

**Immunization Training Needs Assessment of Medical Assistants**  
**Methodology**  
**June 12, 2008**

**Introduction**

Medical assisting is one of the nation's fastest growing careers according to the US Bureau of Labor Statistics, yet medical assistants are a difficult population to survey. Individuals come to the field of medical assisting through different routes and there is no single professional organization to which medical assistants belong. In addition, there are certified medical assistants (CMAs), registered medical assistants (RMAs) and those who have on-the-job training (OJTs). The challenge encountered by the project team is determining the best way to reach all types of medical assistants.

**Purpose of Project**

The purpose of this project is to provide data on 1) the immunization-related training needs of current and future medical assistants; and 2) the existence of training and education materials targeting the medical assistant profession.

**Selection of Target States**

In order to assess the immunization training needs of medical assistants through the U.S. the project team examined the 50 states and the District of Columbia based on the following variable:

**Medical Assistant Presence:** This variable was created by examining each state and the number of state AAMA chapters; number of active and associate AAMA members; number of CAAHEP programs; number of ABHES programs within each state; and number of medical assistants by 2007 population. Each state was placed into one of four groupings where 1 = LOW MA PRESENCE and 4 = HIGH MA PRESENCE.

Each state was organized along the "PRESENCE" variable (Figure 1). The project team decided to target the following states.

- All states that fell within the HI (4) PRESENCE "green" column
  - California; Florida; Georgia; Indiana; Michigan; New Jersey; North Carolina; Ohio; Oregon; Pennsylvania; South Carolina; Texas; Washington; Wisconsin
- Three states in each of the other three columns (i.e., the "blue" (3) column, the "yellow" (2) column, and the "red" (1) column). In an effort to include states representing each geographical area of the country, within each column, one state was chosen from the Eastern United States (east of the Mississippi River); one state was chosen from the middle-United States; and one state was chosen from the western-United States.

- Three states chosen from the “blue” (3) column: Iowa, Massachusetts, Utah
  - Three states chosen from the “yellow” (2) column: Alabama, Arizona, South Dakota
  - Three states chosen from the “red” (1) column: Kansas, Mississippi, Nevada
- New Mexico was added to the list of targeted states because part of the project team is located in New Mexico and has connections to assist in the assessment.

**Figure 1.**

<b>Medical Assistant Presence</b>			
LO (1)	(2)	(3)	HI (4)
Alaska	Alabama	Connecticut	California
Arkansas	Arizona	Illinois	Florida
Delaware	Colorado	Iowa	Georgia
District of Columbia	Hawaii	Kentucky	Indiana
Kansas	Idaho	Maryland	Michigan
Louisiana	Maine	Massachusetts	New Jersey
Mississippi	Missouri	Minnesota	North Carolina
Nevada	Montana	Nebraska	Ohio
North Dakota	New Hampshire	New York	Oregon
Rhode Island	New Mexico	Tennessee	Pennsylvania
Vermont	Oklahoma	Utah	South Carolina
West Virginia	South Dakota	Virginia	Texas
Wyoming			Washington
			Wisconsin

The final list of targeted states includes the following 24 states:

1. Alabama
2. Arizona
3. California
4. Florida
5. Georgia
6. Indiana
7. Iowa
8. Kansas
9. Massachusetts
10. Michigan
11. Mississippi
12. Nevada
13. New Jersey
14. New Mexico
15. North Carolina
16. Ohio
17. Oregon
18. Pennsylvania
19. South Carolina
20. South Dakota
21. Texas
22. Utah
23. Washington
24. Wisconsin

## **Survey Dissemination Methodologies**

In an effort to reach different types of medical assistants (e.g., CMAs, RMAs, OJTs), the project team decided to take a multi-prong approach to the dissemination of the needs assessment survey. Within each of the 24 targeted states, the following access points will be utilized when available:

- State Immunization Registry – will request to post announcement on registry with link to web-based survey (potential reach: CMA, RMA, OJT)
- State AAMA Society and/or Local Chapters – email or snail mail society/chapter presidents to ask them to tell membership about survey and to request link on chapter web site, when applicable (potential reach: CMA, RMA?)
- AAMA Membership (Active and Associate) – letter to each member with link to web-based survey (potential reach: CMA, RMA?)
- CAAHEP Programs\* – email to program director with request to forward to alums (potential reach: CMA)
- ABHES Programs\* – email to program director with request to forward to alums (potential reach: RMA)
- State medical assistant registry, mailing list, etc. – will request to email or snail mail to medical assistants in states that require medical assistants to register in some way (e.g., SD) (potential reach: CMA, RMA, OJT)
- Community Health Centers (HRSA-funded) – email to centers with request to forward link to web-based survey to medical assistants (potential reach: CMA, RMA, OJT)

In addition to these state-specific points of access, the following national point of access will also be used:

- AAMA Website Link\* – post announcement on national AAMA website with link to web-based survey (potential reach: CMA, RMA?)

It should also be noted that all medical assistants who respond to the survey will be asked to give the web address to their medical assistant colleagues.

