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Care Connectors in Knox County, Tennessee

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Abstract

Introduction. Community navigators became part of the healthcare team for patients in the 1990s. They were implemented to bridge the gaps between the needs of patients and resources to access care. According to previous research conducted, health disparities are influenced by cultural and language differences between the provider and the ethnic minority patient (Cassidy et al., 2013). It is suggested, by Agger-Gupta, Hm Chen, Jacobs, & Karliner (2006), that with community navigators, health disparities among Hispanics will diminish because patients will be engaged in educational sessions with community navigators, and have an additional support system aside from family and friends, and receive translating services.

Overall Goal. The goal of the study is to identify the social and cultural roles of community navigators for KAPA Connect organization to best accommodate social, cultural, and language differences within the Hispanic community of Knox County.

Methodology. Interviews from women of different education levels and professions who informally serve as community navigators were conducted. A total of 24 questions in six different categories regarding perceptions and traits were asked to assess experience and knowledge of healthcare services in Knox County.

Results. Three women were interviewed who serve as informal community navigators in the Knox County area. All three participants mentioned the most common concerns in the Hispanic community are the high cost of healthcare, fear of repercussions for being undocumented, and apprehension to ask for help or clarification from providers.

Conclusion. Care connectors need to be aware of the social and cultural barriers Hispanics affront in the community. Further research is needed to assess the implementation and acceptance of care connectors among Hispanics in the Knox County area.

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Introduction

The introduction of community navigators in healthcare began in the 1990's by the work of Doctor Harold Freeman ("Patient Navigation Institute," n.d.). The initial role of community navigators included "facilitating timely access to health care" (Burhansstipanov et al., 2014). Today, the role of community navigators has expanded beyond identifying barriers to healthcare to include educating the community. In Knoxville, Tennessee there are several formal and informal community navigators providing services to underrepresented groups, which Knoxville Area Project Access (KAPA) Connect project wants to integrate into its system.

Knox County Health Services

Knox County houses more than 600 non-profit organizations, listing approximately 31 as health organizations ("Organizations and Fund Raising", n.d.). It is also one of a few cities in Tennessee to have a health department with affiliations to the University of Tennessee. Each institution has different qualification criteria for assistance, which community navigators should be aware of when referring someone to those institutions.

Service Provider	Description	Most Commonly Known As
Centro Hispano	A non-profit organization serving the community as a meeting place to encourage civic participation and information center for "multicultural families" ("Who We Are," n.d.).	
Cherokee Health Systems	A healthcare institution providing healthcare to community members through prevention and educational programs ("Philosophy of Care," 2011).	Cherokee
Cover Kids	A "comprehensive healthcare program" for pregnant women who are Tennessee resident and live at or below 250% the federal poverty level and for undocumented women to apply ("Cover Kids," n.d.).	
Hope Resource Center	A holistic center educating both men and women about their reproductive healthcare options ("Our Approach," n.d.).	
InterFaith Health Clinic	A non-profit organization providing healthcare services for low-income and uninsured community members at low cost with a "sliding-fee scale" system ("Financial Guide," n.d.).	InterFaith
Knox County Health Department	A public institution providing community education, assessments, enforce regulations, and healthcare services to Knox County ("About the Knox County Health Department," n.d.).	
Lisa Ross Birth & Women's Center	A non-profit organization aiming to provide women's wellness through empowerment and family involvement during pregnancy and childbirth ("Lisa Ross Birth & Women's Center").	Lisa Ross
University of Tennessee Medical Center	Regional hospital with a mission to serve, educate, and heal the community ("About Us," n.d.).	UT

Table 1: List of most commonly known Knox County health services

KAPA Connect

KAPA Connect is a pilot project created by the directors of KAPA, doctors, and administrators at the Knoxville Academy of Medicine. The goal of KAPA Connect is to increase access and address barriers to healthcare in East Tennessee by providing healthcare to the underserved population. It seeks to utilize allied physicians, clinics, hospitals, and non-profit organizations to provide health and wellness to the community. To receive services from KAPA Connect, community members must be a Knox County resident and have an annual income "at or below 200% of the federal poverty level" ("Welcome to Kapa," n.d.). KAPA provides primary and specialty care as well as mental health, pharmaceutical, inpatient and outpatient, and case management services.

