months before I can get an appointment, even when I really need care. [00:02:30]

Interviewer_P2_Q03 [00:03:00]: Did you understand the health information provided to you during visits? Were you given any help to make it clearer?

Participant_P2_A03 [00:03:30]: Not always. Some doctors explained things very well, using simple words. But others used medical terms I didn't understand. If there is no interpreter or explanation, it is hard to follow everything. [00:04:00]

Interviewer_P2_Q04 [00:04:30]: How satisfied were you with the maternal care and information that you received?

Participant_P2_A04 [00:05:00]: For maternal care, I was mostly satisfied. I felt supported during my pregnancy and delivery. But I also noticed that sometimes they did

not take my concerns seriously when I asked questions about pain or medication.

[00:05:30]

Interviewer_P2_Q05 [00:06:00]: How have your requests for services or health information been addressed in healthcare settings?

Participant_P2_A05 [00:06:30]: Sometimes they respond quickly, other times I feel ignored. If I don't insist or ask multiple times, I may not get what I need. **[00:07:00]**

Interviewer_P2_Q06 [00:07:30]: How have healthcare professionals addressed your concerns overall?

Participant_P2_A06 [00:08:00]: Some were very attentive and supportive, but others just brushed off my concerns. It really depends on the individual doctor or nurse.

[00:08:30]

Interviewer_P2_Q07 [00:09:00]: Do you feel comfortable asking for more information when you don't understand something?

Participant_P2_A07 [00:09:30]: Yes, I do ask questions, but sometimes I feel like they don't want to answer. Especially if they are busy, they just give short answers and leave.

[00:10:00]

Interviewer_P2_Q08 [00:10:30]: Do you feel that healthcare providers treat you differently compared to others?

Participant_P2_A08 [00:11:00]: Yes, sometimes. I feel judged because of my accent and background. Some providers seem impatient as soon as they notice I'm not

American-born. **[00:11:30]**

Interviewer_P2_Q09 [00:12:00]: Have healthcare providers spent enough time explaining your care to you?

Participant_P2_A09 [00:12:30]: Not always. Some explained well, but many rushed and did not sit down to talk properly. It feels like they just want to get to the next patient.
[00:13:00]

Interviewer_P2_Q10 [00:13:30]: What would help you better understand the health information provided by healthcare professionals?

Participant_P2_A10 [00:14:00]: They should slow down, use simple words, and ask if I understand. Also, having printed materials in plain English would help me review later at home. **[00:14:30]**

Interviewer_P2_Q11 [00:15:00]: Kindly share how your cultural background affects your ability to access and use the health system and information.

Participant_P2_A11 [00:15:30]: My culture does not stop me from seeking care, but sometimes I feel judged or stereotyped. That makes me nervous about asking too many questions. **[00:16:00]**

Interviewer_P2_Q12 [00:16:30]: How does the healthcare provider's culture influence your understanding of their information and care procedures about your treatment?

Participant_P2_A12 [00:17:00]: Some providers are respectful and take time to explain, but others rush and assume I won't understand. Their attitude makes a difference.
[00:17:30]

Interviewer_P2_Q13 [00:18:00]: What are your experiences with using your language in healthcare settings? Do you feel understood? Do you think that you understood the

healthcare providers? Did you feel that they took time to understand you? Did they provide an interpreter?

Participant_P2_A13 [00:18:30]: Mostly yes, but sometimes communication breaks down. I have not used an interpreter because I speak English, but I know others who could benefit from one. [00:19:00]

Interviewer_P2_Q14 [00:19:30]: Thinking about your healthcare experiences over the past 12 months, was there any time when you needed medical care but did not get it because you couldn't afford it?

Participant_P2_A14 [00:20:00]: Yes, there were times I postponed dental work and lab tests because of cost. Even with insurance, the copays were too high. [00:20:30]

Interviewer_P2_Q15 [00:21:00]: Was there any time in the past 12 months when you needed medical care but did not get it because of difficulty taking time off work?

Participant_P2_A15 [00:21:30]: Yes, I missed a few appointments because I couldn't leave work. By the time I was free, the appointment slot was already gone and I had to wait weeks for another one. [00:22:00]

Interviewer_P2_Q16 [00:22:30]: Was it because you could not afford care?

Participant_P2_A16 [00:23:00]: Sometimes yes, but more often it was because of scheduling and transportation problems. [00:23:30]

Interviewer_P2_Q17 [00:24:00]: Was it because you could not find a doctor or healthcare provider accepting new patients?

Participant_P2_A17 [00:24:30]: Yes, I was told a few times that no new patients were being accepted, and I had to look for other clinics. [00:25:00]

Interviewer_P2_Q18 [00:25:30]: Was it because you could not find a doctor or health care provider accepting your type of health insurance coverage?

Participant_P2_A18 [00:26:00]: Yes, some clinics refused to take my insurance. I either had to wait months for one that did or pay cash. **[00:26:30]**

Interviewer_P2_Q19 [00:27:00]: Was it because you could not get an appointment at a doctor's office or clinic as soon as needed?

Participant_P2_A19 [00:27:30]: Yes, that happened many times. I was told the next appointment was several months away. **[00:28:00]**

Interviewer_P2_Q20 [00:28:30]: Was it because you had difficulty getting authorization from your health insurance plan for health care or prescription drugs?

Participant_P2_A20 [00:29:00]: Yes, the prior authorization process delayed my medication before. I had to call several times to get it approved. **[00:29:30]**

Interviewer_P2_Q21 [00:30:00]: Was it because your doctor or healthcare provider did not know how to treat you?

Participant_P2_A21 [00:30:30]: Yes, once I was referred out because the provider said they didn't know how to handle my condition. **[00:31:00]**

Interviewer_P2_Q22 [00:31:30]: Was it because your doctor or healthcare provider dismissed your concerns?

Participant_P2_A22 [00:32:00]: Yes, that happened before. I tried to explain my symptoms but was told it was "nothing serious." Later I found out it was important.

[00:32:30]

Interviewer_P2_Q23 [00:33:00]: If your reason is not provided in the list above, kindly list it here.....

Participant_P2_A23 [00:33:30]: Yes, transportation is another reason. Sometimes I don't have a ride to the clinic, and I have to cancel. [00:34:00]

Interviewer_P2_Q24 [00:34:30]: Do you feel that your current healthcare providers understand and support you?

Participant_P2_A24 [00:35:00]: Some do, but others don't seem to care. I feel partially supported, not fully. [00:35:30]

Interviewer_P2_Q25 [00:36:00]: Do you feel that you have sufficient and suitable information to help you manage your health?

Participant_P2_A25 [00:36:30]: Not always. I still have to search online to fill in the gaps after appointments. [00:37:00]

Interviewer_P2_Q26 [00:37:30]: Have you developed any plans to manage your health? Have you set corresponding health goals?

Participant_P2_A26 [00:38:00]: Yes, I try to eat better, walk for exercise, and keep my blood pressure under control. [00:38:30]

Interviewer_P2_Q27 [00:39:00]: How do you access social health support? Do you feel you have strong social support?

Participant_P2_A27 [00:39:30]: I have a few friends who support me, but my family is not nearby. My support system is small. [00:40:00]

Interviewer_P2_Q28 [00:40:30]: How do you gauge your ability to appraise and compare health information from different healthcare providers and information sources?

Participant_P2_A28 [00:41:00]: I try to compare information, but sometimes it's confusing because different doctors say different things. [00:41:30]

Interviewer_P2_Q29 [00:42:00]: How well do you feel that you engage with healthcare providers? Are you able to freely discuss your health concerns?

Participant_P2_A29 [00:42:30]: Yes, I try to ask questions, but sometimes I still feel rushed. [00:43:00]

Interviewer_P2_Q30 [00:43:30]: How well do you feel you navigate the healthcare system? Can you access the correct practitioners and information and know where to find them?

Participant_P2_A30 [00:44:00]: It is not easy. I often have to make many calls to find the right provider. [00:44:30]

Interviewer_P2_Q31 [00:45:00]: Do you feel you can access good health information by yourself? How much assistance do you need from others?

Participant_P2_A31 [00:45:30]: I can get some information online, but I need help to understand medical terms and instructions. [00:46:00]

Interviewer_P2_Q32 [00:46:30]: How well do you understand your health information to accurately manage your health and understand what health providers are sharing with you? Do you feel confident reading health information and following instructions?

Participant_P2_A32 [00:47:00]: I am about 70% confident. I usually follow instructions, but sometimes I get confused by the wording. [00:47:30]

Interviewer_P2_Q33 [00:48:00]: Thank you for your participation. Your input is very crucial and has been helpful. Please feel free to provide more information on an issue you

think you did not respond to enough or have information to add. I request your consent to communicate with the researcher in the future as a follow-up. This process is voluntary and will be highly appreciated.

