

## Occupational Therapy Workforce Development in Alaska: Program History, Outcomes, and Current Statewide Needs

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CU/UAA Occupational  
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Occupational therapy services in Alaska have undergone a gradual but determined transformation over the past two decades, driven in large part by the state's unique geographic challenges, its historically underserved population, and a persistent shortage of trained occupational therapy professionals. In 2008, in direct response to findings from the 2007 Alaska Area Health Education Center (AHEC) Workforce Study, a collaborative partnership was established between Creighton University and the University of Alaska Anchorage (UAA) to address this critical workforce need.

The CU/UAA hybrid entry-level doctoral program (OTD) was designed to create a sustainable, cost-effective, and scalable occupational therapy education model for Alaska residents. The need for such a program was also recognized and advocated for by the American Occupational Therapy Association (AOTA), which had long identified Alaska as a critical area of need due to a persistent shortage of occupational therapists and limited educational pathways. AOTA actively encouraged the development of an in-state training program but met resistance from institutions wary of the financial and logistical challenges of establishing a program adapted to Alaska's unique context. The CU/UAA partnership represented a bold and innovative response to this call, creating a pathway that addressed both professional preparation and the realities of healthcare delivery in Alaska's diverse and often remote communities. The program delivered didactic content online through Creighton University, complemented by in-person lab sessions and faculty support based at UAA, a unique hybrid program. The first cohort entered in Fall 2008 and graduated in 2011. Since its inception, the program has continued to serve as a nationally recognized model of innovation in rural health education and was used as the exemplar for the Accreditation Council for Occupational Therapy Education (ACOTE) distance education in occupational therapy.

### **Historical Development:**

The 2007 AHEC study provided compelling evidence of the workforce shortfall. Occupational therapy was among the top professions with unmet need, with a reported statewide vacancy rate of 29.3% and an alarming 47.4% vacancy rate in the Interior region. Facilities, including hospitals, schools, and tribal health systems, struggled to recruit and retain therapists, in part due to Alaska's remote geography, climate, and lack of professional infrastructure to support rehabilitation services. The report emphasized that nearly 78% of the 75 identified vacancies could be filled by new graduates, if an in-state training program existed.

The launch of the CU/UAA partnership was instrumental in filling this gap. By 2018, 32 students had graduated through the Alaska Distance Pathway, and 27 (84%) remained in-state to practice. Graduates found employment in outpatient orthopedic clinics, pediatric and hospital-based settings, and school systems. Many also assumed leadership positions in AKOTA and within academic institutions, contributing to the stability and visibility of the profession across the state. Program graduates were especially crucial in supporting therapy delivery in underserved areas, including tribal health clinics and frontier communities.

The 2018 workforce summary report further confirmed a positive trajectory. The statewide vacancy rate for OTs had dropped to 11%, with some regions demonstrating greater capacity to retain locally trained clinicians. However, the report cautioned that emerging demands—including aging populations, increased referrals for rehabilitation, and the slow expansion of services into mental health, early intervention, and home health—could once again outpace the existing workforce.

Today, in 2025, the CU/UAA program has produced approximately 101 graduates, with 82 remaining in Alaska—a retention rate of nearly 81%. This steady workforce pipeline has made a measurable difference, especially in Anchorage, Fairbanks, Juneau, and Southcentral Alaska. The program's hybrid format allows it to flex with state need, offering the ability to expand cohorts in response to demand or new funding. Importantly, it remains a cost-effective solution, as students are enrolled through Creighton University, and UAA contributes space and local instructional support.

### **Workforce Considerations & Challenges:**

Significant challenges remain. Occupational therapists are disproportionately located in Alaska's urban hubs, while rural, remote, and Native Alaskan communities continue to face long wait times or lack access to care. A 2014 Alaska Department of Labor and Workforce Development (DOLWD) study found that 18% of all OTs in Alaska were nonresidents—traveling or contract therapists brought in temporarily to fill gaps. Though necessary, this transient model of care raises concerns about continuity, cost, and community integration.

