



An Area Health Education Center Position Paper on Sustainable
Healthcare Workforce Development Programming

January, 2023

The Call-To-Action

Alaskans need your assistance and support to navigate the future of sustainable healthcare in our great state. The Alaska AHEC is working diligently within the University of Alaska system to advocate for funding, as part of future University of Alaska budget requests and to include state statute language for the Alaska AHEC program by the legislature. This effort would ensure the existence of the Alaska Area Health Education Centers (AHEC) program. AHEC requests your support of Alaska youth and adults exploring healthcare career pathways, Alaska AHEC Scholars experiencing rural and underserved practice, and to assist in providing vital continuing education focused on overcoming burnout, compassion fatigue, and improving retention of the current healthcare workforce.

Executive Summary

The Alaska Area Health Education Centers (AHEC) are academic and community-based partnerships engaged in healthcare workforce engagement, training and recruiting, and retention activities to improve the distribution, diversity, supply and quality of healthcare personnel in Alaska. The Alaska AHEC program office (at UAA) contracts with six regional Centers to implement educational activities involving health professions and to expose students to healthcare delivery in rural and/or underserved settings. In addition, AHECs work closely with the Alaska Workforce Investment Board as well as regional and local workforce groups to identify and address healthcare needs and shortages.

The Problem

Alaska presents unique challenges in access to healthcare services because of its vast size, isolated communities and the amount of area that is considered medically underserved. Not only is Alaska primarily rural, but all except 4 of the state's 19 county-equivalents are considered frontier (less than 6 people per square mile)¹. Most of Alaska's geographic area is designated as a Health Professional Shortage Area (HPSA) based on the lack of primary care physicians, dentists, and psychiatrists. According to HRSA's 2022 HPSA report, only 17% of Alaska's primary care and 18% of mental health care needs are currently being met in these shortage areas¹. That leaves the greater part of Alaska's rural and underserved areas with little to no vital care providers. *98% of the state's land area and 98% of the state's population are considered medically underserved*².

In addition to the pre-existing health workforce shortages in the state, COVID-19 has exacerbated the issue, with increased burnout leading to lower retention of our healthcare

¹ Health Resources and Services Administration. *Designated Health Professional Shortage Areas Statistics, First Quarter of Fiscal Year 2022*. Web. 21 Feb. 2022. <<https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>>. 7.

² Alaska Department of Health and Social Services, Division of Public Health. *2021 Primary Care Needs Assessment*. State of Alaska. Web. 23 Feb. 2022.

professionals. Wages for health care workers in Alaska have gone up 21% in the last four years, as facilities have to work harder to attract qualified workers³. To further combat the drain of workers, the state is relying even more heavily on imported help (travelers), which is a significant financial cost to facilities and leads to high turnover rates as outsiders often are not prepared for rural work. This creates pay inequities that current Alaskan workers find intolerable. From September 2021-March 2022, the state spent \$87 million to bring in over 400 out-of-state nurses, certified nurse assistants (CNA), and other patient care technicians to help meet demand⁴. During this period, to help train more Alaskans, the state modified the requirements for CNA training programs to match federal requirements. All of this points to the high stress that the Alaskan facilities and existing workforce are under due to shortages, and the need for programs like the AHEC to support “growing our own” health professionals.