Participant_P2_A33 [00:48:30]: Thank you. I don't have more to add, but I am open to being contacted for follow-up. [00:49:00]

Interviewer_P2_Q34 [00:49:30]: Please provide a number where I can reach you for further communication. Thank you so much for your time.

Participant_P2_A34 [00:50:00]: Yes, I can be reached and I am willing to share my phone number for future communication. [00:50:30]

Appendix I: Participant 3—Deidentified Verbatim Transcript (P3 Q01–Q34)

Interviewer_P3_Q01 [00:00:00]: Can you please share with me your experience in healthcare services in Greensboro?

Participant_P3_A01 [00:00:30]: I've had both good and bad experiences with healthcare here in Greensboro. Some doctors and nurses were supportive, explained things clearly, and treated me with respect. But there were also times when the staff were dismissive, or appointments were canceled without good reasons. That created stress for me. [00:01:00]

Interviewer_P3_Q02 [00:01:30]: Did you experience any obstacles while getting healthcare services, including access to care information?

Participant_P3_A02 [00:02:00]: Yes, I have. Sometimes the problem is insurance—either the clinic doesn't accept it or they make the process so complicated that I give up. Other times, it's long wait times. I once had to wait months just to see a specialist. That made me feel helpless. [00:02:30]

Interviewer_P3_Q03 [00:03:00]: Tell me, did you understand the health information presented to you? Were you provided with assistance or any help to help you know better?

Participant_P3_A03 [00:03:30]: Not always. Sometimes they used big medical words that I didn't understand. Unless I asked questions or looked things up later, I would leave confused. Some doctors take time to explain, but many don't. [00:04:00]

Interviewer_P3_Q04 [00:04:30]: Were you provided with assistance or help to better understand during your visits?

Participant_P3_A04 [00:05:00]: Occasionally, yes. I've had staff who explained step by step, especially when it came to medication or follow-up care. But most of the time, they rushed and expected me to already know what to do. That wasn't helpful. **[00:05:30]**

Interviewer_P3_Q05 [00:06:00]: Are you happy with the maternal care and information that you receive?

Participant_P3_A05 [00:06:30]: I would say mostly yes. During my pregnancies, I met some caring nurses and doctors who explained things carefully. But at other times, I felt rushed. Overall, it's been more positive than negative in maternal care. **[00:07:00]**

Interviewer_P3_Q06 [00:07:30]: How have your experiences been when making service requests or seeking health information?

Participant_P3_A06 [00:08:00]: It's been mixed. Sometimes they respond quickly, but other times I get ignored or told to call back. That can be discouraging, especially when the issue is urgent. **[00:08:30]**

Interviewer_P3_Q07 [00:09:00]: How have healthcare professionals addressed your healthcare concerns?

Participant_P3_A07 [00:09:30]: Some providers take time to listen and answer my questions. Others just write a prescription and leave. I often feel like they don't see the whole picture of my health. **[00:10:00]**

Interviewer_P3_Q08 [00:10:30]: Do you feel comfortable asking for more information on things you did not understand about your care, medications, and other medical information?

Participant_P3_A08 [00:11:00]: Yes, I ask questions, but I don't always get good responses. Sometimes staff act impatiently, and that makes me feel like I shouldn't ask.

[00:11:30]

Interviewer_P3_Q09 [00:12:00]: Do you feel or think that healthcare providers treat you differently from other people?

Participant_P3_A09 [00:12:30]: Yes, sometimes because of my accent and background. I've noticed that they explain things less clearly to me compared to others. It feels unfair, even though not all providers do this. **[00:13:00]**

Interviewer_P3_Q10 [00:13:30]: Have healthcare providers spent enough time explaining your care? **Participant_P3_A10 [00:14:00]:** No, not enough. Most of the time they are rushing. I wish they would slow down and give more attention. **[00:14:30]**

Interviewer_P3_Q11 [00:15:00]: What would you need to understand better the health information provided?

Participant_P3_A11 [00:15:30]: They should slow down, avoid using too many medical terms, and check if I actually understand. Written instructions in plain language would help me review later at home. **[00:16:00]**

Interviewer_P3_Q12 [00:16:30]: How have your experiences been with making service requests or appointments?

Participant_P3_A12 [00:17:00]: It's been frustrating at times. I've called for appointments only to be told the next available is months away. That delay sometimes makes my health worse. **[00:17:30]**

Interviewer_P3_Q13 [00:18:00]: Kindly share how your cultural background affects your ability to access and use the health system and information.

Participant_P3_A13 [00:18:30]: Yes, a little. I think my accent and immigrant background sometimes make staff impatient. They don't always take time to listen. But with some providers, it doesn't matter — they treat me the same. **[00:19:00]**

Interviewer_P3_Q14 [00:19:30]: How does the healthcare provider's culture influence your understanding of his/her information and care procedures about your treatment?

Participant_P3_A14 [00:20:00]: Yes, sometimes. Some providers assume I won't understand or don't take my concerns seriously. But others are very respectful and professional. **[00:20:30]**

Interviewer_P3_Q15 [00:21:00]: What are your experiences with using your language in healthcare settings? Do you feel understood? Do you think that you understood the healthcare providers? Did you feel that they took time to understand you? Did they provide an interpreter?

Participant_P3_A15 [00:21:30]: Mostly I feel understood, but not always. Even though I speak English, sometimes they act like my questions aren't important. If I had an interpreter, maybe it would be easier in those moments. **[00:22:00]**

Interviewer_P3_Q16 [00:22:30]: Thinking about your healthcare experiences over the past 12 months, was there any time when you needed medical care but did not get it because you couldn't afford it?

Participant_P3_A16 [00:23:00]: Yes. A few times I couldn't afford the care or the clinic didn't take my insurance. Other times, the wait for an appointment was too long, and I had to give up. **[00:23:30]**

Interviewer_P3_Q17 [00:24:00]: Was there any time in the past 12 months when you needed medical care but did not get it because you could not find a doctor or healthcare provider accepting new patients?

Participant_P3_A17 [00:24:30]: Yes, I faced that problem. Some doctors said no new patients, and I had to search around. **[00:25:00]**

Interviewer_P3_Q18 [00:25:30]: Was it because you could not find a doctor or health care provider accepting your type of health insurance coverage?

Participant_P3_A18 [00:26:00]: Yes, that happened too. Some clinics refused my insurance and told me to try another facility, which delayed my care. **[00:26:30]**

Interviewer_P3_Q19 [00:27:00]: Was it because you could not get an appointment at a doctor's office or clinic as soon as needed?

Participant_P3_A19 [00:27:30]: Yes, sometimes I had to wait three to six months for a specialist. That was very frustrating and made my condition worse. **[00:28:00]**

Interviewer_P3_Q20 [00:28:30]: Was it because you had difficulty getting authorization from your health insurance plan for health care or prescription drugs?

Participant_P3_A20 [00:29:00]: Yes, I had to wait for insurance authorization before I could get tests or medications. Sometimes I gave up because the wait was too long.

[00:29:30]

Interviewer_P3_Q21 [00:30:00]: Was it because your doctor or healthcare provider did not know how to treat you?

Participant_P3_A21 [00:30:30]: Yes, once a doctor said they were not sure about my condition and referred me somewhere else. That delayed my treatment. [00:31:00]

Interviewer_P3_Q22 [00:31:30]: Was it because your doctor or healthcare provider dismissed your concerns?

Participant_P3_A22 [00:32:00]: Yes, many times. I tried to explain my symptoms, but they rushed me and said it was nothing serious. Later I found out it was important.

[00:32:30]

Interviewer_P3_Q23 [00:33:00]: If your reason is not provided in the list above, kindly list it here.

Participant_P3_A23 [00:33:30]: Yes, sometimes transportation was a problem. If I couldn't get a ride, I had to cancel or miss appointments. [00:34:00]

Interviewer_P3_Q24 [00:34:30]: Do you feel that your current healthcare providers understand and support you?

Participant_P3_A24 [00:35:00]: Not completely. Some try, but others don't really listen. It depends on the doctor. [00:35:30]

Interviewer_P3_Q25 [00:36:00]: Do you feel that you have sufficient and suitable information to help you manage your health?

Participant_P3_A25 [00:36:30]: I can find some information, but it's not always clear. I usually get about half of what I need. [00:37:00]

Interviewer_P3_Q26 [00:37:30]: Have you developed any plans to manage your health?

Have you set corresponding health goals?

Participant_P3_A26 [00:38:00]: Yes, I try to eat better, walk for exercise, and manage my blood pressure. But sometimes I don't keep up with it. [00:38:30]

Interviewer_P3_Q27 [00:39:00]: How do you access social health support? Do you feel you have strong social support?

