1. Access to and use of the healthcare system

Analytical main category	**Subcategories**	**Relevance for the presentation of results**
Communicative accessibility as a prerequisite for care	Interpreting, direct address, eye contact, written support	Care can only succeed if communication is actively established. Accessibility is not an add-on here, but a condition of medical quality.
Structural dependence on mediation	Availability of interpreters, quality of interpreting, appointment organization	Patient autonomy remains fragile because understanding, asking questions and making decisions often depend on third parties.
Fragile compensatory strategies in everyday care	Writing on paper/phone, lip-reading, prepared notes, email, apps	Participants actively compensate for barriers, but these strategies remain dependent on context, written-language skills and staff willingness to cooperate.
Recognition as autonomous patients	Direct communication with the patient rather than the interpreter, avoidance of paternalistic communication	The issue is not only information transfer, but also dignity, self-determination and recognition of the patient role.
Ambivalence of family mediation	Relatives as pragmatic support, privacy, emotional burden	Family interpreting can bridge gaps in care, but creates ethical and emotional problems, especially in relation to sensitive information.

2. Information about the ePA and information needs

Analytical main category	**Subcategories**	**Relevance for the presentation of results**
Limited and fragmented knowledge about the ePA	Awareness of the term, unclear functions, unclear access routes, little user experience	For many participants, the ePA does not appear as a concrete care instrument, but as an abstract digitalization project.
Insufficient reach of institutional information	Health insurance funds, medical practices, public bodies, lack of proactive communication	Limited knowledge is not primarily an individual knowledge deficit, but points to a structural information gap.
Informal and self-initiated information pathways	Internet, acquaintances, family, self-help networks, digital tools	Information is often actively sought by participants or mediated through personal networks, creating randomness and inequality.

Linguistic barriers to information access	Complex written language, medical terminology, lack of plain or easy language	Accessibility means not only that information is available, but that it is prepared in a comprehensible and linguistically appropriate way.
Preference for dialogic and visual formats	Sign language videos, explanatory videos, presentations in deaf associations, peer multipliers	Participants prefer Participants formats that allow questions, repetition and shared understanding.

3. Anticipated barriers to use and support needs

Analytical main category	**Subcategories**	**Relevance for the presentation of results**
Anticipated linguistic barriers to use	Medical findings, technical terms, system notifications, medical documents	The ePA may reproduce existing problems of comprehensibility if it merely makes medical information available without explaining it.
Technical and procedural uncertainty	Activation, login credentials, app use, access rights, steps of use	Uncertainty does not only concern technical competence, but also a lack of orientation within the ePA system.
Outsourced work of making information understandable	Use of search engines, AI tools, help from other people	Users take on translation and explanation work themselves, although this should be institutionally supported.
Need for qualified support	Multi-channel, knowledgeable, sign-language competent, directly accessible	Support is not understood as mere IT assistance, but as part of accessible health communication.
Data protection and privacy in support processes	Sensitive health data, communication without third parties	Support must enable direct communication so that private information does not unnecessarily have to be mediated through interpreters or relatives.

4. Opportunities And Risks Of The ePA

Analytical main category	**Subcategories**	**Relevance for the presentation of results**
Relief from repeated care communication	Avoiding repeated anamnesis, information available to physicians	The ePA may be particularly helpful in situations where repeated explanations are communicatively burdensome or prone to error.
Orientation and control over health information	Overview of diagnoses, medications, findings, treatment history	The ePA can strengthen patients if it bundles information in a way

		that is understandable and traceable.
Visibility of hearing status and communication needs	Indication of deafness/hearing impairment, need for interpreting, preferred communication mode	The ePA can prepare care encounters and reduce misunderstandings if communication needs are documented.
Conditional trust	Data protection, access rights, transparency, control	Acceptance does not arise automatically, but depends on transparent and controllable access structures.
Concern about control, discrimination and data misuse	Health insurance funds, uninvolved actors, historical burden of health data	Data protection concerns are not merely technical, but biographical, social and in some cases historically framed.
Risk of incorrect or stigmatizing entries	Incorrect diagnoses, undiscussed findings, transfer of problematic attributions	The ePA can make errors visible and correctable, but may also facilitate their further circulation.

5. Requirements for an accessible and user-friendly ePA

Analytical main category	**Subcategories**	**Relevance for the presentation of results**
Modular accessibility concept	Sign language videos, subtitles, plain/easy language, explanations of technical terms	A single format is not sufficient; users need combinable forms of access.
Individualizability rather than target-group generalization	Choice options, different language biographies, affinity for technology, written-language skills	People with hearing impairments are not a homogeneous user group; accessibility must be customizable.
Information architecture oriented toward comprehensibility	Explanations directly within the ePA, visual support, simple navigation	The ePA should not only store documents, but make health information understandable.
Documentable communication needs	Hearing status, need for interpreting, preferred communication mode	The ePA should prepare communication in care encounters rather than making communication needs visible only when communication fails.
Continuous quality-assured support	Sign language competence, training, quality assurance, regional variation in sign language	Support must be reliable, linguistically qualified and not available only by chance.