KAPA Connect wants community navigators to be integrated within the Knox County area so they can link and facilitate health services to community members. It is crucial for community navigators to understand the population they are serving so that members of that subgroup accept them, and more important, seek their help with any health concern rather than restraining from seeking help. The association community navigators have within the community is a social responsibility to be aware of the necessities of the community they are serving and intervene to reduce healthcare disparities. With the collaboration of community navigators, community health concerns can be addressed, thus reducing death rates, optimizing health, and providing the community with resources needed to maintain health. The community navigator needs to be aware of the social, cultural, and linguistic diversity of the ethnic group they are serving.

For this study the term care connectors will be used as it is in accordance with the goal of KAPA Connect.

My Role

Hispanics were chosen as the targeted research group in Knox County because they are a large minority population in the United States and the second largest minority group after African Americans in Knox County ("QuickFacts", n.d.). They were also chosen because as a Hispanic member of the community, I speak Spanish and understand many social norms, but, I also recognize that the local Hispanic community is quite diverse. It is also composed of people of indigenous cultures who speak languages other than Spanish, which might limit my knowledge and ability to interact among certain groups. However, most of the "community navigators" that I intended to interview were bilingual in Spanish and English, which is precisely what enables them to be navigators, while others may speak Spanish and one or more indigenous dialects, hence I was able to effectively communicate with these "navigators," and in turn, can help me better understand the health needs of diverse groups of people who are all immigrants from Latin America.

As a member of the Hispanic community in Knoxville, I have experienced and observed cultural and language barriers during patient-doctor interactions, which hindered care and communication, resulting in lack of trust in the provider and reluctance to provide further information. It is necessary for community navigators to lead and take the initiatives to address the health concerns of their community and make informed decisions when referring community members to doctors, hospitals, or non-profit organizations. KAPA Connect is interested in forming a group of community navigators that can help the members of various underserved groups access the health-promoting resources they need. Along with this study, I have drafted the expectations for care connectors for KAPA Connect. In the Hispanic community in Knoxville, several interpreters, service providers, and other bilingual individuals have been informally

fulfilling some of these community navigator roles. Hence, it is crucial to interview some of them and investigate how they have been helping members of the Hispanic community access healthcare and what they perceive to be pressing health needs among the people they have helped. As already mentioned, community navigators can help increase education about health and adherence to treatment. Studies have shown that with community navigators, communities become more educated on programs, resources, and healthy habits (Bularzik et al, 2014).

Background Literature

In the literature, there are different terms used to describe a person who is a link between people of certain groups in a community and resources/services available to them in healthcare, immigration, and integration. The terms most commonly used are: community navigators, cultural navigators, patient navigators, and community health navigators. Each term depicts specific roles within the community, such as community health navigators focusing on educating people about and enrolling them in the Affordable Care Act (ACA) Marketplace and cultural navigators, who focus on reducing acculturation stress among new immigrants.

Community Navigators

A community navigator, also known as community collaborator, is a volunteered or paid position in which the person engages with the community through a specific "neighborhood, church, or civic organization" and educates the community by helping them obtain access to healthcare and health information ("Community Health Navigators," 2014). Community navigators have been used as the link between underserved populations and healthcare. The purpose of a community navigator is to facilitate the connections between the potential patient and healthcare resources, such as medical providers, clinics, and/or medications. It offers "a patient-centered…[care] to ensure timely access to healthcare services, guide patients through

the increasingly complex-healthcare system, and overcome barriers to healthcare" (Acemail et al., 2016). Each culture has different structural and social barriers, and to effectively address each culture's health concerns in the community, different "infrastructure and acceptability of resources available" should be used (Foo et al., 2008).

Community navigators are strategically sent to underserved parts of the community to engage, build a trusting relationship, and recommend resources for the community to access. Community navigators learn "cultural and community-specific values and practices related" to the group they are targeting (Kroening, Moore, Welch, Halterman, & Hyman, 2016). According to Bularzik et al. (2014), a community navigator should be caring, culturally sensitive, trusting, listening, supporting, professional, and empathetic. They become "floatation devices" when patients feel family, friends, and healthcare do not understand their pain and feelings. Through their social capital, they provide three main types of support patients need: emotional, informational, and psychosocial support (Bularzik et al., 2014).

