A couple of overarching points:

1. The goals of this study vs. the previous two (2019 and 2022) are really important to untangle - both the purpose and the methodology. I've tried to make edits to do this, but clearly the authors can do this more accurately than I can.

2. The Results section in the Abstract needs to provide some overarching (and short) findings. Also, in the Results section itself, it will be important to summarize the findings. I've included my list in a comment in that section. Making sure these are summarized may mean that some of the content currently there will need to be shortened (to stay within the journal's 15-page limit).

Regarding the reviewer(s)' comments:

My sense is that your response letter should include something like what I've written below. [Please note that the line numbers I've included here are those that appear when *tracked changes*have been turned off. They will all need to be updated once the final edits have been made.]

Wishing the authors good luck with the next stage of publication!

In response to your helpful comments, we have completed a final edit of the entire manuscript to better articulate the study's research question and contributions and to increase its methodological clarity. In particular:

1.    We have clarified the study’s overarching research question as follows: *the current study aims to elucidate what semi-structured interviews with 34 individuals can tell us about how to improve access to the healthcare system among formerly ultra-orthodox young adults* [see lines 86-91].

2.    The methods section has been rewritten to clarify that:

a.    The development of the semi-structured interviews was guided by the qualitative method, interpretative phenomenology, to reveal the lived experiences of participants (their backgrounds, beliefs, culture and values [lines 122-127].

3.    Two content analysis methods enabled us to identify common themes across interviews [lines 137-149].

4.    Finally, the ACCESS model [described in lines 123-135] enabled us to classify the themes identified in the content analysis according to the model’s six-domain framework for understanding how to deliver culturally-sensitive healthcare services [154-157].

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