

**ALASKA STATE LEGISLATURE
SENATE LABOR AND COMMERCE STANDING COMMITTEE**

March 1, 2023

1:33 p.m.

MEMBERS PRESENT

Senator Jesse Bjorkman, Chair
Senator Click Bishop, Vice Chair
Senator Elvi Gray-Jackson
Senator Kelly Merrick
Senator Forrest Dunbar

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

PRESENTATION(S): WORKFORCE CHALLENGES IN ALASKA

- HEARD

SENATE BILL NO. 70

"An Act relating to coverage for additional insureds under owner and contractor controlled insurance programs; and providing for an effective date."

- REMOVED FROM AGENDA

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

GLORIA BURNETT, Director
Alaska Center for Rural Health and Health Workforce
University of Alaska - Anchorage (UAA)
Anchorage, Alaska

POSITION STATEMENT: Presented a slideshow titled "Healthcare Workforce Development - A Spectrum of Solutions."

ACTION NARRATIVE

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CHAIR JESSE BJORKMAN called the Senate Labor and Commerce Standing Committee meeting to order at 1:33 p.m. Present at the call to order were Senators Merrick, Dunbar, Bishop, and Chair Bjorkman. Senator Gray-Jackson joined the meeting shortly thereafter.

PRESENTATION(S): WORKFORCE CHALLENGES IN ALASKA

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CHAIR BJORKMAN announced a presentation by Gloria Burnett from the University of Alaska-Anchorage Center for Rural Health and Health Workforce. He invited Ms. Burnett to put herself on the record.

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GLORIA BURNETT, Director, Alaska Center for Rural Health and Health Workforce, University of Alaska - Anchorage (UAA), Anchorage, Alaska, presented a slideshow titled "Healthcare Workforce Development - A Spectrum of Solutions." She expressed her intention to discuss Alaska Area Health Education Centers (AHEC) and how the AHEC model applies to workforce development across industries statewide.

MS. BURNETT reviewed slide 2, "Healthcare Workforce Shortages." She said healthcare challenges are comprehensive across medical, behavioral health, and administrative positions. She said hiring faculty to teach clinically specialized professions in the academic and apprenticeship setting is also a challenge. Shortages exist across the board and are exacerbated in rural communities.

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MS. BURNETT reviewed slide 3, highlighting the effects of healthcare shortages on constituents and patients:

Impact of Workforce Shortages

- Difficulty accessing healthcare
- Long wait lists for appointments
- Increased cost of care
- Decrease in quality of care
- Closure of facilities
- Reliance on itinerant staffing
- Impaired relationships of providers and patients
- Increased reliance on emergency care

- Health inequity

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At ease.

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CHAIR BJORKMAN reconvened the meeting.

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MS. BURNETT reviewed slide 4, stating this presentation focuses on a full spectrum of solutions and addresses the problem simultaneously from multiple angles. There is not just one solution. Workforce shortages are vast. Even if the state grew its own health professionals and tripled the number of health graduates in Alaska, it would not meet the demand. A spectrum of solutions must be implemented simultaneously to put a dent in the shortage. She listed three solution categories on slide 4:

A Spectrum of Solutions

PIPELINE PROGRAMMING

Health career exploration for youth in rural and underserved communities

MS. BURNETT said this long-term strategy grows its own workforce. It introduces students who grew up and are invested in their community to healthcare pathways. This strategy does not happen overnight and requires constant attention to help students see their future in healthcare professions.

COMMUNITY BASED LEARNING

Health professions student exposure to practice in rural/underserved communities

MS. BURNETT said this is more of a middle-term strategy. She said there is a disproportionate distribution level of healthcare providers statewide. Research shows that most students in health profession training programs receive their instruction in an urban center. They do their training, clinicals, and practicums in an urban center. Students stay in those urban settings because they are familiar with that environment and have built relationships with preceptors, faculty members, etc. Students need increased exposure to rural and underserved communities in their study program for this middle-term strategy to be effective. Students who receive this exposure understand what it means to practice in hard-to-fill locations and whether it interests them.

CONTINUING EDUCATION & LOAN REPAYMENT

Training, education, loan repayment and direct incentives to current providers

MS. BURNETTE said these are short-term strategies that can be done now. She said one retention issue is burnout. Providers need to get the support they need, especially in rural communities where they might be the only healthcare provider. Continuing education is essential to build a retention network that connects rural providers with their peers, especially in isolated communities. Direct-incentive and loan repayment is a short-term strategy. It attracts more out-of-state talent aligned with what she calls "the grit" of being Alaskan. Specifically, what it takes to be accepted in Alaska communities and what it takes to thrive in Alaska communities. She said the state needs to seek out those individuals and encourage them to come to Alaska.

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SENATOR GRAY-JACKSON joined the meeting.