Training Programs

Community navigator training programs are often created at treatment facilities, such as oncology and geriatric centers. Depending on the available funds, programs may decide to recruit community members as volunteers and/or hire professionals, such as social workers, nurses, and current college students. Recruiting lay community members would reduce the costs of implementing a community navigation program (Acemail, A., et al, 2016). Many community navigation programs across the country utilize several instruction methods, including online seminars (webinars), workshops, and informational literature (Acemail et al, 2016; Burhansstipanov et al., 2014). Training programs need to have "culturally tailored training components with strategies for establishing trust and various follow-up social support services in

[Hispanics] communities" (Foo et al., 2011). Culturally tailoring training programs will help community navigators to "guide and support patients through the maze of institutional and community barriers" (Foo et al., 2011). By having an interdisciplinary training composed of nurses, specialists, social workers, and religious leaders, community navigators would expand their cultural knowledge and reduce personal biases (Acemail et al, 2016). Partnering with different health experts and religious leaders in the community would increase awareness of services to community navigators (Burhansstipanov et al., 2014).

Community Engagement

Once they are trained, community navigators can help increase adherence to doctors' appointments, reduce elevated costs of healthcare, and decrease fears (Acemail et al, 2016; Bularzik et al, 2014). Community navigators should be integrated within the Hispanic community through "safe places" to "meet the needs of the community" (Barrette et al., 2016). Outreach is done through home visitations, community centers, telephone, and email, expanding networks among community members (Acemail et al, 2016).

Overall Goal

The goal of the study is to identify the social and cultural roles of community navigators for KAPA Connect organization to best accommodate social, cultural, and language differences within the Hispanic community of Knox County. It also aims to identify social barriers the Hispanic community affronts when accessing public healthcare services. Social, cultural and language differences among groups in the community are known to pose barriers for people to access and receive healthcare (Agger-Gupta, Hm Chen, Jacobs, & Karliner, 2016; Ahmed et al., 2016). The results of my project will help the Kappa Connect organization alleviate such barriers to medical treatment for Hispanics in Knoxville, Tennessee.

Methodology

Background Research

The data and interviews were collected throughout the 2016-2017 academic calendar year. Literature review was conducted through the University of Tennessee's library database. Peer-reviewed journals used in the study were *PubMed*, *Academic Search Premier*, *American Journal of Public Health*, *Springer* and *SAGE* databases. Keywords such as community navigator, Hispanic disparities, and health navigator were used to narrow searches. Research files of the developing KAPA Connect project were also analyzed for further roles of community navigators through Asana, an online server for project management in which a team can assign tasks and share documents to accomplish goals ("Asana", n.d.).

The Chancellor's Honors Program and the College Scholars Program approved the proposed outline for the study. The study was also approved by the Institutional Review Board of the University of Tennessee on April 5, 2017, authorizing recruitment of participants via telephone for semi-structured interviews. There were no foreseeable risks other than those encountered in everyday life to participants.

Recruitment

Recruitment was done through previous contacts from thesis advisors. Participants are community leaders and residents in the Knox County area. Through telephone communication, I called, introduced myself and the study, and scheduled interview times. If the call went unanswered, I left a voicemail with a brief introduction and contact information. Several attempts were made to reach potential participants and only three returned my call.

Interviews

Interview questions were also drafted in both English and Spanish, to accommodate the needs of participants. A total of 23 questions were asked and organized by recurrent themes. The questions were categorized according to background/experience, perceived barriers, and suggested solutions for KAPA (Bularzik et al, 2014).

Category	Number of Questions
Background/Experience	16
Perceived Barriers	4
Suggested Solutions	3

Table 2: Category and number of interview questions

Interviews were conducted during the month of April wherever it was most convenient for participants, such as their home or local restaurants in the Knox County area. Consent forms and interview questions were drafted in both English and Spanish to accommodate participants. Spanish was the preferred language of participants to use throughout the interview process. Prior to starting the interviews, explanation of the study and a copy of the consent form was given to participants to sign. Participants had the option of choosing their own pseudo name, but in most cases I assigned a pseudo name. Audio recording was not utilized during interviews. An ethnographic field approach was used during the interview, which included taking notes about their responses and making observations. Once the interviews were completed, I asked

participants if they had any questions for me. Following the interview, a formal thank you note was mailed to participants.