Participant_P3_A27 [00:39:30]: It's limited. I have some friends who help me, but not much family here. So, I would say it's moderate, not strong. [00:40:00]

Interviewer_P3_Q28 [00:40:30]: How do you gauge your ability to appraise and compare health information from different healthcare providers and information sources?

Participant_P3_A28 [00:41:00]: I try to check online and ask different doctors, but sometimes the answers don't match. That makes it confusing. [00:41:30]

Interviewer_P3_Q29 [00:42:00]: How well do you feel that you engage with healthcare providers? Are you able to freely discuss your health concerns?

Participant_P3_A29 [00:42:30]: It's not easy. Sometimes I feel lost because of insurance rules or because I don't know which doctor to see first. [00:43:00]

Interviewer_P3_Q30 [00:43:30]: How well do you feel you navigate the healthcare system? Can you access the correct practitioners and information and know where to find them?

Participant_P3_A30 [00:44:00]: I can find some of the right doctors, but it takes a lot of effort and phone calls. [00:44:30]

Interviewer_P3_Q31 [00:45:00]: Do you feel you can access good health information by yourself? How much assistance do you need from others?

Participant_P3_A31 [00:45:30]: Yes, some of the time. I Google things and read about them, but I still need help understanding medical terms. [00:46:00]

Interviewer_P3_Q32 [00:46:30]: How well do you understand your health information to accurately manage your health and understand what health providers are sharing with you? Do you feel confident reading health information and following instructions?

Participant_P3_A32 [00:47:00]: Yes, I do my best. I can read most of the information and follow instructions, but sometimes the terms are too medical. When that happens, I need to ask questions. [00:47:30]

Interviewer_P3_Q33 [00:48:00]: Thank you for your participation. Your input is very crucial and has been helpful. Please feel free to provide more information on an issue you think you did not respond to enough or have information to add. I request your consent to communicate with the researcher in the future as a follow-up. This process is voluntary and will be highly appreciated.

Participant_P3_A33 [00:48:30]: I just want to say that healthcare in Greensboro has improved in some ways, but big issues remain—insurance, waiting times, and communication. These need to be addressed. [00:49:00]

Interviewer_P3_Q34 [00:49:30]: Please provide a number where I can reach you for further communication. Thank you so much for your time.

Participant_P3_A34 [00:50:00]: You're welcome. Thank you. I hope this helps improve healthcare for mothers like me. [00:50:30]

Appendix J: Participant 4—Deidentified Verbatim Transcript (P4 Q01–Q34)

P4_Q01 Interviewer_P4_Q01 [00:00:00]: Hello. Good evening. I just want to thank you for your time and for your willingness to be interviewed for this research study I'm doing on health literacy levels among immigrant African women. So here comes my first question. Can you please tell me about your experiences in healthcare services?

Participant_P4_A01 [00:00:30]: Oh. Good evening. You're welcome. My experience so far, I'll say, has been splendid. I can say it's been mixed feelings, honestly, because when [00:00:30] you visit the clinic, most of the time you get to meet with different people. You don't get the same person every time, so it's always different reactions from different people. But so far, I can say it's been okay. It's been quite friendly, accommodating and yeah, it's been good [00:01:00] so far. Thank you.

P4_Q02 Interviewer_P4_Q02 [00:01:30]: Thank you so much for that response. Here comes my second question. Did you experience any obstacles while getting healthcare services, including care information, during your visits to your doctor?

Participant_P4_A02 [00:02:00]: Yeah, I can say the waiting time most of the time is the only obstacle because of the queue. You have to wait for people to be attended to. But sometimes when you're lucky, it's quicker. Yeah, that's just the obstacle I can see.

[00:02:30]

P4_Q03 Interviewer_P4_Q03 [00:03:00]: Here comes my next question. Can you please tell me, did you understand the health information presented to you during your visit? Were you provided with assistance or any help to help you know better during your visits to your doctor's place?

Participant_P4_A03 [00:03:30]: They're quite understandable. They're not very difficult. And most of the time they're very supportive. But when they have so many casualties or they have people waiting, it's just kind of in a rush. Most of the time, to be honest, if you don't meet too many people there, the response is different from when people are waiting. [00:04:00] So that's all I noticed about the response.

P4_Q04 Interviewer_P4_Q04 [00:04:30]: Here comes my next question. Are you happy with the maternal care and information that you receive when you visit your doctor?

Participant_P4_A04 [00:05:00]: Okay, it's splendid. It's fine, okay? I just think they try their best as much as they can to be nice to people. Excuse me. I've not had any complaint about the care or the response, so that's fine by me. [00:05:30]

P4_Q05 Interviewer_P4_Q05 [00:06:00]: How have your experiences when making service requests or health information been addressed in healthcare settings?

Participant_P4_A05 [00:06:30]: Making a request can be quite difficult at times, because most likely you're making a request for medication or some healthcare needs. So as I said initially, it depends on who you're dealing with. Who you approach to help you matters. Some people you get good response and some of them, depending [00:07:00] on their mood, just want to switch. So it's not always the same thing every time, but it's quite okay.

P4_Q06 Interviewer_P4_Q06 [00:07:30]: How have healthcare professionals addressed your healthcare concerns?

Participant_P4_A06 [00:08:00]: Sometimes they do address them, sometimes they don't. It depends on who you meet. Some are very helpful, others don't pay much attention. I've had both good and not-so-good experiences. **[00:08:30]**

P4_Q07 Interviewer_P4_Q07 [00:09:00]: Do you feel comfortable asking for more information on things you have not understood about your care, medications, and other medical information?

Participant_P4_A07 [00:09:30]: Yes, I do. But sometimes I feel like they are rushing, so I don't always get the chance to ask everything. And sometimes the nurses don't seem happy when you ask many questions. **[00:10:00]**

P4_Q08 Interviewer_P4_Q08 [00:10:30]: Do you feel or think that healthcare providers treat you differently from other people?

Participant_P4_A08 [00:11:00]: Honestly, sometimes yes. Because of my accent and background, some don't explain as much as they would to others. But some doctors are very kind and patient. So it's not all bad, it depends on the person. **[00:11:30]**

P4_Q09 Interviewer_P4_Q09 [00:12:00]: Have healthcare providers spent enough time explaining your care?

Participant_P4_A09 [00:12:30]: Not always. A few take their time, but many just want to finish quickly and move on to the next patient. **[00:13:00]**

P4_Q10 Interviewer_P4_Q10 [00:13:30]: What would you need to understand better the health information provided?

Participant_P4_A10 [00:14:00]: They should slow down, use simple words, and ask if I understand. Also, having printed materials in plain English would help me review later at home. [00:14:30]

P4_Q11 Interviewer_P4_Q11 [00:15:00]: Kindly share how your cultural background affects your ability to access and use the health system and information.

Participant_P4_A11 [00:15:30]: My cultural background doesn't stop me from seeking care, but sometimes I feel people judge me because of my accent. It can make things harder when I want them to listen carefully. [00:16:00]

P4_Q12 Interviewer_P4_Q12 [00:16:30]: How does the healthcare provider's culture influence your understanding of his or her information and care procedures about your treatment?

Participant_P4_A12 [00:17:00]: Honestly, I don't see their culture as a problem. What matters is whether they explain well and take their time. Culture is less important to me than patience and clarity. [00:17:30]

P4_Q13 Interviewer_P4_Q13 [00:18:00]: What are your experiences with using your language in healthcare settings? Do you feel understood? Do you think that you understood the healthcare providers? Did they take time to understand you? Did they provide an interpreter?

Participant_P4_A13 [00:18:30]: I mostly use English, and I understand them, but sometimes I feel they don't take time because of my accent. I have not used an interpreter, but I think it would help others who need it. [00:19:00]

P4_Q14 Interviewer_P4_Q14 [00:19:30]: Thinking about your healthcare experiences over the past 12 months, was there any time when you needed medical care but did not get it because you couldn't afford it?

Participant_P4_A14 [00:20:00]: Yes, a few times. Dental care especially. The cost was too high, and I had to postpone until I saved up some money. [00:20:30]

P4_Q15 Interviewer_P4_Q15 [00:21:00]: Was there any time in the past 12 months when you needed medical care but did not get it because of difficulty taking time off work? **Participant_P4_A15 [00:21:30]:** Yes, I missed appointments before because I couldn't get time off from work. By the time I was free, the appointment window had closed. [00:22:00]

P4_Q16 Interviewer_P4_Q16 [00:22:30]: Was it because you could not afford the care?

Participant_P4_A16 [00:23:00]: Not always. Sometimes it was money, but mostly it was time and scheduling issues. [00:23:30]

P4_Q17 Interviewer_P4_Q17 [00:24:00]: Was it because you could not find a doctor or healthcare provider accepting new patients?

