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Medical Assistants in New York: Focus Group Findings

Fitzhugh Mullan
Institute for Health
Workforce Equity

THE GEORGE WASHINGTON UNIVERSITY

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This report was prepared for the NY Health Foundation
by the Fitzhugh Mullan Institute for Health Workforce
Equity at the George Washington University.

For questions regarding this report, please contact
Clese Erikson at cerikson@gwu.edu.

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Medical Assistant Focus Group Findings

In Fall 2024, key stakeholders representing primary care practices across New York State connected the Fitzhugh Mullan Institute for Health Workforce Equity (Mullan Institute) with medical assistants (MAs) to participate in focus groups about their current position, typical work day, team-based activities, job satisfaction, training, and career pathways. Focus groups lasted one hour during lunch or after 5 pm. As a thank you for their time, each participant received a \$100 gift card. Leah Masselink, PhD, led the focus groups, which were recorded and transcribed.

Collectively, we interviewed 35 medical assistants from across the state. Focus group participants were nearly all female (33 of 35 participants), and they mostly identified as Hispanic/Latino (58%) and White (21%). Their average age was 33.5 years (ranging from 20 to 53). They had an average of 8.7 years of experience working as MAs (ranging from <1 to 26 years), and they worked mostly in community health centers (48%) and physician practices (48%). Nearly half (45%) were from the New York City region, and 21% were from the Mid-Hudson region, while the others (33%) were from Long Island, North Country or other regions.

Summary of Findings

MAs described their roles as complex, and they provided examples of how they extend beyond simply rooming patients to include participating in team huddles to plan the day, translating (for some), and helping connect patients with transportation and social services as needed. Engaging in these patient support activities brought MAs significant job satisfaction, with several specifically noting they enjoyed giving back to the community and serving as a voice for their patients. Despite these positive job aspects, low pay and limited benefits were major challenges for MAs, with some even going uninsured or qualifying for food stamps and Medicaid despite working full-time. Most of the MAs we spoke with had been in the role for a significant time, and they enjoyed being in the health care field. Most were looking for ways to grow professionally and increase their income, with many wanting to be nurses even before they started as MAs. However, they described significant barriers to career advancement due to family obligations and the cost of training and education. Costs were a barrier for MAs looking to pursue further education even when tuition was covered, particularly if additional educational costs such as books or other school fees were not included.

Key Themes from MA Focus Groups

The study team conducted thematic analysis of the transcripts and identified 9 main themes that are presented below, covering: 1) MA roles and coordination of care across teams; 2) MA involvement in translation services and patient voice; 3) MA technical training and tasks; 4) MAs' relationships with providers and importance of feeling valued; 5) MA staffing challenges and well-being; 6) MA compensation and benefits; 7) career ladders within the MA profession; 8) financial barriers to MA training and further education; and 9) unique issues related to DACA recipients. For each theme, related quotes are grouped together to illustrate the issues in the MAs' own words.

1. MA Roles & Interactions with Other Staff Members

MAs reported that they had complex but usually clearly defined roles on the care team that were facilitated by effective communication with providers and other team members. At smaller organizations, MAs often worked closely with providers and sometimes were responsible for a variety of tasks since their teams were smaller. At larger organizations, MAs usually had access to more collaborating staff members (e.g., nurses or patient advocates) but sometimes rotated across departments or providers, leaving them sometimes feeling less well prepared. While not all MAs reported participating in morning huddles, those who did (most participants) viewed huddles as leading to greater efficiency.