All materials were kept confidential in a password protected computer. Two computer application programs were used to store literature and interview information: *EndNote* and *Notability*. *EndNote*, a software program capable of storing, organizing, and creating references, was used to store articles from data bases ("Endnote", n.d.). *Notability*, a Macintosh application program for annotating, transcribing, and drawing that can be converted to PDF files, was used to type interviews ("Notability", n.d.). Recordings were not made throughout the interview process due to time constrains and inexperience transposing recordings. Questions were categorized and analyzed to compare perceived social and cultural barriers to healthcare and experiences assisting the Hispanic community with healthcare resources and information. Other questions were used to assess level of education of participants and any previous knowledge about KAPA Connect's services to the Knox County area.

No funds were obtained to conduct this study.

Results

In the study three women were interviewed within a one month period. The rejection of the IRB form in early March delayed scheduling interviews for four weeks, resulting in a limited amount of time to recruit, schedule, conduct, and analyze interviews. to Each interview lasted between forty-five minutes to an hour. There were no interruptions during interviews and participants answered all the 23 questions, either directly or indirectly.

Category	Questions	Responses		
I. Experience/ Background				
	Race	Hispanic		
	Ethnicity	Mexican 1	Guatemalan 1	Colombian 1
	Native language	Spanish 2	Acateco 1	English 0
	English fluency	High 2	Medium 0	Low 1
	Education Level	College 1	High School 1	Elementary School 1
	Social-economic Status	High 0	Medium 2	Low 1
	Knowledge/Level of Experience	High 2	Medium 1	Low 0
	Employment	Yes 2	No 1	Declined 0
	Community Outreach	Job	Church 2	Volunteering 1
	Years living in Knox County	0-10 yrs. 0	10-20 yrs. 3	20-30 yrs. 0
	Hispanic Community Members Assisted/year	None 1	1-5 people 2	6 or more 1
II. Perceived Barriers	Language Deficiency	Yes 3	No 0	Declined 0
	Transportation	Yes 1	No 2	Declined 0
	Cost of Healthcare	Yes 3	No 0	Declined 0
	Discrimination	Yes 1	No 2	Declined 0
	Distrust	Yes 1	No 2	Declined 0
III. Suggested Solutions				
	Recruitment of Established/Knowledge Community Members	Yes 3	No 0	Declined 0
	Educate About Available Resources	Yes 2	No 1	Declined 0
	Develop Community Network	Yes 1	No 2	Declined 0

Table 3: Participants' interview answers

Observations

Most of the interview questions were open-ended, encouraging participants to discuss personal experiences and for me to ask follow-up questions. All three women answered the questions through detailed stories, specifically Claudia.

The three women became involved in their community after witnessing immigrants' despair as they sought much needed healthcare services, such as primary and prenatal care. Along with Alba Adamo from the National Hispanic Corporate Council, the women understood the diversity of the Hispanic community, which "represent[s] around 42 countries", and for them to effectively engage in it, they needed "to have both a clear understanding of the common [Hispanic] thread…but also the distinct differences within the different cultures," based on class, race/ethnicity, and histories (Schneider & Schneider, 2015).

Through her stories, Claudia would often be expressing thanks to God for others who have access to the "wonderful UT" hospital, which takes care of the baby and mother even if they cannot pay (Table 1). She also mentioned the blessing it is to have Cover Kids (Table 1). Each woman mentioned three main public health entities they have had experience with: Knox County Health Department, Cherokee Health Systems, and Interfaith Systems, but each learned about them through their unique experiences (Table 1). Lilly and Claudia had to learn through personal necessity and without someone guiding them through the process. Lilly's personal ordeal was finding healthcare as an uninsured community member, but it taught her about services offered to the uninsured throughout the county. Once the Affordable Care Act was passed, she purchased health insurance through the Marketplace. Claudia did not know much about Knoxville or public health services and was limited to knowing a few English words when she migrated, but she learned about community resources through her own experience seeking

medical care during her pregnancy in the United States. On the other hand, Virginia has had an advantage because she is in constant communication with other community organizations and events as director of the Latino social justice organization.