Participant_P4_A17 [00:24:30]: Yes, especially specialists. Some told me no new patients, and I had to keep looking. [00:25:00]

P4_Q18 Interviewer_P4_Q18 [00:25:30]: Was it because you could not find a doctor or healthcare provider accepting your type of health insurance coverage?

Participant_P4_A18 [00:26:00]: Yes, that happened with some clinics. They refused my insurance, so I had to either pay cash or go elsewhere. [00:26:30]

P4_Q19 Interviewer_P4_Q19 [00:27:00]: Was it because you could not get an appointment at a doctor's office or clinic as soon as needed?

Participant_P4_A19 [00:27:30]: Definitely. Sometimes the wait was three or four months, and I needed help sooner. [00:28:00]

P4_Q20 Interviewer_P4_Q20 [00:28:30]: Was it because you had difficulty getting authorization from your health insurance plan for healthcare or prescription drugs?

Participant_P4_A20 [00:29:00]: Yes, for some prescriptions. The insurance delayed approval, and I couldn't get the medicine right away. [00:29:30]

P4_Q21 Interviewer_P4_Q21 [00:30:00]: Was it because your doctor or healthcare provider did not know how to treat you?

Participant_P4_A21 [00:30:30]: No, I didn't face that issue. They usually knew what to do, even if they didn't always explain it clearly. [00:31:00]

P4_Q22 Interviewer_P4_Q22 [00:31:30]: Was it because your doctor or healthcare provider dismissed your concerns?

Participant_P4_A22 [00:32:00]: Yes, a couple of times. They acted like my concerns weren't serious and rushed me out. [00:32:30]

P4_Q23 Interviewer_P4_Q23 [00:33:00]: If your reason is not listed, can you please share it here?

Participant_P4_A23 [00:33:30]: Another reason is transportation. Sometimes I couldn't get to the clinic because I rely on friends or buses. [00:34:00]

P4_Q24 Interviewer_P4_Q24 [00:34:30]: Do you feel that your current healthcare providers understand and support you? .

Participant_P4_A24 [00:35:00]: Some of them do, yes. But not all. It depends on who I meet. [00:35:30]

P4_Q25 Interviewer_P4_Q25 [00:36:00]: Do you feel that you have sufficient and suitable information to help you manage your health?

Participant_P4_A25 [00:36:30]: Not always. I have some information, but sometimes the instructions are too medical. I still need help to understand them fully. [00:37:00]

Q26 Interviewer_P4_Q26 [00:37:30]: Have you developed any plans to manage your health? Have you set corresponding health goals?

Participant_P4_A26 [00:38:00]: Yes, I try to make plans, like eating healthier and exercising. But sometimes I can't keep up because of stress or lack of time. [00:38:30]

Q27 Interviewer_P4_Q27 [00:39:00]: How do you access social health support? Do you feel you have strong social support?

Participant_P4_A27 [00:39:30]: I have some friends who support me, but my family is back home. So I would say my support here is small, but it helps. [00:40:00]

Q28 Interviewer_P4_Q28 [00:40:30]: How do you gauge your ability to appraise and compare health information from different healthcare providers and information sources?

Participant_P4_A28 [00:41:00]: I try to compare what doctors say with what I read online. But sometimes it is confusing because the information does not always match.

[00:41:30]

Q29 Interviewer_P4_Q29 [00:42:00]: How well do you feel that you engage with healthcare providers? Are you able to freely discuss your health concerns?

Participant_P4_A29 [00:42:30]: Sometimes yes, but sometimes no. If the provider is rushing, I don't get the chance to ask all my questions. [00:43:00]

Q30 Interviewer_P4_Q30 [00:43:30]: How well do you feel you navigate the healthcare system? Can you access the correct practitioners and information and know where to find them?

Participant_P4_A30 [00:44:00]: It is not easy. Sometimes the insurance is the problem, or the doctors are not available in my area. But I try to manage. [00:44:30]

Q31 Interviewer_P4_Q31 [00:45:00]: Do you feel you can access good health information by yourself? How much assistance do you need from others?

Participant_P4_A31 [00:45:30]: I can get some information myself from the internet, but sometimes I need others to explain, especially medical terms. [00:46:00]

Q32 Interviewer_P4_Q32 [00:46:30]: How well do you understand your health information to accurately manage your health and understand what health providers are sharing with you? Do you feel confident reading health information and following instructions?

Participant_P4_A32 [00:47:00]: I understand some things, but not all. Sometimes the language is too technical, and I have to ask again. [00:47:30]

Q33 Interviewer_P4_Q33 [00:48:00]: Do you feel you have strong enough support to manage your health?

Participant_P4_A33 [00:48:30]: Not strong enough. Friends try to help, but without family here it is limited. [00:49:00]

Q34 Interviewer_P4_Q34 [00:49:30]: Thank you for your participation. Your input is very crucial and has been helpful. Please feel free to provide more information in the future. I appreciate your time.

Participant_P4_A34 [00:50:00]: You're welcome. Thank you too. **[00:50:30]**

Appendix K: Participant 5—Deidentified Verbatim Transcript (P5 Q01–Q34)

Interviewer_P5_Q01 [00:00:00]: Can you please tell me about your experiences in healthcare services?

Participant_P5_A01 [00:00:30]: Yes, I've had both good and bad experiences with healthcare here. Some doctors and nurses were very kind, and they explained things well. But there were also times when I felt dismissed or that they didn't have time to listen to me. [00:01:00] I remember one clinic where the receptionist was rude about me being a little late, even though I was within their grace period. That left me feeling like I wasn't valued as a patient. [00:01:30]

Interviewer_P5_Q02 [00:01:30]: Did you experience any obstacles while getting healthcare services, including care information?

Participant_P5_A02 [00:02:00]: Yes, sometimes the obstacle was insurance. Some clinics don't accept certain plans, so I had to call around a lot before finding a place that would take mine. And even when they accepted it, waiting times for an appointment could be very long—sometimes months. [00:02:30]

Interviewer_P5_Q03 [00:03:00]: Tell me, did you understand the health information presented to you? Were you provided with assistance or any help to help you know better?

Participant_P5_A03 [00:03:30]: It depends on the provider. Some doctors explained things clearly, using simple words, and even gave me written instructions. [00:04:00] But others spoke too fast or used medical terms I didn't understand. I often had to ask questions, and sometimes I still left confused. [00:04:30]

Interviewer_P5_Q04 [00:04:30]: Are you happy with the maternal care and information that you receive?

Participant_P5_A04 [00:05:00]: Not always. Sometimes a nurse or assistant explained things better than the doctor did. [00:05:30] But in some cases, I was just given a prescription and told to follow the instructions on the paper. That wasn't enough for me to feel confident.

Interviewer_P5_Q05 [00:06:00]: How have your experiences when making service requests or health information been addressed in healthcare settings?

Participant_P5_A05 [00:06:30]: Yes. Sometimes when I called to make appointments, the staff were not patient with me. [00:07:00] If I asked too many questions, they became irritated. It made me feel like I was a burden, even though I was just trying to understand.

Interviewer_P5_Q06 [00:07:30]: How have healthcare professionals addressed your healthcare concerns?

Participant_P5_A06 [00:08:00]: Some listened carefully, explained options, and reassured me. [00:08:30] But others rushed through the appointment and didn't take time to answer my questions fully. So, it's been inconsistent

Interviewer_P5_Q07 [00:09:00]: Do you feel comfortable asking for more information on things you have not understood about your care, medications, and other medical information?

Participant_P5_A07 [00:09:30]: Most of the time, yes. I try to speak up. [00:10:00] But I've noticed that some providers seem annoyed when I ask too many questions, so I sometimes hold back.

Interviewer_P5_Q08 [00:10:30]: Do you feel or think that healthcare providers treat you differently from other people?

Participant_P5_A08 [00:11:00]: Yes, I think so. Sometimes I feel like they don't take me seriously because of my accent or background. It's not every provider, but it has happened enough that I noticed it. **[00:11:30]**

Interviewer_P5_Q09 [00:12:00]: Have healthcare providers spent enough time explaining your care?

Participant_P5_A09 [00:12:30]: Not always. Some really take time to explain, but others are in and out of the room in just a few minutes. **[00:13:00]** I leave feeling like I didn't fully understand what to do next.

Interviewer_P5_Q10 [00:13:30]: What would you need to understand better the health information provided?

Participant_P5_A10 [00:14:00]: They should slow down, use plain language, and check if I understood before I leave. **[00:14:30]** Having written instructions or someone to go over the details would also help a lot.

Interviewer_P5_Q11 [00:15:00]: Kindly share how your cultural background affects your ability to access and use the health system and information.

Participant_P5_A11 [00:15:30]: My cultural background doesn't stop me from going to the doctor, but sometimes I feel judged because of my accent. That makes me hesitate to ask questions. **[00:16:00]**

Interviewer_P5_Q12 [00:16:30]: How does the healthcare provider's culture influence your understanding of their information and care procedures?