Illustrative Quotes on Team-Based Care

- *We work as a team and collaborate with all our team members. We have the nurses, the front desk staff. Everyone is generally like, okay, so **what's my role? And how can we help each other?***
- *On a daily basis I just make sure my charts are ready, make sure my labs are in where they're supposed to be to see our preventative medicine. What are they due for? What do they need? If anything was ordered like an ultrasound, or MRI? Was it done? Why wasn't it done? Do they need help? We also have our patient advocates who can help with that. **So the key on our care team is mostly the communication.***
- *The **provider will send us a message** like, hey, this patient needs a follow up, and then we'll follow up with that or hey, this patient needs a referral mail to them. Or this referral like, can you get the report? So we'll deal with that.*
- *It has been pretty [good], at least for us here in my mind since we only have one team. We have patient advocates. We have behavioral health. So every time we need one or the other, we're able to get them without a problem and **work together for the patients.***
- *Don't underestimate an MA, because they really have a huge role...**We're the right hand for a lot of these providers,** and we actually do a lot for them.*
- *Yeah, it's amazing how **you have an organization that's supposed to be all the same. And everything's so different** [across sites/teams].*
- *It depends on if I have the time. If I have the little space there that I can help and translate and stuff like that, but our patient flow is pretty heavy. So yeah, **I let the patient benefit from our patient advocate.** They are pretty great here, too.*
- *I'm actually the one also in charge of doing the transportation for patients. So whoever needs transportation and they qualify for transportation. **They will let me know and I will apply for***

them. I also have a list of resources of food pantry, like if they're homeless, if they need any resources. I do have all these lists of resources in the office. There are patients that don't have insurance.

Illustrative Quotes on Value of Morning Huddles

- *We, me and my provider, we do a huddle. **We go over the schedule for the whole day, and we look through each patient to make sure what they're gonna need.** Is this patient gonna get a vaccine? If, for example, if a patient comes in with like 6 symptoms. We think, oh, we might do a Covid test on this one, depending on what symptoms they're having. Like we make little notes for ourselves. And in between patients we do a little report, like a 30 second report. We call it really. And at the end of the day, we also go over everything to close up.*
- *It could get a little hectic, but the **huddles do help in the morning.** We have a pre-visit planning where we sit down, and then that just lets us know what the what the patient needs. So we can get everything started ahead of time. So when the provider goes in, it'll just take them a few minutes, and then everything could get done. and the patient doesn't have to wait long.*
- *For our office, we do the huddles every morning with my provider. **We're all supposed to do it, but each provider does it differently,** but our provider does, [with] each patient, I go to her office in the morning. We go through each patient and see if they need any labs done or what quality measures they need. **See what is needed, make it a little faster.***

2. MAs' Involvement in Translation Services and Patient Voice

We found variation across sites in the extent to which MAs engage in translation services, ranging from formal certification as translators, to impromptu roles where they are sometimes brought into translate, to being responsible for securing and setting up virtual translators. Given that many of the MAs are from the communities they serve, and have shared life experiences, they can put themselves in their patients' shoes and help patients "feel seen and heard." Sometimes MAs are trusted with information that patients may not feel comfortable directly telling the provider. In those instances, MAs have to help voice this information to the provider and make sure that information is conveyed. This not only benefits patient care but can also be a rewarding part of the job. They said that some providers prefer not to use virtual translation services, which can require intense scheduling coordination with the interpreter service and the patient, particularly in the case of less common languages.

Illustrative Quotes on Translation Preparation & Logistics

- *For us to be able to translate, it's not just knowing your background. **We have to get a test and get passed through it. But that was done through the organization here, so we are able to speak [or] translate for the doctor if needed.***
- *When I first started working here one of the providers needed translation, and he was like, Do you speak Spanish? I was like, Yeah, I do. He was like, Oh, great! **And he was really excited because he didn't have to use the [virtual translation].***
- *We have a language line. So, if a patient comes in with a language barrier, we have our language line either through the phone, or we have a tablet that we use. And then there are also the patients that don't speak a very common language. And **we have to reserve an interpreter the week before, so that they're available for the specific time. Then we have to make sure the patient comes in that day as well.***