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MS. BURNETT advanced to slide 5, "A Little About Me." She gave an overview of her history to illustrate how exposure to a rural community can grow an Alaskan. She was born in the Bronx, New York. Her dad immigrated to the USA from Italy, and her mom is a straight-up New Yorker. She was a city girl and would drive to New York City on the weekends with friends. She said she is the last person anyone would think would end up in a place like Utqiagvik. She moved to Alaska from New York. She lived in Utqiagvik for six years and is passionate about rural health from that experience. She said her story illustrates that just about anybody can make a rural community their home by cultivating relationships and having experiences that connect them to what makes Alaska special. She said this is true across the board, not just Utqiagvik. Every part of Alaska has something that makes it unique. She said the state has a better shot at retaining people from the Lower 48 long-term if individuals understand this is how to discover what makes Alaska special and are prepared to invest in the experience.

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MS. BURNETT advanced to slide 6, titled "What the Heck is an AHEC Anyway?" AHEC is the acronym for Area Health Education Centers.

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MS. BURNETT provided a brief history of AHECs on slide 7:

The History - Area Health Education Centers

- 1970 Carnegie Commission Report: Higher Education and the Nation's Health
- 1971 Congress enacts the Comprehensive Health Manpower Training Act (funding AHECs)
- 1972 US Department of Health, Education & Welfare awards first ever AHEC contracts in 11 states (1st Generation AHECs)
- 1978-Present: AHEC Network continues to grow
- Recommended development of AHECs to address workforce shortages and maldistribution of providers in rural/underserved communities
- Recommended federal funding for communities without academic health centers
- Goals to enhance supply, distribution & quality of healthcare in these communities
- Leverage federal, state & local resources
- Engage community connections to industry and academia
- Increase diversity in the healthcare workforce
- Improve retention of healthcare professionals in rural communities

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MS. BURNETT reviewed slide 8, stating AHEC is a great example of what workforce development looks like for high-need areas. She said the AHEC program reaches out to youth in rural communities and shows them what healthcare looks like in their home communities, not only what it looks like in an urban center. In rural settings, the program includes education on community health aides, care at sub-regional clinics, how clinics link to

hubs, and how life-med and air transportation works. She said AHEC flips the narrative and asks rural students to describe the health challenges they see in their communities and have them think about ways to engage with community health practice and programming. She said students often need and are interested in improving healthcare in their home community. When they start thinking of themselves as part of the solution, the project results are two-fold. The students become healthier themselves and begin to think of themselves from the perspective of supporting and helping their communities in the future. So, the program tackles healthcare issues in addition to workforce development issues. She said there are a lot of ways AHEC enters a community. These programs are offered throughout the state by request of health programs and facilities and by request of school districts. The main goal is to expose students in a fun, hands-on way. In addition to youth entering the healthcare field, adults are re-entering the area, returning to work, or switching careers. Slide 8 reads:

Pipeline Programming

Career Exploration Camps and Activities

Pre-Apprenticeship Training

Career Preparedness

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MS. BURNETT advanced to slide 9, stating the AHEC scholars' program offers community-based learning. She said it is open to students of all health professions regardless of their university, so long as the school is in Alaska. The most important qualification is a passion for rural and underserved populations. The program prepares students for rural and underserved practice. She reviewed slide 9:

Community Based Learning

AHEC Scholars

- Open to all health professions students
- Two year program (some 1 year exceptions)
- 40 hours/year of extracurricular didactic training
- 40 hours/year of community experiential learning

Community Experiential Learning

- Opportunities for rural/underserved rotations or clinical experiences

Rural Immersion Institute of the North

- Opportunities for students from the Lower 48 to explore Alaska

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CHAIR BJORKMAN sought confirmation that training is offered at regional centers.

MS. BURNETT replied correct.

CHAIR BJORKMAN asked which communities have a regional center.

MS. BURNETT answered there are six regional centers statewide. Each regional center has a host organization. She explained that two regional offices located in Anchorage serve outlying communities. She listed the six regional centers:

- Two organizations are physically based in Anchorage but serve outlying communities:

The Alaska Primary Care Association hosts the South Central Regional Office, which serves the Mat-Su Borough, the Kenai Peninsula Borough, Kodiak, Cordova, and Valdez, and

The Aleutian Pribilof Island Association hosts the Southwest Regional Office, which serves Bristol Bay and Dillingham through the Aleutian Chain and Eastern Aleutian tribes.

- The Yukon-Kuskokwim Health Corporation (YKHC) in Bethel hosts the Yukon-Kuskokwim Regional Office.

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- The Tanana Chiefs Conference in Fairbanks hosts the Interior Regional Office.

- The Norton Sound Health Corporation in Nome hosts the Northwest Regional Office. It serves Nome, Utqiagvik, Kotzebue, and all the surrounding villages.