Lilly and Claudia measure success by the adequate treatment others can receive at the University of Tennessee Medical Center, the former when she has taken people to the emergency room and the latter when she has taken women to receive prenatal care (Table 1). Neither Lilly nor Virginia have had unsuccessful stories, but they are not assisting people daily. In their altruistic efforts to help in their community, each woman has experienced trust issues. Lilly's biggest challenge has been trusting her doctors due to a language barrier, which she feels it continues to exist, even after 15 years of living in the United States. Claudia's challenge came from putting her name and reputation on the line for others, resulting in a dire situation she resolved by begging others to remove her name from legal papers.

Lilly and Virginia understood my questions without having to rephrasing them. They would often answer subsequent questions within initial questions. Claudia understands, reads, and writes Spanish fluently, but I noticed she would not understand some of the interview questions asked (Table 3). Thus, I would provide a sample answer to explain what the question was specifically asking. She eluded joy when discussing how she helps pregnant women receive medical treatment.

There are few instances the women have become friends with the people they have helped. When people seek them, they often call and have their issue resolved and do not call again until further assistance is needed. I could understand why people approach and ask them for help. They have been living in Knoxville for more than 10 years and they have become women people within their community circle can look up to for help beyond healthcare into

other social aspects that affect health, such as immigration and children's education. They are warm, welcoming women, always ready to help someone in need (Table 3).

Discussion

Limitations

There were several limitations to the study. First, there was a limited time of one year to complete an extensive amount of research and interviews. Second, a small sample size restricted the use of quantifiable analysis of ethnicity and commonly used strategies of informal community navigators. Only Latin American women were interviewed, not considering the number of non-Hispanics who have also been serving as community navigators for the Hispanic community, but due to the limited time for recruitment, I was not able to interview more people.

Improvements to Study

Improvements throughout the study could have been made to account for delays, scheduling conflicts, and miscommunications. The summer months could have been used for preliminary research and building networking groups for consultation. Submission to the IRB office could have been earlier than February, which would have allowed time for resubmission as necessary. Other means of communication could have been used to contact informal/formal community navigators, such as email or attending local community events.

Education and Socioeconomic Differences Among Participants

The women came from different socio-economic backgrounds. Lilly and Virginia have a higher social economic status than Claudia, which facilitates access personal transportation, insurance, and medications. When asked about perceived barriers to healthcare, Lilly and Virginia referenced issues in third person, as involving others and not them. On the other hand,

Claudia referenced perceived barriers to healthcare as issues that affected her as well by using first person pronouns.

Both Lilly and Virginia completed a high school degree and have completed college courses, allowing them to navigate and comprehend the complex healthcare system of our country. Their ability to speak, write, and read English also has facilitated their access into healthcare institutions because they are not afraid of being misunderstood or not heard when communicating with healthcare providers.

Barriers to Healthcare

The women mentioned barriers low social economic status, low level of English proficiency, high cost of healthcare, and transportation as barriers to healthcare (Foo et al., 2011; Atiles, Bohon & Stamps, 2008; Table 3). According to Adler and Newman (2002), socioeconomic disparities are the fundamental causes of health disparities. Low socioeconomic status can lead to low levels of education, which "shapes future occupational opportunities and earning potential" (Adler and Newman, 2002). A low level of education also limits knowledge and "life skills" a person can learn, thus reducing positive health behaviors, such as seeking healthcare (). Aside from education, Hispanic immigrants in Knox County with low socioeconomic status may not able to provide proof of income to organizations such as InterFaith because their employer may pay them in cash, instead of direct deposit or check, due to their unauthorized status in the country.