Illustrative Quotes on Patient Appreciation of MAs Serving as Translators

- *Since most of our patients, I think it's like maybe 90, 95% are Spanish speaking patients, so I definitely go in with the doctor when they need translation. So, we talk with them and doctor, and just help translate for whatever they're in for... once I get their history, or their background, or whatever there is they are in there for I go in with the doctor. **The doctor kind of scrolls through my notes a little bit [to] see what's going on. And then I further go into detail with the doctor, and explain to him why they're there, or their reason, and then, whatever questions he has for them, I translate to the patient whatever they answer me. I, of course, tell the doctor...and then afterwards depending on if doctor needs some blood work or we need to do some sort of testing, then I'll stay back after he leaves. Finish that, and if they have any other questions that I can answer, I'll answer. If not, I'll go back, and confirm with the doctor, for whatever it is, their concern is.***
- *They're very thankful that we're just there, even if it's just to translate, because they'll say, it's hard for me to try to understand or speak to somebody that only speaks English, and that's understandable. **So, seeing how they react, seeing how grateful they are to have someone to kind of advocate for them, to speak for them, be their voice, essentially for them. It really hits close to home.** So that's something that's I'm very passionate about, especially in my community...everyone deserves that type of quality and treatment. I'm just saying for me, specifically, because of my background, how I grew up, it hits home a little more for me. So, I think that's my favorite part about working, especially where I'm at now being to being able to help people in my community, help them feel seen and heard. Because I've seen what it's like to be afraid, or I'm afraid to even get proper care, because you don't speak the language. So that's something that I love, and that I'm very passionate about.*

Illustrative Quotes on Patient Relationships and Trust

- ***If the parent tells us something, they may not tell the physician.** So then we will pull the physician aside and explain to them, well, this is the case with Mom, XYZ happened to the baby, or maybe Mom is having a problem at home. And then what physician sees that patient, then they could ask the right questions and try and take it from there... she is a physician. She is in a higher position than me, but **I can feel the appreciation as we work together.***
- *I feel like it's more than just rooming them checking them. It's more because at the same time, they're sharing more sensitive and personal—they're bringing you into their personal life. And **if the patient mentioned [something] to me that he that didn't mention to [the physician], I make sure to bring that up when he comes back in the room.***
- *Sometimes [patients] may forget what a doctor told them that they would have to do. And then we'd have to look back at the notes and just **try to explain it to make it easier and simpler for them to understand.***

3. MAs' Technical Training & Tasks

Many MAs noted that they were certified phlebotomists, and some also said they were certified to provide EKGs. While relatively few MAs raised the subject of giving vaccines, the two who did, pointed out that MAs in other states are able to do this. One MA also noted the inconsistency about being able to use needles to draw blood, but not administer vaccines. Importantly, both indicated that having MAs be able to provide vaccines would be good for the organization and lead to improved efficiency versus having to wait for someone else.

Illustrative Quotes on Using Needles

- *In my current employment, **we draw blood, basically every single day** - almost every patient that comes through the that we take. We have to draw blood, for blood work, and we also do EKGs whenever they have.*
- *We're restricted [from providing vaccines]. We can draw blood. We can do everything else but the vaccine administration. **We cannot do [vaccines] but 15 minutes away [in Pennsylvania] those MAs are able to, and they have had the exact same training as us. So that is the most frustrating part to me** and probably the only reason why I would actually want to do a bridging program is really just to be able to utilize all my other things that I can do as lactation consultant and be able to be more helpful in the clinic as far as giving vaccines.... I know that our CEO and our COO did go to Congress about New York State in general, allowing medical assistants to give vaccines and kind of having a wider range and I think that that would be fantastic. Not that we don't do enough already. But ultimately, it would be really great to be able to have...I have to get an LPN or RN do any of the vaccines. **Just efficiency wise, it would make the day go a lot smoother if I could just do [vaccines] versus waiting on an LPN or RN come do that for my provider.***
- *I know that **some medical assistants are able to do vaccines and others are not.** [MAs being able to do vaccines] would be ideal for this organization.*

4. Importance of Feeling Valued

Health systems may want to focus on helping providers create a positive practice environment as this appears to be an important part of job satisfaction. When asked what they liked about their jobs, most MAs talked about feeling appreciated by the providers and feeling like they were part of a team. An important aspect of job satisfaction also related to flexible scheduling and knowing they could take time off when needed to help with family obligations. They also appreciated it when the provider expressed interest in their professional development, both in terms of ongoing training for their roles, or suggesting they could go back to school to become a nurse.