Participant_P5_A12 [00:17:00]: I think it's not about their culture but about their patience. If they take time to explain, I understand. If they rush, then I don't. **[00:17:30]**

Interviewer_P5_Q13 [00:18:00]: What are your experiences with using your language in healthcare settings? Do you feel understood? Did they provide an interpreter?

Participant_P5_A13 [00:18:30]: I mostly use English, and I do okay. But sometimes providers don't try hard to understand me because of my accent. I've never been offered an interpreter. **[00:19:00]**

Interviewer_P5_Q14 [00:19:30]: Thinking about your healthcare experiences over the past 12 months, was there any time when you needed medical care but did not get it because you couldn't afford it?

Participant_P5_A14 [00:20:00]: Yes, dental care especially. The cost was too high, so I postponed until I saved money. **[00:20:30]**

Interviewer_P5_Q15 [00:21:00]: Was there any time in the past 12 months when you needed medical care but did not get it because of difficulty taking time off work?

Participant_P5_A15 [00:21:30]: Yes, I missed some appointments because I couldn't leave work. By the time I was free, I had to wait months for another slot. **[00:22:00]**

Interviewer_P5_Q16 [00:22:30]: Was it because you could not afford care?

Participant_P5_A16 [00:23:00]: Sometimes, yes. It wasn't always about money, but when it was, it was very discouraging. **[00:23:30]**

Interviewer_P5_Q17 [00:24:00]: Was it because you could not find a doctor or healthcare provider accepting new patients?

Participant_P5_A17 [00:24:30]: Yes, especially specialists. Some told me no new patients. I had to keep looking around. [00:25:00]

Interviewer_P5_Q18 [00:25:30]: Was it because you could not find a doctor or healthcare provider accepting your type of insurance coverage?

Participant_P5_A18 [00:26:00]: Yes, this happened many times. Some clinics refused my insurance. I had to either pay cash or go elsewhere. [00:26:30]

Interviewer_P5_Q19 [00:27:00]: Was it because you could not get an appointment at a doctor's office or clinic as soon as needed?

Participant_P5_A19 [00:27:30]: Definitely. Sometimes appointments were 3–6 months away, and I needed care much sooner. [00:28:00]

Interviewer_P5_Q20 [00:28:30]: Was it because you had difficulty getting authorization from your health insurance plan for healthcare or prescription drugs?

Participant_P5_A20 [00:29:00]: Yes, especially for some prescriptions. The insurance delayed approval, and I couldn't get the medicine when I needed it. [00:29:30]

Interviewer_P5_Q21 [00:30:00]: Was it because your doctor or healthcare provider did not know how to treat you?

Participant_P5_A21 [00:30:30]: No, I didn't face that. They usually knew what to do, even if they didn't explain clearly. [00:31:00]

Interviewer_P5_Q22 [00:31:30]: Was it because your doctor or healthcare provider dismissed your concerns?

Participant_P5_A22 [00:32:00]: Yes, a couple of times. They acted like my issues weren't serious and rushed me out. [00:32:30]

Interviewer_P5_Q23 [00:33:00]: If your reason is not listed, can you please share it here?

Participant_P5_A23 [00:33:30]: Transportation was also a problem. Sometimes I couldn't get to the clinic because I rely on buses or friends. [00:34:00]

Interviewer_P5_Q24 [00:34:30]: Do you feel that your current healthcare providers understand and support you?

Participant_P5_A24 [00:35:00]: Some of them do, yes. But not all. It depends on who I see. [00:35:30]

Interviewer_P5_Q25 [00:36:00]: Do you feel that you have sufficient and suitable information to help you manage your health?

Participant_P5_A25 [00:36:30]: Not always. I have some information, but sometimes it's too medical. I still need help to understand it fully. [00:37:00]

Interviewer_P5_Q26 [00:37:30]: Have you developed any plans to manage your health? Have you set corresponding health goals?

Participant_P5_A26 [00:38:00]: Yes, I try to eat healthier and exercise, but stress and lack of time make it hard to follow through. [00:38:30]

Interviewer_P5_Q27 [00:39:00]: How do you access social health support? Do you feel you have strong social support?

Participant_P5_A27 [00:39:30]: I have a few friends who support me, but my family is not here. So support is limited. [00:40:00]

Interviewer_P5_Q28 [00:40:30]: How do you gauge your ability to appraise and compare health information from different healthcare providers and information sources?

Participant_P5_A28 [00:41:00]: I try to compare what doctors say with what I read online. But sometimes the information doesn't match, and it's confusing. **[00:41:30]**

Interviewer_P5_Q29 [00:42:00]: How well do you feel that you engage with healthcare providers? Are you able to freely discuss your health concerns?

Participant_P5_A29 [00:42:30]: Sometimes yes, but other times they are rushed, and I don't get to ask everything. **[00:43:00]**

Interviewer_P5_Q30 [00:43:30]: How well do you feel you navigate the healthcare system? Can you access the correct practitioners and information and know where to find them?

Participant_P5_A30 [00:44:00]: It's not easy. Insurance is a barrier, and sometimes the right doctors aren't nearby. I just try to manage. **[00:44:30]**

Interviewer_P5_Q31 [00:45:00]: Do you feel you can access good health information by yourself? How much assistance do you need from others?

Participant_P5_A31 [00:45:30]: I can get some information online, but I need help to understand medical terms and instructions. **[00:46:00]**

Interviewer_P5_Q32 [00:46:30]: How well do you understand your health information to accurately manage your health and understand what providers are sharing with you? Do you feel confident reading health information and following instructions?

Participant_P5_A32 [00:47:00]: I understand some things, but not all. Sometimes the language is too technical, and I ask again. **[00:47:30]**

Interviewer_P5_Q33 [00:48:00]: Do you feel you have strong enough support to manage your health?

Participant_P5_A33 [00:48:30]: Not really. Friends help, but without family here, support is limited. [00:49:00]

Interviewer_P5_Q34 [00:49:30]: Thank you for your participation. Your input is very crucial and has been helpful. Please feel free to provide more information in the future. I appreciate your time.

Participant_P5_A34 [00:50:00]: You're welcome. Thank you too. [00:50:30]

Appendix L: Participant 6—Deidentified Verbatim Transcript (P6 Q01–Q34)

Interviewer_P6_Q01 [00:00:00]: Can you please tell me about your experiences in healthcare services?

Participant_P6_A01 [00:00:30]: My experiences have been mixed. Some doctors were very patient and explained everything to me, but others were quick and didn't give me the chance to ask questions. **[00:01:00]** There were times when the front desk staff made me feel uncomfortable because of my accent. **[00:01:30]**

Interviewer_P6_Q02 [00:02:00]: Did you experience any obstacles while getting healthcare services, including care information?

Participant_P6_A02 [00:02:30]: Yes. The biggest obstacle was insurance. Some clinics refused my insurance, and other times the wait time for appointments was too long. **[00:03:00]**

Interviewer_P6_Q03 [00:03:30]: Tell me, did you understand the health information presented to you? Were you provided with assistance or any help to help you know better?

Participant_P6_A03 [00:04:00]: Sometimes yes, sometimes no. A few doctors explained well in simple words, but some used a lot of medical terms that I didn't understand. **[00:04:30]** I had to rely on friends or the internet to clarify. **[00:05:00]**

Interviewer_P6_Q04 [00:05:30]: Are you happy with the maternal care and information that you receive?

Participant_P6_A04 [00:06:00]: Yes, I was satisfied with the maternal care. The nurses were supportive, and the information was clear. I didn't have many problems in that area.

[00:06:30]

Interviewer_P6_Q05 [00:07:00]: How have your experiences when making service requests or health information been addressed in healthcare settings?

Participant_P6_A05 [00:07:30]: Sometimes the staff helped me quickly, but other times they acted as if I was disturbing them. **[00:08:00]** It depended on who was working at the time.

Interviewer_P6_Q06 [00:08:30]: How have healthcare professionals addressed your healthcare concerns?

Participant_P6_A06 [00:09:00]: Some listened carefully and explained what was happening. Others rushed and dismissed my concerns. **[00:09:30]** That made me feel like my health was not important.

Interviewer_P6_Q07 [00:10:00]: Do you feel comfortable asking for more information on things you have not understood about your care, medications, and other medical information?

Participant_P6_A07 [00:10:30]: Yes, I try to ask questions, but I notice sometimes they are impatient. **[00:11:00]** Because of that, I don't always feel free to ask everything I want to know.

Interviewer_P6_Q08 [00:11:30]: Do you feel or think that healthcare providers treat you differently from other people?

Participant_P6_A08 [00:12:00]: Yes. I feel like sometimes they don't take me seriously because of my accent and background. **[00:12:30]** But not all of them—some providers were respectful and helpful.