For Lilly one of the biggest barriers to healthcare is language, which is in accordance with Agger-Gupta, Hm Chen, Jacobs, & Karliner (2006), who suggested language is a barrier to care because it limits the communication between patient and physician, those reducing the "diagnostic import and therapeutic benefit." Claudia does not speak much English, thus creating

an even greater barrier for her, but her ability to speak two Mayan languages allows her to navigate within her community as she has observed an increase of Guatemalan immigrants. Even though her ability to speak, write, and read English is limited compared to Lilly and Virginia, she manages to interpret and fill out documents for job applications, doctors' appointments, and school enrollments. Community navigators need to be culturally sensitive by understanding the culture of particular communities, especially the language, as "communication and culture are closely intertwined…[and] culture influences how feelings are expressed and what verbal and nonverbal expressions are appropriate'" (Cassidy et. al., 2013).

Lack of accessible and reliable public transportation, inability to purchase a vehicle, inability to drive, and "lack of pedestrian infrastructure" can hinder timely access to healthcare (Atile, Bohon & Stamps, 2008). To overcome her lack of transportation, Claudia has formed an extensive social network group, which allows her to assist many people at once. She has identified who is authorized to drive in her community, providing transportation for herself and others at a low cost, but forming a dependency of others.

Suggested Solutions

All the women mentioned three main characteristics for care connectors to have: friendliness, accessibility, and knowledge of community healthcare services. The women believed people serving the Hispanic community should do it willingly, accepting humble offerings of food instead of money, informing people of healthcare services available, and explaining pertinent criteria. As far as cultural knowledge, community volunteers should understand that many people come from rural towns and are not accustomed to the hectic, work lifestyle and often use alternative remedies for healing, such as plants and rituals to rid illnesses. As Durand et al. (1994) mentions, Hispanics migrate and gather in communities with a prevalent

population of people from either the same country or region. Trends show people settle in a new country in areas where it resembles their native country and find people like them. It forms a sense of belonging, safety, and pooled resources. The study suggested that the involvement of each woman began by searching places with high concentration of Hispanics, such as churches and public English learning programs. Care connectors can begin to reach out to the Hispanic community by becoming involved in similar places as Lilly, Virginia, and Claudia have done.

The women elaborated on the term education and friendly. Virginia suggested educating people in the community about the healthcare system in the United States, which would result in a more informed patient who will be able to make educated health decisions by understanding test results and treatments (Foo et al., 2011). To her, "education should be patient-centered, informing the patient about expectations navigating through our country's healthcare system and reassuring the patient has understood". According to Vargas (2016), community navigators should cede control and distance themselves after providing information to allow the person to reflect on their options without pressure and letting them know they have control to decide if they need more information or assistance. Through education, care connectors would help to empower community members about their health. Strategies would include helping community members write down their concerns and giving those notes to the doctor (Acemail et al., 2016).

For Claudia the term friend means someone who can form friendships with people in the community. According to Claudia, having established friendships facilitates asking for favors for one another and pool resources together. It also means being egalitarian and not charging for small favors. Claudia's suggestion of forming friendships in the community is in accordance with Foo et al. (2011), who mentions that building relationships and trust is key because it helps "navigation activities culturally [be] meaningful and relevant for their community patients."

Many of the desired traits for care connectors to have that were mentioned by all three women, such as friendliness, communication, and cultural sensitivity were also suggested by Bularzik et al (2014), who also added that community navigators should be professional, cheerleaders, and "flotation devices" for community members.

All three women are professional, cheerleaders, and flotations devices to the Hispanic community in Knox County. They are respectful toward community members who ask for guidance, listen attentively, and respond with pertinent information. They encourage others to seek the needed assistance. The women become transporters, educators and confidants to others. They provide their wisdom through information, interpreting or prayers.

Recommendations

As suggested by participants and Burhansstipanov et al. (2014), KAPA Connect should provide social and cultural training to teach care connectors about traditional and natural medicine used by many Hispanic ethnicities, why many Hispanics avoid seeking healthcare in biomedical clinics, and the financial implications of healthcare for both authorized and unauthorized immigrants. In the Hispanic community, care connectors should "create meaningful experiences and [form] an emotional connection with [the community]" (Schneider & Schneider, 2015). The following are suggestions for KAPA Connect to consider as they prepare to recruit, train, and utilize care connectors.