Illustrative Quotes on Relationships with Collaborating Providers

- *He's my children's doctor as well, so I trust him with my kids' life. So **it's a bond there**, and one hand washes the other. I help him, and he helps me. If I ever need to borrow any money for anything, it doesn't come out of my check. It's just given to me as like, here, this is for helping me, that's an appreciation. Bonuses, Thanksgiving bonus. Here, go buy your family a turkey.*
- ***It is very satisfying to also be appreciated by the providers you work with.** Certain providers, know that you do more than everybody else, and you kind of get more appreciation for that. And even just the words of encouragement or the words of like, hey, you should go back to school because you do a lot. And you're basically doing this. So you should just go to school.*
- ***If I have to run out for an appointment or something I can run out, and just if I have to make up my time, I make up my time.** If not, then I can use my PTO. Or my sick time. We do have the PTO. And sick time after 3 months. So that's a big help, especially, for my youngest is always constantly sick. And I'm sick, too. So sometimes it it's tough.*

Illustrative Quotes on Training Opportunities

- *The thing that I love about here is that when you start, they put you with a preceptor or someone that has experience. So you're able to learn more instead of working with someone that doesn't really have a good experience. **So they keep you for a few weeks in pediatrics, then internal medicine. So they try to rotate you that way. You get to learn a little bit of everything. So that's one thing that I love.** And also, I love that it's like the 3-month training. They don't really leave you on your in the floor by yourself until we know that you're capable to do your job.*
- *When I get there, they were like, **Okay, if you don't know, let me teach you, let me help you.** Like I said, there's always they're always teaching you how you're supposed to do things. So now, 3 years later, and I was like I never saw myself doing that.*
- *We go in when we are first hired, and we go through our trainings. But where's the follow up in between? And we getting all these updates? But I **still haven't gotten, I haven't received an invite to any training specifically for just MAs,** that's clinical, you know, things are constantly changing.*

5. MA Staffing Challenges & Well-being

Given the large role and scheduling demands, MAs said they often wished they had another MA on their team, particularly if they were engaged in precepting other MAs which can slow them down considerably. Some organizations are moving to have 1-to-1 MA staffing as a strategy for improving patient relationships. Importantly, when the practice struggles to maintain the schedule due to staffing challenges, it can lead to burnout, an increasingly pervasive problem among health professionals, and may also scare off trainees.

Illustrative Quotes on Impact of Understaffing on MA Well-Being

- *Sometimes we can be **understaffed.***
- *I will do my job, but I **will be with a lot of emotional stress, because we're running late.** We need the time, the patient needs attention, needs time.*
- *If I'm precepting or I'm training someone and we get backed up, the provider gets backed up, [it would help] to have another person **jumping in to help out so that way I don't get burned out, the person that I'm training doesn't get scared,** feels like, oh, my God, this is too much! This is crazy!*

Illustrative Quotes on MAs' Ideas for Improving Teams

- *Maybe eventually each provider can have 2 medical assistants. **That's something like one can work on paperwork, the other one can work on patient facing, and vice versa.** We have so many loops that we have to close, make sure we close the referral loop. Sometimes I miss that all the time, and we have to do certain trainings. So if I had someone to look into the patient's chart while I'm rooming, making sure. Oh, don't forget to ask the depression screen or the tobacco screening. Ask them about to see if they went to the to the specialist they were referred to. So we can close that loop, and have somebody there on the other room, checking, making sure, like a second hand.*