The History

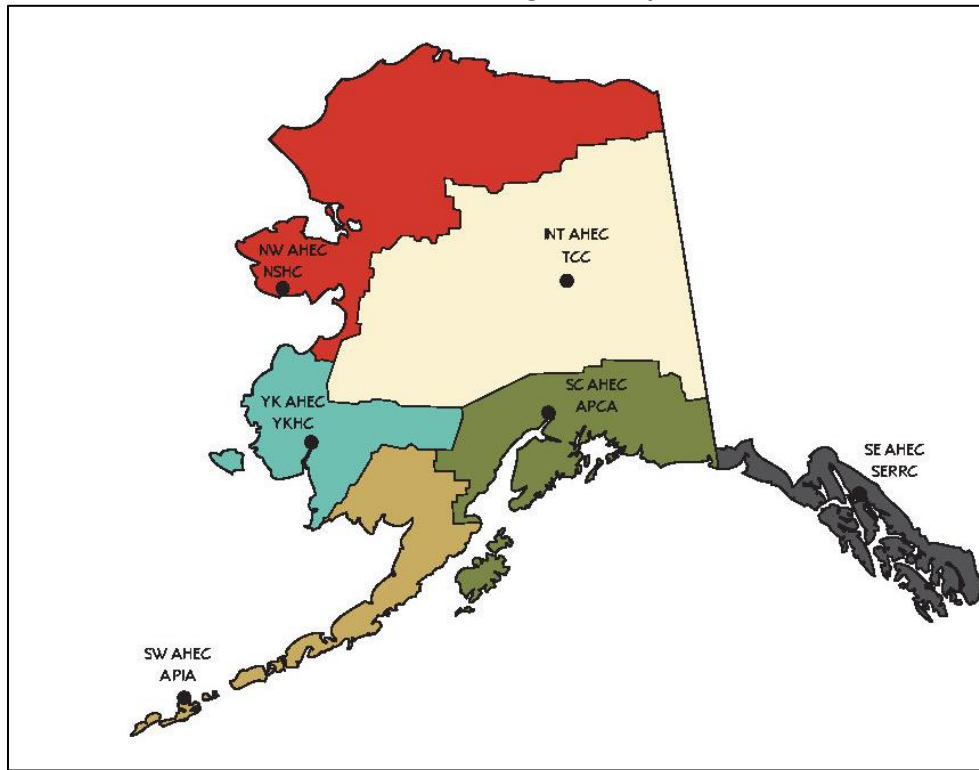
The Alaska AHEC is a federally funded program through HRSA (Health Resources and Services Administration). These federal funds are awarded via a School of Medicine or a School of Nursing. In Alaska, the funding is awarded through the UAA School of Nursing. The Alaska AHEC program is dedicated to healthcare workforce development of all disciplines, at all levels from youth pipeline programming to the AHEC Scholars program which works with current health professions training program students to continuing education for healthcare providers. AHEC is focused on supporting healthcare workforce development across all health professions with a special focus on rural and underserved communities. The structure of the program includes a Program Office at UAA and [6 regional AHEC Centers](#) who are hosted by community organizations in their respective regions.

- Alaska AHEC Program Office: University of Alaska Anchorage, College of Health, Anchorage
- NW AHEC: Norton Sound Health Corporation, Nome
- SW AHEC: Aleutian Pribilof Island Association, Anchorage
- SC AHEC: Alaska Primary Care Association, Anchorage
- INT AHEC: Tanana Chiefs Conference, Fairbanks
- SE AHEC: SERRC, Juneau
- YK AHEC: Yukon Kuskokwim Health Corporation, Bethel

³ Alaska State Hospital and Nursing Home Association. “Alaska Health Care Workforce Analysis.” 2021. Web. <https://190724c8-079f-4cdc-ab7a-0a05aa4ec5a9.filesusr.com/ugd/ab2522_5245b525f9fe41eab2fdac05fe04c588.pdf>. 2.

⁴ State of Alaska, Office of Governor. “Hundreds of Health Care Workers Coming to Alaska as State Provides Support to Hospitals and Health Care Providers.” Web. 22 Sep. 2021. <<https://gov.alaska.gov/newsroom/2021/09/22/hundreds-of-health-care-workers-coming-to-alaska-as-state-provides-support-to-hospitals-and-health-care-providers/>>.

Alaska AHEC Regional Map



This model ensures collaboration across sectors, accountability of resources and accessibility to the current and future healthcare workforce. Currently, HRSA provides the Alaska AHEC with \$865,500 annually of which 75% of those funds are distributed to the 6 regional AHEC Centers. These federal funds are matched 1:1 with \$865,500 of non-federal funds, most of which are considered third-party in-kind support secured via community partnerships. Many times, this match does not provide increased staffing or programmatic funding, leaving 4 of the 6 centers with a single staff member to serve expansive regions.

Despite these staffing shortfalls, the AHEC program is making a difference. In 2020-2021, the AHEC worked with 4,154 participants⁵ in a variety of capacities from youth career pathways to pre-apprenticeship PATH Academies to AHEC Scholars and Continuing Education participants. The AHEC has established relationships and a noteworthy record of success with an array of partners including:

- State of Alaska Department of Health and Social Services (Division of Public Health, Public Health Nursing, State Office of Rural Health, SHARP Loan Repayment Program)
- State of Alaska Department of Education and Early Development (Career and Technical Education)
- State of Alaska Department of Labor and Workforce Development