### **Nonresident Occupational Therapists in Alaska**

- **2014 Data:** Out of 222 occupational therapists, 40 (18%) were nonresidents.
- **2023 Data:** While specific figures for OTs are not provided, nonresidents comprised 14.1% of Alaska's health care workforce, up from 13.5% the previous year. Among registered nurses, 20.5% were nonresidents. [Alaska Public Media+1 Anchorage Daily News+1](#)

These figures suggest that the reliance on nonresident health care workers, including OTs, remains significant and may be increasing. [Anchorage Daily News+1 Alaska Public Media+1](#)

Alaska's OT workforce is not only numerically insufficient for its broad and remote geography, but also heavily reliant on nonresident and transient practitioners. Recent healthcare labor trends suggest that the situation has not improved. By 2023, over 14% of Alaska's entire healthcare workforce was composed of nonresidents. Among registered nurses—the largest health profession by number—the nonresident rate had reached 20.5%. These statistics highlight a broader dependency across health professions on out-of-state clinicians to support Alaska's healthcare infrastructure. A 2014 Alaska Department of Labor and Workforce Development (DOLWD) study

found that 18% of all occupational therapists working in the state were classified as nonresidents. While these travel and contract therapists provide a vital stopgap to maintain services, their presence introduces several systemic challenges. Service continuity is often disrupted due to high turnover rates, undermining the long-term therapeutic relationships that are central to occupational therapy's success. Furthermore, variations in training backgrounds and licensure among nonresident therapists may lead to inconsistencies in care quality and documentation practices.

### **Impact of Traveling Therapists**

The continued use of nonresident or traveling therapists in Alaska presents several challenges:

- **Service Continuity:** High turnover rates can disrupt patient care and hinder the development of long-term therapeutic relationships. [Bureau of Labor Statistics+1 Bureau of Labor Statistics+1](#)
- **Training Variability:** Differences in training and practice standards among traveling therapists can lead to inconsistencies in care quality.
- **Program Development:** The transient nature of this workforce makes it difficult to establish and maintain programs in underserved areas, such as rural school districts, mental health services, and community health initiatives.

The Alaskan healthcare and social assistance sector has historically had a notable proportion of older workers. While specific age distribution data for OTs is limited, the general aging trend in the healthcare sector suggests that OTs are similarly affected. Impending retirements could exacerbate existing shortages, especially in rural and underserved areas. These workforce pressures are further exacerbated by the aging profile of Alaska's healthcare professionals. Additionally, Alaska's OT workforce is aging. According to the 2014 DOLWD report, 42.9% of occupational therapists in Alaska were 45 years or older, and 33% were over the age of 50. Comparable findings were observed across the healthcare sector. These statistics point to an approaching wave of retirements that could severely impact workforce availability unless mitigated by robust education and retention initiatives. This demographic shift suggests that retirements will further impact workforce availability in the coming decade, adding urgency to maintaining and expanding training capacity.

Demand for travel therapists continues to grow. As of April 2025, occupational therapy travel positions are actively advertised across numerous regions. In Bethel, OT assignments are posted with weekly compensation ranging from \$2,471 to \$2,571 for 13-week placements. In Anchorage, travel OTs are offered similar assignments with compensation ranging between \$2,059 and \$2,947 per week. These listings confirm that Alaska is still highly reliant on temporary and traveling OTs to meet pressing service demands, particularly in tribal and rural settings.

### **Real-Time Job Listings: Geographic and Systemic Gaps**

Real-time job board data in April 2025 further substantiates the persistent demand. The following listings reflect a broad range of unfilled OT positions:

- **Indeed:** 66 positions statewide
- **Glassdoor:** 75 listings
- **ZipRecruiter:** 115 postings
- **Vivian Health:** 194 travel assignments
- **LinkedIn (Anchorage region):** 220+ positions
- **CompHealth:** 19 active therapy openings

Geographic analysis shows openings not only in urban centers like Anchorage and Fairbanks but also across Bethel, Juneau, Kodiak, Wasilla, Palmer, the Kenai Peninsula, and numerous tribal communities. These listings confirm the widespread need for occupational therapy services across the state and the vital importance of retaining and expanding a locally trained workforce. (Note- some of these listings may be duplicates)

### **Implications:**

- **Workforce Shortages:** The retirement of experienced healthcare professionals may lead to increased vacancies, challenging the state's ability to meet healthcare demands.
- **Training and Recruitment:** There's a pressing need to train and recruit new healthcare workers to replace retiring staff. Programs like the Creighton University/University of Alaska Anchorage (CU/UAA) partnership are vital in this endeavor.
- **Policy Initiatives:** Implementing policies such as the Occupational Therapy Compact can facilitate the influx of qualified professionals from other states, helping to mitigate potential shortages resulting from retirements.