- *Maybe instead of having just one person working with the provider **while you're training having someone else to jump in in case you get backed up**. But then again, we very short staff we don't have. We have to work with what we have.*
- *Our clinic just moved to a one-to-one provider [model]. So **each provider gets a single MA. We did this really for continuity of care**. So we can start learning our patients... I'll prep the charts for the following week. Essentially, it helps [us] both know exactly what the patient needs when they come in, doing the one to one, and really learning the patients.*

6. MA Compensation & Benefits

While MAs were generally reluctant to discuss what they disliked about their jobs, when pressed they said low pay and limited benefits were some of the negative factors in their jobs. Some MAs said low pay was a factor that could lead them to look for a different position. Low MA reimbursement leaves many struggling financially, particularly in the New York City area where they may qualify for Medicaid and other financial aid, or not have insurance. Further, they cannot afford to take off time from work to obtain needed training for career advancement. And some MAs report being left out of pay bumps/bonuses when the team meets productivity goals, which can lead to resentment and feelings of being unappreciated.

Illustrative Quotes on Poor Compensation:

- *I think compensation is a huge one compensation because we do a lot and maybe we that doesn't get recognized as much. And a lot of us, sometimes that's why some people they just leave, because **they know that they're doing so much**. And then at the end of the day, they don't see that [compensation] and they find a better compensating place.*
- ***Providers forget that being an MA could be very difficult**, because not only are you taking in patients. You're doing all the vitals, you're doing the tests and (in my case) translating. So it is a lot of work. So I feel like it's only fair to be compensated for that work. Some places that I've applied to or have interviewed at, they're starting at \$18 [per hour].*
- ***I think [pay] could improve**. I think it can be a little better for all of the work that I think that we do. It can be compensated a little more. Every year, I guess our providers they need to meet a certain percentage of patients that they see for them to be able to get a bonus and for us to be able to get a bonus. But I feel like it's from what I've been seeing every year. Now it's been the same, and I feel like my provider, he always meets that goal. And it's always been the same. **I don't feel like I've been compensated** because I don't see our change. Yeah.*

Illustrative Quotes on Benefits

- *I had food stamps. I had Medicaid. **I was on public welfare** in Brooklyn [working as an MA].*
- *Unfortunately, I couldn't take [the insurance] my employer was offering, because then I would be on the streets. Expensive. I had to weigh my options whether to take the insurance or pay my rent, so **I had to pay my rent, so I didn't take the insurance** and just trying to keep myself healthy until I move on to a better job. I'm trying to take advantage of some of the free services like the breast cancer screening...I think there's a dental program, where they need volunteers.*

Illustrative Quotes on Career Advancement & Compensation:

- *If you wanna get into the next level position or the supervising position, there's standards. And **then it comes with a little benefit of payment.***
- ***Where I'm working now, I need to move on** because there are things I want to obtain.*
- *I came across this apprenticeship and applied and got called, and I think a lot of it had to do with previous experience. **But what also attracted me more was the paid holidays off with, I can be with my girls at home and get paid for it.***

7. Career Ladders within the MA Profession

MAs currently face significant barriers to pursuing ongoing training after hours which can limit their ability to advance professionally. But, investing in career ladders within the MA profession or in related roles could create new opportunities for helping MAs advance without going back to school. MA employers have a recruitment and retention opportunity through developing MA career ladders. Employees, who often represent the populations served, will feel invested in and therefore more likely to remain with their employers. MAs often remain in the MA role for significant periods of time, such as one MA who has been at the same practice for 15 years. Career ladders can include advancement within the MA role (supervisor, expanded scope of activities with commensurate pay increases) or to related fields like care coordinators. Yet, relatively few of the MAs we spoke with had leadership or supervisory roles although some supervised MAs and participated in training MAs, including serving as a preceptor in the CHCANYS led apprenticeship program. In several practices MAs would supervise other MAs, which gave them not only career ladders but also a trusted colleague with whom they feel comfortable raising issues they otherwise might not want to discuss with the physician.