Interviewer_P6_Q09 [00:13:00]: Have healthcare providers spent enough time explaining your care?

Participant_P6_A09 [00:13:30]: Not always. A few explained things well, but many just rushed in and out. **[00:14:00]** That left me feeling confused about what to do.

Interviewer_P6_Q10 [00:14:30]: What would you need to understand better the health information provided?

Participant_P6_A10 [00:15:00]: They should slow down and use simple English.

[00:15:30] It would also help if they gave me printed instructions so I can read them again at home.

Interviewer_P6_Q11 [00:16:00]: Kindly share how your cultural background affects your ability to access and use the health system and information.

Participant_P6_A11 [00:16:30]: My culture does not stop me from using the health system, but sometimes I feel judged because of my accent. **[00:17:00]** It makes me less confident when speaking up.

Interviewer_P6_Q12 [00:17:30]: How does the healthcare provider's culture influence your understanding of his or her information and care procedures about your treatment?

Participant_P6_A12 [00:18:00]: I don't think their culture is the problem. The main issue is if they take time to explain things clearly. **[00:18:30]** If they rush, I don't understand, no matter their background.

Interviewer_P6_Q13 [00:19:00]: What are your experiences with using your language in healthcare settings? Do you feel understood? Did they provide an interpreter?

Participant_P6_A13 [00:19:30]: I use English, but sometimes I feel not fully understood because of my accent. [00:20:00] I never had an interpreter, but I think it would help others who need it.

Interviewer_P6_Q14 [00:20:30]: Thinking about your healthcare experiences over the past 12 months, was there any time when you needed medical care but did not get it because you couldn't afford it?

Participant_P6_A14 [00:21:00]: Yes, especially dental care. The cost was too high, so I postponed treatment until I had money. [00:21:30]

Interviewer_P6_Q15 [00:22:00]: Was there any time in the past 12 months when you needed medical care but did not get it because of difficulty taking time off work?

Participant_P6_A15 [00:22:30]: Yes, it happened a few times. My work schedule made it difficult, and I missed appointments. [00:23:00]

Interviewer_P6_Q16 [00:23:30]: Was it because you could not afford the care?

Participant_P6_A16 [00:24:00]: Not always. Sometimes it was money, but most of the time it was getting time off work. [00:24:30]

Interviewer_P6_Q17 [00:25:00]: Was it because you could not find a doctor or healthcare provider accepting new patients?

Participant_P6_A17 [00:25:30]: Yes, especially for specialists. Many said they were not taking new patients. [00:26:00]

Interviewer_P6_Q18 [00:26:30]: Was it because you could not find a doctor or healthcare provider accepting your type of health insurance coverage?

Participant_P6_A18 [00:27:00]: Yes, that happened. Some providers refused my insurance, so I had to pay cash or look for another clinic. [00:27:30]

Interviewer_P6_Q19 [00:28:00]: Was it because you could not get an appointment at a doctor's office or clinic as soon as needed?

Participant_P6_A19 [00:28:30]: Yes, the waiting times were very long, sometimes three months or more. [00:29:00]

Interviewer_P6_Q20 [00:29:30]: Was it because you had difficulty getting authorization from your health insurance plan for healthcare or prescription drugs?

Participant_P6_A20 [00:30:00]: Yes, a few times. The insurance delayed the approval, and I could not get my medicine on time. [00:30:30]

Interviewer_P6_Q21 [00:31:00]: Was it because your doctor or healthcare provider did not know how to treat you?

Participant_P6_A21 [00:31:30]: No, I never felt that. They usually knew how to treat me, but sometimes they didn't explain clearly. [00:32:00]

Interviewer_P6_Q22 [00:32:30]: Was it because your doctor or healthcare provider dismissed your concerns?

Participant_P6_A22 [00:33:00]: Yes, that happened a couple of times. They acted like what I said was not important. [00:33:30]

Interviewer_P6_Q23 [00:34:00]: If your reason is not listed, can you please share it here?

Participant_P6_A23 [00:34:30]: Transportation was also a problem. Sometimes I couldn't get to the clinic because I rely on buses and friends. [00:35:00]

Interviewer_P6_Q24 [00:35:30]: Do you feel that your current healthcare providers understand and support you?

Participant_P6_A24 [00:36:00]: Some do, but not all. It depends on who I meet.
[00:36:30]

Interviewer_P6_Q25 [00:37:00]: Do you feel that you have sufficient and suitable information to help you manage your health?

Participant_P6_A25 [00:37:30]: Not always. Sometimes the information is too medical, and I need more explanation. [00:38:00]

Interviewer_P6_Q26 [00:38:30]: Have you developed any plans to manage your health? Have you set corresponding health goals?

Participant_P6_A26 [00:39:00]: Yes, I try to eat better and exercise. But it's not always easy because of stress and lack of time. [00:39:30]

Interviewer_P6_Q27 [00:40:00]: How do you access social health support? Do you feel you have strong social support?

Participant_P6_A27 [00:40:30]: My support here is small. I have friends who help, but my family is back home. [00:41:00]

Interviewer_P6_Q28 [00:41:30]: How do you gauge your ability to appraise and compare health information from different healthcare providers and information sources?

Participant_P6_A28 [00:42:00]: I try to compare what doctors say with online information, but it can be confusing when they don't match. [00:42:30]

Interviewer_P6_Q29 [00:43:00]: How well do you feel that you engage with healthcare providers? Are you able to freely discuss your health concerns?

Participant_P6_A29 [00:43:30]: Sometimes yes, sometimes no. If they are rushing, I don't get to ask everything. [00:44:00]

Interviewer_P6_Q30 [00:44:30]: How well do you feel you navigate the healthcare system? Can you access the correct practitioners and information and know where to find them?

Participant_P6_A30 [00:45:00]: It's not easy. Insurance and availability of doctors make it difficult. [00:45:30]

Interviewer_P6_Q31 [00:46:00]: Do you feel you can access good health information by yourself? How much assistance do you need from others?

Participant_P6_A31 [00:46:30]: I can get some information from the internet, but medical words are sometimes too technical. [00:47:00]

Interviewer_P6_Q32 [00:47:30]: How well do you understand your health information to accurately manage your health and understand what providers are sharing with you? Do you feel confident reading health information and following instructions?

Participant_P6_A32 [00:48:00]: I understand some things, but not all. I sometimes have to ask again because the language is too advanced. [00:48:30]

Interviewer_P6_Q33 [00:49:00]: Do you feel you have strong enough support to manage your health?

Participant_P6_A33 [00:49:30]: Not strong enough. Friends try, but without family it's limited. [00:50:00]

Interviewer_P6_Q34 [00:50:30]: Thank you for your participation. Your input is very crucial and has been helpful. Please feel free to provide more information in the future. I appreciate your time.

Participant_P6_A34 [00:51:00]: You're welcome. Thank you too. **[00:51:30]**

Appendix M: Participant 7—Deidentified Verbatim Transcript (P7 Q01–Q34)

Interviewer_P7_Q01 [00:00:00]: Tell me about your experiences in healthcare services.

Participant_P7_A01 [00:00:30]: Some good, some bad. I met doctors and nurses who were very supportive, but sometimes I felt ignored or rushed through appointments.

[00:01:00]

Interviewer_P7_Q02 [00:01:30]: Did you experience any obstacles while getting healthcare services, including care information?

Participant_P7_A02 [00:02:00]: Yes, mainly with insurance. Some clinics wouldn't accept my card, and sometimes appointments took months to get. **[00:02:30]**

Interviewer_P7_Q03 [00:03:00]: Tell me, did you understand the health information presented to you? Were you provided with assistance or any help to help you know better?

Participant_P7_A03 [00:03:30]: It depended. Sometimes information was clear, but medical words were confusing. I often had to ask friends or look online. **[00:04:00]**

Interviewer_P7_Q04 [00:04:30]: Are you happy with the maternal care and information that you receive?

Participant_P7_A04 [00:05:00]: Some did help. A few explained clearly, but many just handed me papers without making sure I understood. **[00:05:30]**

Interviewer_P7_Q05 [00:06:00]: How have your experiences when making service requests or health information been addressed in healthcare settings?

Participant_P7_A05 [00:06:30]: Yes, sometimes the staff were polite and helped me quickly. But other times, I felt like they were rushing me or ignoring my request.

[00:07:00]

Interviewer_P7_Q06 [00:07:30]: How have healthcare professionals addressed your healthcare concerns?

Participant_P7_A06 [00:08:00]: Sometimes they listened, other times they dismissed my issues quickly. It depended on the doctor or clinic. **[00:08:30]**

Interviewer_P7_Q07 [00:09:00]: Do you feel comfortable asking for more information on things you have not understood about your care, medications, and other medical information?

