

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 5894

### **Title**

*Personal and Professional Impact of Health Equity Efforts on Medical Assistants in Primary Care Practices*

### **Priority 1 (Research Category)**

Practice management and organization

### **Presenters**

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### **Abstract**

#### Context

Healthcare organizations are increasingly focusing on health equity (HE) and social determinants of health (SDOH). However, it is unknown how such interventions affect medical assistants who are often responsible for carrying out these activities and may have personally experienced social barriers to health.

#### Objective

The primary aims of this study are to (1) Explore the beliefs, attitudes, and perceptions of clinical staff who are participating in healthcare activities that address health inequities, and (2) Develop recommendations for healthcare institutions engaging in HE work to minimize harms and maximize benefits to clinical staff.

#### Study Design and Analysis

Qualitative study using semi-structured interviews which were audio recorded, transcribed and analyzed with ATLAS.ti using a thematic summary approach incorporating both inductive and deductive strategies. Interviews were coded for relevant content to identify common themes.

#### Setting or Dataset

Participants were employed in 5 urban Colorado hospital-owned family medicine clinics.

#### Population Studied

Medical assistants working in primary care.

Intervention/Instrument

Semi-structured interview guide.

Outcome Measures

N/A

## Results

Participants were mostly women (86%), about half were White (57%) and about one-third were Hispanic/Latinx (36%). Most MAs had experience with HE activities, most commonly attending presentations on health disparities and SDOH, and screening patients for social needs. MAs had generally positive reactions to HE activities, but some described observing pushback from fellow staff. MAs recommended helping staff understand the “why” behind HE training and social needs screening, and being sensitive to those who might be uncomfortable with these topics.

## Conclusions

MAs were open to HE trainings and screening but need appropriate training and organizational support to apply it. Applying recommendations from MAs for implementation of HE work may help engage more staff in HE efforts and contribute to reductions in health disparities among patients.

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