Illustrative Quotes on Training Barriers

- *I always wanted to be a nurse but because of schooling and the time it would take for me to actually become a nurse, I decided. **Well, I'll just go the route of a medical assistant. At least I'll still work in the same medical setting.***
- ***I don't think I could manage going to school [to be an LPN] and working at the same time.** I give people a lot of credit that do it because that's a lot. I just doesn't sound like something I want to do. Yeah, I would definitely do [an Apprenticeship Model where you are paid on the job] If it was available near me, I would for sure do that.*
- *Some of us do want to go back to school, do want to do things, and then, **just having time allocated without having to leave our job or decrease hours**, or anything like that, because we have families, we have households to maintain. So it takes a toll.*
- ***The LPN programs around here, at BOCES, they're all throughout the day.** So every day, 5 days a week throughout the day. So I probably actually have to quit this job and find another job at nighttime or on weekends. And I don't really want to do that. So yeah, I think, on the job learning that that's awesome.*

Illustrative Quotes on MAs' Organizational Commitment

- *I've been in the same private practice in Brooklyn for 15 years...the only thing I would say, the office that I work in, it's a beautiful office. I love the patients, the parents, the staff. But there's just the room. **There isn't any room to grow to a different position. So. But other than that, I love it...** But I need to move on because there are things I want to obtain. I would like to get my own home.*
- *I've been a medical assistant since 2015. I started off in actually orthopedics here at our local hospital for 3 years, and then **I came over here to [the] federally granted clinic, and I've been here ever since.** So I'm going on almost 8 years.*
- *I did my internship here from school, and then I stayed here [8 years], and I like to work here because I know everything. **This is my second home.***
- *I transitioned into medical assistant school, and just everything was much faster paced, and I finished within—I think it's a year and a half the program we went to. **So it's been 7 years plus now. So I'm trying to see when I can go back to school.***

Illustrative Quotes on MA Career Opportunities & Limitations

- *And I definitely that's that was a big part of my move. Although he's an amazing person. Amazing boss, I love my coworkers there that they're not even co-workers. They're like sisters and mothers second mothers to me. But I needed something in back of me. **God forbid if something happens to him! I have nothing, because it was just a private practice, no benefits.** There was just 2 weeks of vacation, 5 sick days a year. There was no retirement plan. There was nothing, you know.*
- ***I am the office manager, so I communicate with the doctor about everything that goes on in office.** And if any staff of ours has any issues, either with a patient or feels a little bit sick, or whatever the issue is, they'll come in. **They feel more comfortable telling me.***
- *The interesting thing here at [rural FQHC] is that **a lot of our care coordinators were MAs, before going into that care coordination role.** I was going to apply for a position [with on-the-job training.] But then I was I didn't want to have to drive to the next town over, because that was where it was empty.*
- *With the 4 and a half years I've been here, you start off as a PCT (patient care technician). And now I'm a lead patient care specialist. **So you definitely have a chance to move up here.***

8. Financial Burden of MA Training and Further Education

MA careers are frequently viewed as a pathway to nursing, or a fallback option for people interested in nursing who do not have the time or resources to pursue nursing education. However, training costs to pursue nursing school can be prohibitive even with financial support as not all loans/aid covers books and other related costs. Further, it is difficult for MAs to take time off from work or go to night classes when they have families and other financial obligations. Some MAs have significant educational loans that they are still paying back years later. Tuition assistance can make all the difference, but the idea of a service obligation is daunting for some MAs.

