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Online Appendix 1. Questions used for the focus group

	Question
1	If you had one suggestion on what could be done to improve the health of the community, what would it be?
2	Did you or someone you know have difficulty obtaining health care services in the past few years? If yes, what are the reasons?
3	What are the barriers to accessing local mental and behavioral health services and treatment programs?
4	What do you see as the biggest obstacle to health for your specific community?

Online appendix 2: The English version of the survey questions

Note: We used the Arabic version of the survey.

1. What is your Native Language? ☐ Arabic, ☐ English
2. What is your country of origin? ☐ Arabic Country, ☐ USA

A-Health Literacy questions

3. How often do you ask someone for help to read the instructions and leaflets from a doctor or pharmacist?
1-Never, 2-Rarely, 3-Sometimes, 4-Often or 5-Always.
4. Do you need an interpreter during your visits to a hospital or physician clinic?
1. Never, 2. Sometimes, 3. Always
5. Is an interpreter provided for you if needed during your visits to the hospital?
1.Never, 2. Sometimes, 3. Always
6. If available, medical and medication instruction written in Arabic would be more understandable for me.
1.Strongly Disagree, 2. Disagree, 3. Agree, 4. Strongly Agree
7. Do you prefer the hospital and pharmacy that have an Arabic healthcare provider or interpreter over others that do not have?
1. Very Strongly Not Prefer 2. Not Prefer 3. Prefer 4. Very Strongly Prefer

B- Barriers to healthcare service

8. Do you have the following barriers that limit your doctor visits? (Mark all that apply):
☐ No health insurance, ☐ high co-payment, ☐ language barrier, ☐ None, ☐ Other-----
9. Do you have a family member who is fluent English helping you during physician/pharmacy visits? ☐ No , ☐ Yes, ☐ Sometimes, ☐ No need
10. Do you have health insurance currently?
☐ Yes, ☐ No
11. Which type of health insurance do you have?
☐ Medicare, ☐ Employer-based, ☐ Medicaid, ☐ Private insurance, ☐ None
12. When do you go to see a doctor?¹⁸
☐ Regular basis, ☐ For preventative check-ups, ☐ When very ill/sick,
☐ To get a prescription
13. Do you have any chronic disease(s)? (Mark all that apply)
☐ None, ☐ Diabetes, ☐ Hypertension ☐ Cardiovascular, ☐ Asthma, ☐ Arthritis,
☐ Other ☐ Cancer

C- Demographics

14. Are you a: ☐ U.S. Citizen, ☐ Permanent Resident or ☐ Arabic country student/visitor
15. Gender: ☐ Female, ☐ Male
16. Age (years): ☐ 18-29, ☐ 30-39, ☐ 40-49, ☐ 50-64, ☐ 65 or more
17. Highest Level of education:
☐ Elementary school, ☐ Middle school, ☐ High School, ☐ College Degree,
☐ Graduate Degree
18. Are you a current or former college student in the U.S.?
☐ Yes, ☐ No
19. Ethnicity: Sudanese, North African Arabic (Egypt, Libya, Algeria, Tunisia & Morocco), Middle-Eastern Arabic (Iraq and Levantine) , Yemeni or Gulf-Arabic
20. How long have you been in the U.S.? ----- years