- Assign care connectors to a community organization (i.e. church, cultural center, refugee services)
- Create database for care connectors to provide anonymous feedback about the training course and experiences

- Bring community leaders to discuss current issues in their respective communities that may hinder healthcare
- Provide cultural training through allopathic and osteopathic healthcare providers, community religious leaders, or healers
- Organize peer-to-peer sessions for care connectors to share advice about particular experiences

Conclusion

There is no cheat sheet or "one size fits all" for culture (Schneider & Schneider, 2015). It is necessary for care connectors to have basic knowledge of the Hispanic cultures they are helping as to form "ethnic solidarity" and establish trust among them (Vargas, R., 2016). Care connectors should focus on building authentic relationships within the community without secondary intentions (Barrette et al., 2016). Relationships built should be neutral and provide holistic care through "culturally tailored" services (Ahmed et al., 2016). Tailoring messages, such as posters and pictures, to the Hispanic community will increase their sense of connection and belonging to their new community (Foo et al, 2008).

Further research

As KAPA Connect implements the recruitment and training of care connectors, further research is necessary to examine the extent to which care connectors are being utilized within Knox County and the trust they are forming among underserved Hispanic members of the community. It will help assess training, curriculum, and strategies for further revisions and implementations. All three women interviewed emphasized the importance for doctors to understand cultural medical beliefs and practices Hispanics often utilize instead of receiving timely medical treatment. Care connectors should take notes about healthcare questions they are

being asked to assess what they should be taught during their training. As the dynamics of our healthcare system, accessibility, and immigration politics change, there should be implementations in healthcare facilities to increase cultural competency to shape bicultural healthcare providers.

Appendix A

The purpose of Care Connectors is bridging the gap between underserved population in Knox County and healthcare by facilitating access to healthcare providers and resources through the KAPA Connect Hub.

Care Connectors are expected to…

- Complete Care Connector training and background check
- Uphold KAPA Connect regulations and guidelines
- Understand, recognize, and report barriers to healthcare to the KAPA Connect Hub
- Provide mental and emotional support to patients during their time with KAPA Connect
- Accept responsibility and perform duties to the best of their abilities
- Be unbiased in regards to patients' race, ethnicity, income level, and living arrangements and/or conditions
- Maintain neutrality regarding patients' healthcare decisions
- Submit pertinent and unaltered information to the Hub
- Comply with HIPAA regulations by maintaining information such as medical records, financial information, addresses, telephone numbers, and names confidential
- Be on time for each volunteer shift
- Inform of any absence ahead of time
- Maintain integrity and professionalism at all times
- Be committed to KAPA Connect, fellow Care Connectors, and community
- Have a positive attitude

Appendix B

Interview questions by category:

I. Background/Experience

a. *Where are you from originally? What is your ow ethnic or national background?*

b. *How well do you speak Spanish?*

c. *What is your educational background?*

d. *How did you become involved with the Hispanic community here in Knoxville?*

e. *How long have you been interacting with members of the Hispanic community and helping them to access healthcare?*

f. *How did you get started? What is your job (if they mention a job)?*

g. *When you are interacting with someone who is seeking healthcare, how do you introduce yourself to them?*

h. *How many people do you think you help in a week (or a month)?*

i. *Can you tell me about a time in which a meeting with a member of the community went well? Why do you think it went well?*

j. *Can you tell me about a time in which a meeting with a member of the community did not go as planned? Why do you think it did not go well?*

k. *How do you balance professional and personal relationships with members of the community?*

l. *What kind of knowledge do you have that enables you to help people gain access to healthcare?*

m. *How do you guide someone who needs to access health care?*

n. *Where do you send community members in need of assistance?*

o. *Before we did this interview, had you heard about KAPA?*

p. *How did you hear about KAPA?*

II. Perceived Barriers

a. *Have you faced any challenges yourself when working out in the community?*

b. *Which do you believe to be the main health concerns of the Hispanic community?*

c. *What kinds of barriers to health care have you witnessed as you have been serving the Hispanic community?*

d. *Are there any other barriers that you perceive to be present in the community?*

III. Suggested Solutions

a. *What traits do you think people who help the community as care connectors should have?*

b. *What cultural knowledge of the Hispanic community do you think they should have?*

c. *What advice would you give to KAPA Connect in terms of the kinds of people (or the characteristics of those people) that they should try to recruit to fulfill this role for the Hispanic community?*

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