The implications are clear: Alaska faces a growing mismatch between provider supply and service need. To address this, the state must prioritize programs like the CU/UAA hybrid OTD initiative, which has demonstrated exceptional in-state retention and responsiveness. Strategies must also include incentives for long-term retention, support for workforce extenders, and legislative adoption of tools such as the Occupational Therapy Compact, which facilitates licensure mobility for qualified professionals from other states.

### **Emerging demand for OT in behavioral health, long-term care, and indigenous health:**

At the same time, the need for occupational therapy in Alaska is evolving. There is a growing call for services in areas historically underdeveloped within the state's healthcare infrastructure—mental health, skilled nursing facilities, industrial rehabilitation, and services to Alaska Native populations. The expansion of such services will require not only more clinicians, but also new models of care delivery. Creativity in workforce development—such as educational training of rehabilitation aides, expanding telehealth, and exploring supervised extenders—will be essential.

Real-time data from job boards in 2025 indicates that OT positions remain unfilled across the state, from school districts in Juneau to tribal health centers in Bethel and outpatient clinics in Anchorage. These openings reflect both immediate staffing gaps and longer-term systemic needs.

The CU/UAA program has proven itself capable of responding to these challenges, but more comprehensive solutions are needed.

As policymakers consider HB 173 and the possibility of joining the Occupational Therapy Compact, the broader context of Alaska's workforce pipeline must be considered. The Compact offers the potential to enhance access, streamline licensure, and attract qualified professionals from other member states. When paired with an in-state educational program that has demonstrated consistent success and adaptability, Alaska is positioned to both stabilize and grow its OT workforce in a way that meets the diverse needs of its people.

### **Conclusion: Advancing a Sustainable OT Workforce in Alaska**

Rehabilitation services in Alaska face a dual challenge: expanding access to meet urgent and emerging needs, while building a resilient workforce capable of sustaining care delivery across vast and diverse regions. The CU/UAA hybrid OTD partnership has addressed this challenge with remarkable success—achieving an 81% in-state retention rate of occupational therapy graduates, far surpassing the state's physician residency retention rate of just 39% (Association of American Medical Colleges (AAMC) 2022 Report on Residents). These results are a testament to the effectiveness of a model that combines distance education, community-based training, and embedded academic partnerships.

Yet, persistent barriers remain. Alaska continues to rely heavily on nonresident clinicians to fill gaps, particularly in rural and tribal communities where continuity of care, program stability, and community integration are paramount. Simultaneously, the aging workforce, regional maldistribution of services, and high demand for behavioral health and long-term care all signal the need for renewed investment and innovation.

The pathway forward must include:

- Sustained support and scalability of the CU/UAA program;
- Participation in the Occupational Therapy Compact (HB 173) to improve licensure mobility;
- Development of rural workforce extenders such as supervised aides and telehealth-enabled models;
- Incentives for rural practice and long-term professional retention.

By aligning these efforts with policy, workforce, and education initiatives, Alaska can build a stable, responsive, and homegrown occupational therapy workforce—one that reflects the values of equity, access, and sustainability that Alaskans deserve.

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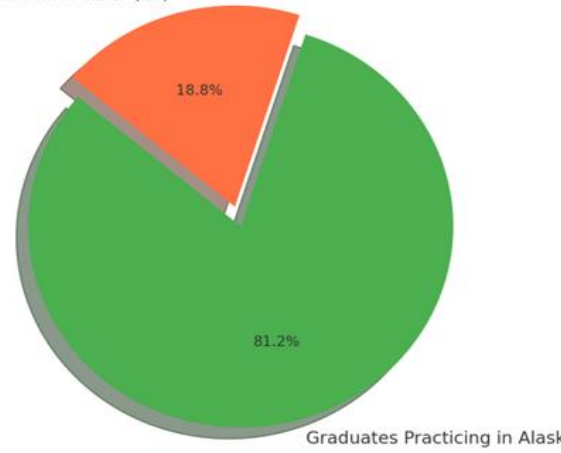
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## GRAPHICS:

### OT Graduate Retention

Figure 1. Graduate Retention of CU/UAA OT Program: approximately 81% remain in-state post-graduation. In contrast, Alaska’s physician residency retention is 39% (Association of American Medical Colleges (AAMC) 2022 Report on Residents).

CU/UAA OT Graduate Retention (2008–2025)  
Graduates Out-of-State (19)



### Job Openings by Region

Figure 2. OT Job Openings by Region in Alaska (April 2025). Highlighting need in Anchorage, Bethel, and tribal communities.