⁵ Annually, the Alaska AHEC releases a one-pager with a breakdown of evaluation metrics. For specific breakdown of participant data, please see [Alaska AHEC One-Pager](#)

- Alaska Mental Health Trust Authority
- Alaska Hospital and Healthcare Association
- Alaska Primary Care Association
- Alaska Healthcare Workforce Coalition

The Solution

In order to address these complex workforce shortages, the problem must be addressed from multiple angles simultaneously. Long-term strategies like youth healthcare career pathway programs inspire the future workforce to find passion in pursuing these careers following high school graduation. Mid-term strategies like the AHEC Scholars program provide current health professions training students with exposure to practice in our state's most underserved communities or with our most vulnerable populations to inspire working in those very settings once licensed. Short-term strategies like continuing education focused on overcoming burnout and compassion fatigue while staying in tune with the rapidly transforming healthcare landscape improve retention of the current healthcare workforce. *These strategies, when orchestrated systemically across education, industry and government partnerships streamline efforts towards a sustainable healthcare workforce for the State of Alaska.*

The AHEC Program implements these strategies through federal statutory requirements. In many states, the AHEC is considered “the glue” which holds together academic health training programs with healthcare industry via partnerships that feed, support and produce a strong healthcare professions pipeline. While not the sole solution to our healthcare workforce challenges, AHECs are certainly a key component in drawing together a variety of initiatives to create a system of collective impact toward progress. Most AHEC Programs across the nation receive a state appropriation to support the federal match requirement. This appropriation reduces the administrative strain on the AHECs to piecemeal together match commitments each year. It also provides consistent funding to a program dedicated to statewide healthcare workforce development programming in our most rural and frontier communities. Currently, when the COVID-19 pandemic has exacerbated existing healthcare workforce shortages, investment in the existing infrastructure of the AHEC program is needed now more than ever before.

“Sister AHEC Programs” in North Carolina, Kentucky, Georgia, Arizona and South Carolina (to name a few), are provided with state appropriations to focus on rural and underserved healthcare workforce development issues. These states receive standard core operating funds to meet their federal match requirements. In Arizona, the AHEC program is actually written into [state statute](#) to ensure sustainability and much needed attention and prioritization of healthcare workforce related issues. AHECs are also integral to implementation of innovative strategies to address workforce shortfalls. AHECs have been called upon to serve as legislative educators alongside partners such hospitals, community health centers and professional associations as unbiased partners dedicated to supporting all rural and underserved healthcare related issues. For example, in FY23 the Georgia AHEC program supported legislative initiatives

to increase housing support for rural clinical rotations, expansion of Mental Health First Aid and expansion of a Registered Nurse Re-entry program.

The Benefits

Based on formulas from other AHECs across the nation, each AHEC regional center operational budget should be a minimum of \$400,000 to support recruitment, training, and retention activities. The federal HRSA award provides each Alaska AHEC Center with approximately \$108,000 per year. A state appropriation for AHEC core operations would result in the minimum required operational budget per AHEC center to expand AHEC staffing throughout Alaska. Increasing AHEC staffing capacity would result in increased programming at all levels of the healthcare career pipeline. In addition, this appropriation would provide simple and sustainable match funding to ensure continued federal investment in the AHEC program while also expanding capacity to pursue additional federal funding focused on healthcare workforce development. This amount would also include the travel and stipend support to maintain the AHEC Scholars program. The AHEC Scholars program has been supported by Technical and Vocational Education Program (TVEP) funding since its inception in 2017. Historically, TVEP funding has been able to fund projects for a maximum of 10 years. However, that has changed in FY24 to a maximum of 5 years, leaving the AHEC Scholars program with less time than anticipated to develop a sustainable funding mechanism. The AHEC Scholars program cannot function without this travel support to participants. The loss of the AHEC Scholars program would put federal funding in jeopardy as it is a mandated requirement by HRSA.

Investing in the AHEC Program core operations funding would result in the following:

- Expansion of total AHEC Participant capacity annually from 4,154 to 8,300
- Expansion of total Pipeline Program Participant capacity annually from 1,837 to 3,600
- Expansion of Clinical and Community Based Learning participant capacity annually from 77 to 150
- Expansion of the AHEC Scholars program capacity from 50 Scholars per year to 90 Scholars per year
- Expansion of Continuing Education participant capacity annually from 2,119 to 4,200
- Clear pathways and connections across the healthcare workforce pipeline from educational training to careers.

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