Illustrative Quotes on Training Costs

- *I had to take a loan. Also, I had to do the FAFSA program. **So I'm still paying the loan that I took for that because it was like \$10,000 at the time.***
- *I'm getting financial aid. **So it covers completely everything, even books, everything.***
- *I can't pay out of pocket. Private school is like—I would have to take a private loan. And I already have. I actually have [an] associate's degree in health administration, billing and coding that I got in 2015. So I went through private school, and I'm still paying those loans now. So I wanted to go into [school] because I know they give a lot of help with financial aid, scholarships and stuff like that. So I applied to [school], and I saw [school] had the LPN. There was a couple of schools in [school] that had LPN, and I applied, and I got accepted and they actually gave me a scholarship, it wasn't much. But they gave me a scholarship. They did give me financial aid so I said, **I don't pay anything not even for the books and I wish it was like that for everybody.** Because there are people out there like [name] that are great in what they do, and they want to succeed. And they want more education, and unfortunately due to the financial side, they can't. So I wish it was like that for everybody.*
- *I paid about \$90 a week at [school]. It was very expensive for a young [person]. I was young. I was 19. I just had my first child. So **I was a young mother who didn't even have the money really for tuition.***
- *Yeah, that's how it is here. **They'll pay for your tuition for nursing school, but you have to stay within [the organization] for 2 years after,** right. But you just have to think long and hard before you do that, because you are now signing a contract that you cannot leave. And anything can happen. And you're just like, Oh, I'm stuck now. So yeah.*
- *I, personally would hope to find some sort of MA to RN Bridge program something that would **take the credits that we've earned and apply that to something that we can further our education,** whether but for me it would be hopefully nursing.*

9. MA Opportunities for DACA Recipients

During the focus groups, we spoke with one DACA recipient who is an MA who has been thwarted from becoming a nurse, her true dream, due to student fees and limited loan or scholarship options for DACA recipients. Despite a strong desire to “level up to be real professionals and contribute to society,” financial barriers such as the cost of books or student fees can be insurmountable obstacles for DACA and Temporary Protected Status (TPS) recipients. Further, employers’ limited knowledge about DACA policies could make them more reluctant to hire people with DACA or TPS status. This presents an opportunity for state and local policy makers to respond by offering special scholarships for DACA recipients as well as developing educational materials on DACA recipients’ employment rights that would help employers be more comfortable and knowledgeable about their legal status. As of 2023, there were over 38,000 DACA recipients in the New York, New Jersey, Pennsylvania area¹ signaling this is a large community of eligible workers. In this current political climate, DACA recipients, who can legally work, could benefit even more from state and local policies that reinforce their legal rights and enable continued career advancement opportunities through scholarships and other financial aid.

¹ https://www.uscis.gov/sites/default/files/document/data/Active_DACA_Recipients_March_FY23_qtr2.pdf

Illustrative Quotes

- *Actually, I got into [school]. They were doing this program where it was basically a scholarship, a nursing scholarship. So they paid your entire tuition. [We were] lucky enough to have been in that opportunity and given the scholarship. But unfortunately, I couldn't pay their school fees or the books on top of paying rent, and you know my living expenses, and **because I couldn't again qualify for any type of private or even federal aid.** I unfortunately had to withdraw from the program, and otherwise, honestly, I would have been graduated already. Because it was a 1-year program.*
- *So I feel like maybe the city, or even the State, however it kind of works out, but **it would be nice for [DACA] students like myself to be able to get some sort of help.** If we're not able to get it from the Federal level...I've worked very hard my whole life, and especially college trying to maintain a good GPA and maintain myself, because I also worked through college like everyone. But... unfortunately, I can't get to that finish line. So sometimes it does bring me down because it's not because I'm not capable or smart enough. Or I can't do it. It's just unfortunately due to my circumstance. That's what's holding me back. That's why. Think any type of help for people such as myself, especially that have DACA or yeah, DACA or TPS, anything like that would be extremely beneficial, because there's so many people like us that want to level up and be real professionals and contribute to society. And that's why I really wanted to become a nurse. Because, as I mentioned earlier helping people, especially in my community, it's something I'm very passionate about. My parents growing up were almost afraid of going to the doctors because they didn't speak the language, or because there wasn't really anyone advocating for them. So that's something that's extremely important to me. So being able to hopefully one day have that opportunity. Where I can become a nurse is something that I dream hopefully one day happens.*
- *I have noticed it is it does affect a little bit sometimes when you get hired, because they'll ask, okay, how does this work? Or what is it? Can you work? And it's like, yeah, **I could work legally. That's the point of the program.** I have my social security. It's just every 2 years I have to renew it. That's basically it. But I think I only noticed a little bit of hesitancy with him and [with] my previous employer [who was familiar with DACA] I didn't really get too much of a hesitancy.*