\* *There is the possibility that medical assistants from non-targeted states may complete the survey. Project team will include these individuals in the final analysis.*

### **Special Consideration to OJTs**

The project team feels that there may be more OJT medical assistants in rural areas and that going through physician's offices may be one of the few "direct" lines to reach OJT medical assistants. In an effort to target rural physicians' offices and the medical assistants in these offices, the project team has identified the following four states from the larger group of 24 states:

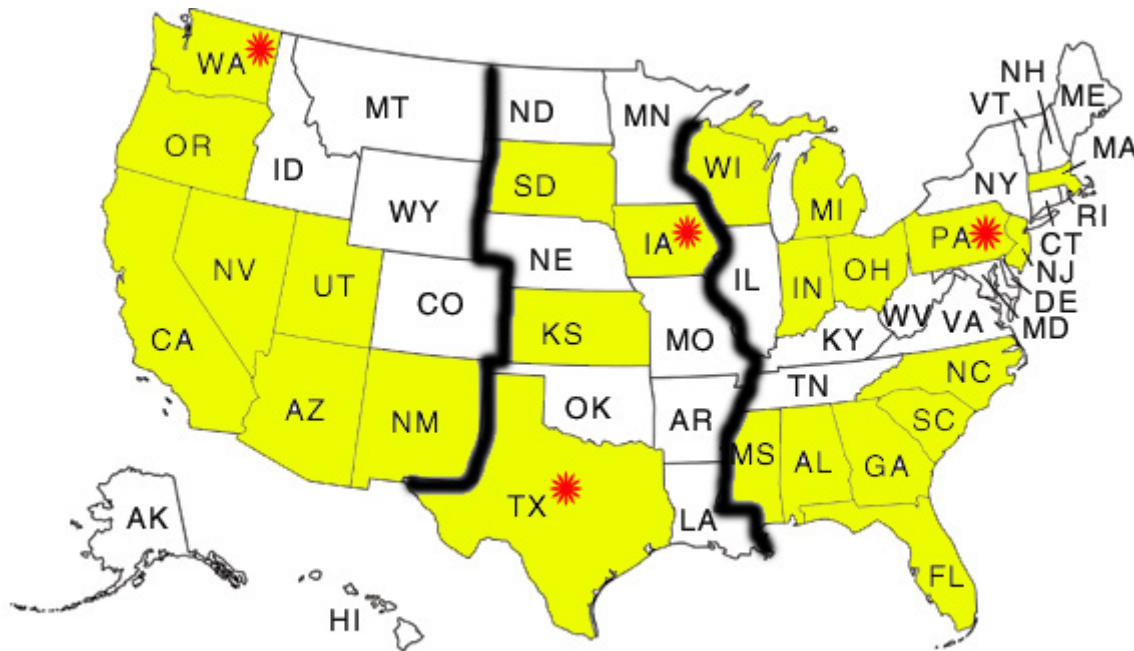
1. Iowa
2. Pennsylvania
3. Texas
4. Washington

These states were selected based on geography. In each of these states, the project team will identify rural communities based on the definition of a Primary Metropolitan Statistical Area (PMSA). A PMSA is an area defined by the Office of Management and Budget as a Federal statistical standard, comprised of one or more counties (county subdivisions in New England), within a metropolitan area, having a population of 1,000,000 or more. Counties not defined as being part of a PMSA will be classified in the study as rural. The project team will send letters to physicians' offices (pediatrics, internal medicine, family practice, general practitioners, OB/GYN) in the rural areas of each of these states asking the office manager to give the survey information to any medical assistants practicing in that office.

## Map of Targeted States

Figure 2 is a visual representation of the 24 states included in the methodology outlined in this document. The states with a red mark indicate the states where physicians in rural areas will be targeted.

Figure 2.



## Assumptions

Project assumptions include:

- Increased medical assistance presence equals an increase in the direct access to medical assistants.
- There may be more OJT medical assistants in rural (vs. urban) areas. The most effective way to reach these individuals is through physician's offices in rural areas.

## **Addendum (Added 11/18/2008)**

Actual survey dissemination methodologies differed slightly from the intended methodology outlined in this document. Actual points of contact included:

- AAMA Membership (Active and Associate) – postcard to each member with link to web-based survey (24 targeted states; N=10,109)
- Rural Physicians (pediatrics, internal medicine, family practice, general practitioners, OB/GYN) – postcard to physicians’ offices with link to web-based survey (4 targeted rural states; N=4,177)
- Community Health Centers (HRSA-funded) – email to centers with request to forward link to web-based survey to medical assistants (24 targeted states; N=671)
- Community Health Centers “Look Alikes” (HRSA-funded) – email to centers with request to forward link to web-based survey to medical assistants (24 targeted states; N=56)
- CAAHEP Programs – email to program director with request to forward to alums (24 targeted states; N=409)
- ABHES Programs – email to program director with request to forward to alums (24 targeted states; N=86)
- AAMA Local Chapters – email to chapter contacts with request to forward to chapter members (24 targeted states; N=46)
- State Immunization Registries – email to registry contacts with request to post announcement on state registry website (24 targeted states; N=26)
- VFC Programs – email to program managers with request to forward link to web-based survey to medical assistants (24 targeted states)
- AAMA State Society Presidents and Presidents-Elect – email to contacts with request to forward link to web-based survey to society members (national)
- Professional Association of Health Care Office Management – email to contacts with request to forward link to web-based survey to society members (national)
- American Academy of Pediatrics (AAP) Chapter Executives – email to contacts with request to forward link to web-based survey to members
- Immunization Action Coalition – article for IAC Express newsletter

In addition, announcements about the survey were posted on the following national websites:

- American Association of Medical Assistants (AAMA);
- Association for Prevention Teaching and Research (APTR); and
- CDC Vaccine and Immunizations.