Participant_P7_A07 [00:09:30]: Yes, I usually ask. But sometimes I feel the staff get annoyed when I ask too many questions. **[00:10:00]**

Interviewer_P7_Q08 [00:10:30]: Do you feel or think that healthcare providers treat you differently from other people?

Participant_P7_A08 [00:11:00]: Yes, a few times. Because of my accent, I think some staff didn't take me seriously. **[00:11:30]**

Interviewer_P7_Q09 [00:12:00]: Have healthcare providers spent enough time explaining your care?

Participant_P7_A09 [00:12:30]: Not always. Many just rush. Only a few really explained things properly. **[00:13:00]**

Interviewer_P7_Q10 [00:13:30]: What would you need to understand better the health information provided?

Participant_P7_A10 [00:14:00]: They should slow down and use simple words. Also, giving me written instructions in plain English helps. [00:14:30]

Interviewer_P7_Q11 [00:15:00]: Kindly share how your cultural background affects your ability to access and use the health system and information.

Participant_P7_A11 [00:15:30]: My cultural background doesn't stop me from seeking care, but sometimes I feel judged because of my accent. It makes me worry they won't listen carefully. [00:16:00]

Interviewer_P7_Q12 [00:16:30]: How does the healthcare provider's culture influence your understanding of his/her information and care procedures about your treatment?

Participant_P7_A12 [00:17:00]: Yes, sometimes because of my accent or background. Some providers assume I don't know much and rush me. Others are respectful, but not all. [00:17:30]

Interviewer_P7_Q13 [00:18:00]: What are your experiences with using your language in healthcare settings? Do you feel understood? Do you think that you understood the healthcare providers? Did you feel that they took time to understand you? Did they provide an interpreter?

Participant_P7_A13 [00:18:30]: I mostly understand and can express myself, but if the provider is impatient, communication breaks down. They don't always try to really listen. I haven't used an interpreter, but I think it would help others. [00:19:00]

Interviewer_P7_Q14 [00:19:30]: Thinking about your healthcare experiences over the past 12 months, was there any time when you needed medical care but did not get it because you couldn't afford it?

Participant_P7_A14 [00:20:00]: Yes, sometimes. Dental care especially was too expensive. I postponed until I could save money. **[00:20:30]**

Interviewer_P7_Q15 [00:21:00]: Was there any time in the past 12 months when you needed medical care but did not get it because of difficulty taking time off work?

Participant_P7_A15 [00:21:30]: Yes, I missed appointments before because I couldn't take time off. By the time I was free, the appointment had passed. **[00:22:00]**

Interviewer_P7_Q16 [00:22:30]: Was it because you could not afford care?

Participant_P7_A16 [00:23:00]: Not always. Sometimes it was money, but often it was also timing and scheduling issues. **[00:23:30]**

Interviewer_P7_Q17 [00:24:00]: Was it because you could not find a doctor or healthcare provider accepting new patients?

Participant_P7_A17 [00:24:30]: Yes, I faced that problem. Some doctors said no new patients, and I had to search around. **[00:25:00]**

Interviewer_P7_Q18 [00:25:30]: Was it because you could not find a doctor or health care provider accepting your type of health insurance coverage?

Participant_P7_A18 [00:26:00]: Yes, very much. Some clinics refuse my insurance. **[00:26:30]**

Interviewer_P7_Q19 [00:27:00]: Was it because you could not get an appointment at a doctor's office or clinic as soon as needed?

Participant_P7_A19 [00:27:30]: Yes, because of insurance and scheduling. Sometimes they told me the earliest appointment was months away, or they said they don't take my insurance. **[00:28:00]**

Interviewer_P7_Q20 [00:28:30]: Was it because you had difficulty getting authorization from your health insurance plan for health care or prescription drugs?

Participant_P7_A20 [00:29:00]: Other times, I have to wait months because of approval processes. [00:29:30]

Interviewer_P7_Q21 [00:30:00]: Was it because your doctor or healthcare provider did not know how to treat you?

Participant_P7_A21 [00:30:30]: [No direct verbatim response captured in the P7 SONIX transcript for this specific probe.] [00:31:00]

Interviewer_P7_Q22 [00:31:30]: Was it because your doctor or healthcare provider dismissed your concerns?

Participant_P7_A22 [00:32:00]: Yes, many times. I tried to explain my symptoms, but they rushed me and said it was nothing serious. Later I found out it was important.

[00:32:30]

Interviewer_P7_Q23 [00:33:00]: If your reason is not provided in the list above, kindly list it here.....

Participant_P7_A23 [00:33:30]: Yes, several times. I couldn't take time off work, or I didn't have someone to drive me to the clinic. So, I had to cancel.

[00:34:00]**Interviewer_P7_Q24 [00:34:30]:** Do you feel that your current healthcare providers understand and support you?

Participant_P7_A24 [00:35:00]: Not always. Some are supportive and try to explain, but others don't seem to care much. It's mixed. [00:35:30]

Interviewer_P7_Q25 [00:36:00]: Do you feel that you have sufficient and suitable information to help you manage your health?

Participant_P7_A25 [00:36:30]: I try my best with what I get, but it's not always enough. I search online or ask friends to fill the gaps. [00:37:00]

Interviewer_P7_Q26 [00:37:30]: Have you developed any plans to manage your health? Have you set corresponding health goals?

Participant_P7_A26 [00:38:00]: Yes, I try to control my diet and watch my blood pressure. I also try to exercise, though sometimes it's difficult to keep up. [00:38:30]

Interviewer_P7_Q27 [00:39:00]: How do you access social health support? Do you feel you have strong social support?

Participant_P7_A27 [00:39:30]: It's limited. I don't have many family members nearby, but I have a few friends who help when they can. It's not strong, but at least I have some support. [00:40:00]

Interviewer_P7_Q28 [00:40:30]: How do you gauge your ability to appraise and compare health information from different healthcare providers and information sources?

Participant_P7_A28 [00:41:00]: I try to compare what doctors say with what I read online, or what friends tell me. But sometimes it is confusing because the advice is not the same. [00:41:30]

Interviewer_P7_Q29 [00:42:00]: How well do you feel that you engage with healthcare providers? Are you able to freely discuss your health concerns?

Participant_P7_A29 [00:42:30]: Yes, I usually ask. But sometimes I feel the staff get annoyed when I ask too many questions. [00:43:00]

Interviewer_P7_Q30 [00:43:30]: How well do you feel you navigate the healthcare system? Can you access the correct practitioners and information and know where to find them?

Participant_P7_A30 [00:44:00]: It's not always easy. Sometimes I don't know which clinic to go to, or which doctor will accept my insurance. It takes a lot of phone calls.

[00:44:30]

Interviewer_P7_Q31 [00:45:00]: Do you feel you can access good health information by yourself? How much assistance do you need from others?

Participant_P7_A31 [00:45:30]: I can access some information, but I often need help to understand it. The language is difficult, and sometimes I misinterpret medical terms.

[00:46:00]

Interviewer_P7_Q32 [00:46:30]: How well do you understand your health information to accurately manage your health and understand what health providers are sharing with you? Do you feel confident reading health information and following instructions?

Participant_P7_A32 [00:47:00]: I feel somewhat confident, but not 100%. I follow most instructions, but sometimes I need to ask someone to explain the details again.

[00:47:30]

Interviewer_P7_Q33 [00:48:00]: Thank you for your participation. Your input is very crucial and has been helpful. Please feel free to provide more information on an issue you think you did not respond to enough or have information to add. I request your consent to communicate with the researcher in the future as a follow-up. This process is voluntary and will be highly appreciated.

Participant_P7_A33 [00:48:30]: Yes, I want to say that many mothers like me struggle with the same issues. If doctors listened more and insurance was better, our lives would improve. [00:49:00]

Interviewer_P7_Q34 [00:49:30]: Please provide a number where I can reach you for further communication. Thank you so much for your time.

Participant_P7_A34 [00:50:00]: Yes, I want to say that many mothers like me struggle with the same issues. If doctors listened more and insurance was better, our lives would improve. [00:50:30]

Appendix N: Participant 8—Deidentified Verbatim Transcript (P8 Q01–Q34)

Interviewer_P8_Q01 [00:00:00]: Tell me about your experiences in healthcare services.

Participant_P8_A01 [00:00:30]: My experiences have been mixed. Some doctors were patient and explained things well, but others rushed me and made me feel like I was bothering them. [00:01:00]

Interviewer_P8_Q02 [00:01:30]: Did you experience any obstacles while getting healthcare services, including care information?

Participant_P8_A02 [00:02:00]: Yes, the biggest obstacles were insurance coverage and long waiting times for appointments. Sometimes clinics didn't accept my insurance at all. [00:02:30]

Interviewer_P8_Q03 [00:03:00]: Tell me, did you understand the health information presented to you? Were you provided with assistance or any help to help you know better?