Conclusion: Strategies for Enhancing the MA Workforce in New York

These important conversations with MAs revealed that MAs are attracted to the health care field and find significant professional satisfaction in helping the patients they serve. These focus groups have also helped dispel a myth that MAs are a highly transient workforce as most of the MAs we spoke with had been in the field for over 5 years, often with the same employer. Therefore, efforts to invest in this workforce will likely have a significant return on investment in terms of improving team-based care in primary care settings, and lowering expenses in terms of replacing MA staff. We identified significant pain points in MA workforce training and practice that, if addressed, could help prospective MAs join the workforce, expand team-based care, and help alleviate workforce shortages. Career ladders exist but can be challenging to navigate if training after hours is required. Ongoing education and training to support MAs in their current roles, particularly in larger practices where they rotate among departments, could increase MA comfort practicing in different departments/settings and also make them feel like they are being invested in and valued by the practice. Importantly, ongoing professional development can also

help MAs advance within their role to take on additional responsibilities—e.g., supervising or training of other MAs, supporting quality or patient-centered medical home data tracking, or serving as translators. Lastly, MAs that are looking to pursue nursing, radiation technology or other trainings face significant logistic and financial barriers. Even with tuition support, MAs struggle to afford the additional out of pocket expenses which may slow or derail their career advancement efforts.

- **Expanding paid on the job training.** Apprenticeship programs are an emerging strategy for offering formal curriculum toward MA certification with participants being paid for their time and tuition is covered by grant funds or other mechanisms, usually with the assumption that MAs will stay with their organizations for a specified period of time after finishing their training. Several of the MAs seemed very interested in a program like this, while others expressed some concern about service obligations. The Community Health Center Association of New York State (CHCANYS) is piloting an apprenticeship program, and we interviewed both trainees and journey workers (preceptors/supervisors for MA trainees) who valued the program. Similar MA apprenticeship programs have been well received in other states. Additional funding to support expansion, or even employer education about the apprenticeship program, could help with increasing the MA workforce. Given that New York does not require MA certification, employers may want to explore funding their own MA training as it could create career ladders at their organizations and ensure that MAs receive training in their own practice settings.
- **Expanding tuition assistance to cover books and other school fees.** For low-income trainees, seemingly low additional book fees or other expenses can be the difference between being able to enroll or complete training. Efforts by employers, professional associations, philanthropies or other actors interested in supporting the MA workforce to bridge these gaps could help to expand the pool of potential MA trainees and facilitate their career growth.
- **Providing career ladders and other support for MAs seeking further education.** Many MAs are interested in pursuing careers in nursing or other fields but integrating further education with their work schedules can make it difficult to realize their aspirations, especially in some organizations that do not have options for MAs to work part time or rearrange their hours during the week to attend classes. Career ladders based on MAs' experience within the organization—e.g., supervisory or training roles—may be more straightforward for some organizations to develop since they have fewer logistical barriers, and they can also help increase morale and motivation among MAs, especially if they come with improved pay and/or benefits.
- **Expanding rural MA training opportunities through BOCES** (Boards of Cooperative Educational Services). In areas outside of New York City, several MAs noted they trained as MAs at BOCES during high school providing a low-cost, low-barrier way for students interested in healthcare careers to enter the MA workforce. BOCES programs also offer vocational training for those who have completed high school, but this can be expensive without tuition support. Employers experiencing difficulty recruiting MAs may want to reach out to their local BOCES to explore adding MA training to their programs.