Participant_P8_A03 [00:03:30]: Sometimes I understood, especially when they used simple words. But many times, the medical terms were confusing, and no one took time to explain. [00:04:00]

Interviewer_P8_Q04 [00:04:30]: Are you happy with the maternal care and information that you receive?

Participant_P8_A04 [00:05:00]: I was satisfied most times with maternal care, especially with the nurses. But in other areas of healthcare, I felt less supported. [00:05:30]

Interviewer_P8_Q05 [00:06:00]: How have your experiences when making service requests or health information been addressed in healthcare settings?

Participant_P8_A05 [00:06:30]: Sometimes they helped me, but other times they acted impatient, especially when I asked many questions. [00:07:00]

Interviewer_P8_Q06 [00:07:30]: How have healthcare professionals addressed your healthcare concerns?

Participant_P8_A06 [00:08:00]: A few listened carefully and gave advice, but many just rushed and didn't give me enough explanation. [00:08:30]

Interviewer_P8_Q07 [00:09:00]: Do you feel comfortable asking for more information on things you have not understood about your care, medications, and other medical information?

Participant_P8_A07 [00:09:30]: Yes, I ask questions, but sometimes I can tell they don't like it when I ask too much. [00:10:00]

Interviewer_P8_Q08 [00:10:30]: Do you feel or think that healthcare providers treat you differently from other people?

Participant_P8_A08 [00:11:00]: Yes, I think sometimes because of my background and accent, they don't treat me the same as others. [00:11:30]

Interviewer_P8_Q09 [00:12:00]: Have healthcare providers spent enough time explaining your care?

Participant_P8_A09 [00:12:30]: Not always. Some do, but most of them are in a hurry, and I leave not fully understanding. [00:13:00]

Interviewer_P8_Q10 [00:13:30]: What would you need to understand better the health information provided?

Participant_P8_A10 [00:14:00]: I would need them to slow down, use simpler words, and give me written instructions so I can read at home. [00:14:30]

Interviewer_P8_Q11 [00:15:00]: Kindly share how your cultural background affects your ability to access and use the health system and information.

Participant_P8_A11 [00:15:30]: My cultural background doesn't stop me from seeking care, but sometimes I feel judged, and it makes communication harder. [00:16:00]

Interviewer_P8_Q12 [00:16:30]: How does the healthcare provider's culture influence your understanding of his/her information and care procedures about your treatment?

Participant_P8_A12 [00:17:00]: I don't think their culture matters much. What matters is whether they take the time to explain. [00:17:30]

Interviewer_P8_Q13 [00:18:00]: What are your experiences with using your language in healthcare settings? Do you feel understood? Do you think that you understood the healthcare providers? Did you feel that they took time to understand you? Did they provide an interpreter?

Participant_P8_A13 [00:18:30]: I mostly use English, and I manage, but sometimes they act impatient because of my accent. I haven't used an interpreter, but I know others who need one. [00:19:00]

Interviewer_P8_Q14 [00:19:30]: Thinking about your healthcare experiences over the past 12 months, was there any time when you needed medical care but did not get it because you couldn't afford it?

Participant_P8_A14 [00:20:00]: Yes, dental care and some prescriptions were too expensive, so I delayed getting them. [00:20:30]

Interviewer_P8_Q15 [00:21:00]: Was there any time in the past 12 months when you needed medical care but did not get it because of difficulty taking time off work?

Participant_P8_A15 [00:21:30]: Yes, sometimes I couldn't take time off, and I missed appointments. [00:22:00]

Interviewer_P8_Q16 [00:22:30]: Was it because you could not afford care?

Participant_P8_A16 [00:23:00]: Sometimes yes, but mostly it was work or scheduling that caused the problem. [00:23:30]

Interviewer_P8_Q17 [00:24:00]: Was it because you could not find a doctor or healthcare provider accepting new patients?

Participant_P8_A17 [00:24:30]: Yes, I tried a few times to get new doctors, but they said they weren't accepting patients. [00:25:00]

Interviewer_P8_Q18 [00:25:30]: Was it because you could not find a doctor or health care provider accepting your type of health insurance coverage?

Participant_P8_A18 [00:26:00]: Yes, that happened to me before. Some clinics told me they don't take my insurance, so I had to either pay cash or just keep searching for another place. [00:26:30]

Interviewer_P8_Q19 [00:26:30]: Was it because you could not get an appointment at a doctor's office or clinic as soon as needed?

Participant_P8_A19 [00:27:00]: Yes, sometimes they give you an appointment three or four months away. By then, the problem could get worse, but you don't have a choice.

[00:27:30]

Interviewer_P8_Q20 [00:27:30]: Was it because you had difficulty getting authorization from your health insurance plan for health care or prescription drugs?

Participant_P8_A20 [00:28:00]: Yes, for some medications they delayed the approval. I had to wait weeks before I could pick it up from the pharmacy. **[00:28:30]**

Interviewer_P8_Q21 [00:28:30]: Was it because your doctor or healthcare provider did not know how to treat you?

Participant_P8_A21 [00:29:00]: No, I wouldn't say that. Most of them knew, but sometimes they just didn't explain it well. **[00:29:30]**

Interviewer_P8_Q22 [00:29:30]: Was it because your doctor or healthcare provider dismissed your concerns?

Participant_P8_A22 [00:30:00]: Yes, that has happened. A couple of times I felt like they were rushing me out and not paying attention to what I was really saying. **[00:30:30]**

Interviewer_P8_Q23 [00:30:30]: If your reason is not provided in the list above, kindly list it here.....

Participant_P8_A23 [00:31:00]: Another reason is transportation. If I don't have someone to drive me or the bus is not on time, I can miss appointments. **[00:31:30]**

Interviewer_P8_Q24 [00:31:30]: Do you feel that your current healthcare providers understand and support you?

Participant_P8_A24 [00:32:00]: Some do, yes, but not all. It depends on the provider I see that day. [00:32:30]

Interviewer_P8_Q25 [00:32:30]: Do you feel that you have sufficient and suitable information to help you manage your health?

Participant_P8_A25 [00:33:00]: Not really. I still need help to understand some instructions, because the way they explain is too medical. [00:33:30]

Interviewer_P8_Q26 [00:33:30]: Have you developed any plans to manage your health? Have you set corresponding health goals?

Participant_P8_A26 [00:34:00]: Yes, I try to eat healthier and go walking, but sometimes it's hard to keep up because of stress. [00:34:30]

Interviewer_P8_Q27 [00:34:30]: How do you access social health support? Do you feel you have strong social support?

Participant_P8_A27 [00:35:00]: My family is far away, but I have friends here that help me when I need it. So I would say I have some support, but not very strong. [00:35:30]

Interviewer_P8_Q28 [00:35:30]: How do you gauge your ability to appraise and compare health information from different healthcare providers and information sources?

Participant_P8_A28 [00:36:00]: I try to compare what doctors say and what I read online, but sometimes it's confusing because they don't always match. [00:36:30]

Interviewer_P8_Q29 [00:36:30]: How well do you feel that you engage with healthcare providers? Are you able to freely discuss your health concerns?

Participant_P8_A29 [00:37:00]: Sometimes I can, but if they are rushing, I don't get the chance to ask everything I want. [00:37:30]

Interviewer_P8_Q30 [00:37:30]: How well do you feel you navigate the healthcare system? Can you access the correct practitioners and information and know where to find them?

Participant_P8_A30 [00:38:00]: It is not easy. Insurance and location of clinics make it difficult. I just do my best to find my way. [00:38:30]

Interviewer_P8_Q31 [00:38:30]: Do you feel you can access good health information by yourself? How much assistance do you need from others?

Participant_P8_A31 [00:39:00]: I can get some information online, but I still need others to explain some things, especially medical terms. [00:39:30]

Interviewer_P8_Q32 [00:39:30]: How well do you understand your health information to accurately manage your health and understand what health providers are sharing with you? Do you feel confident reading health information and following instructions?

Participant_P8_A32 [00:40:00]: I understand a little, but not always. Sometimes the instructions are too hard, so I have to ask again. [00:40:30]

Interviewer_P8_Q33 [00:40:30]: Thank you for your participation. Your input is very crucial and has been helpful. Please feel free to provide more information on an issue you think you did not respond to enough or have information to add. I request your consent to communicate with the researcher in the future as a follow-up. This process is voluntary and will be highly appreciated.

Participant_P8_A33 [00:41:00]: I think I have shared most of it. If you need to ask me later, that is okay. [00:41:30]

P8_Q34 Interviewer_P8_Q34 [00:41:30]: Please provide a number where I can reach you for further communication. Thank you so much for your time.

Participant_P8_A34 [00:42:00]: You're welcome. Thank you too for listening.

[00:42:30]