- The SouthEast Alaska Regional Health Consortium in Juneau hosts the Southeast Regional Office.

MS. BURNETT said Alaska follows the national model, which requires an academic center to host a program office. The

academic center can be either a school of nursing or medicine. She said 75 percent of AHEC federal funds go to the regional centers and support their operating budgets. Federal funds require a one-to-one match. She said 75 percent of matches consist of piecemeal, in-kind support from regional centers.

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MS. BURNETT reviewed slide 10, stating these are short-term solutions to obtain providers now. She said in addition to the Nursing Licensure Compact and system-level policy changes, here are some ideas that attract workers to Alaska:

CE [Continuing Education] & Loan Repayment

- Training webinars, conferences & events for health professionals
- Continuing Education Credit for licensure
- SHARP [Supporting Health Care Access Through Loan Repayment] Loan Repayment Program

MS. BURNETT elaborated on the SHARP Loan Repayment Program. There is a federal funding source for primary care providers and a private funding source available to individual organizations. She said she serves on the SHARP Advisory Council and noticed there are applications from people who do not yet have a job in Alaska even though there is no system to support these interested individuals. She said AHEC has been honing in on how to connect these individuals with vacant positions. The SHARP Program is starting to branch off and do some targeted marketing campaigns in the Lower 48 to attract more talent to Alaska.

MS. BURNETT said AHEC offers continuing education. The focus is on making system-level changes within organizations to improve retention. Much of the work surrounds compassion, burnout, fatigue, and resiliency.

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MS. BURNETT advanced to slide 11, expressing her belief that the AHEC model is a valuable and replicable workforce development solution that she could see working in various industries. She said one key reason for this belief is the program's focus on a connection to community. Training programs are often built in academic centers and need more of a trickle-down effect to meet the needs of individual communities. AHEC does a great job of this through the regional center model, and it tackles all

levels of the solution spectrum, leading to healthcare workforce development. She suggested investing in existing solutions rather than reinventing the wheel. Slide 11 reads:

Investment in Existing Solutions:"

AHEC is integral to alleviating Alaska's Healthcare Workforce Crisis!

The AHEC model can be utilized for any industry.

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SENATOR GRAY-JACKSON thanked the presenter.

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SENATOR BISHOP expressed curiosity about what precipitated her move from the Bronx to Alaska. He asked how to expound on the AHEC model and leverage unique experiences to recruit more workers.

MS. BURNETT replied that it is all about exposure. She said she had never felt a sense of a community like the one she experienced in Utqiagvik. She relies on that feeling and wants to replicate it; she emphasized this is Alaska's selling point. Students tell her rural communities are different, including those who have lived in Alaska their whole lives. Bush Alaskans have to rely on each other. It is an important message and aspect of rural living. She said a person needs exposure to this to understand and feel it. Academia can talk and read about it in books, but people only know once they experience it. That's the special sauce that will latch onto job seekers and inspire them to live in Alaska.

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SENATOR BISHOP asked what influenced her decision to move to Utqiagvik.

MS. BURNETT replied her friend worked in a hotel in Barrow every year and would share stories about his experiences. She said on a whim, she moved to Utqiagvik after graduating with a master's degree. She booked a one-way ticket and got a job offer at Ilisagvik College summer camp. When she decided to leave, the dean pleaded with her to stay. She expressed a love for everything Alaska.

SENATOR BISHOP asked if the dean's name was Ms. Pearl Brower.

MS. BURNETT answered yes, it was. She said Ms. Brower was one of her closest mentors, colleagues, and friends.

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CHAIR BJORKMAN asked what she needs from the legislature to improve the reach and effectiveness of Alaska Area Health Education Centers throughout the state.

MS. BURNETT answered she struggles with becoming operational. She served on the National AHEC Organization Board and is its past president. She is invested in the work AHEC does nationwide and in the state. The biggest struggle is insufficient staffing to meet demand. She said the organization is all hands on deck. Four of her six regional centers are one-person shops; they do a remarkable job given the fact they are flying solo. There is no sustainable way to expand AHEC's staffing model. It has been tough. Colleagues advised that AHEC must be written in statutory language; it is the best way to proceed. Alaska statutory language needs to support the presence of AHEC regardless of federal funding and sustain it as a mechanism for workforce development. States that have done this include Arizona, Georgia, and South Carolina, which get state funds and appropriations utilized as a match. The Alaska team piecemealed an in-kind match, but it does not provide sufficient staffing capacity. She expressed her belief that other strategies could develop if this problem were resolved. The Northwest Regional Office is located in Nome and serves Kotzebue and Utqiagvik. She said logistics are near impossible without extra staff in those outlying communities. Building statutory language to uphold this program to allow it access to federal resources is the most critical area the legislature could help.

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SENATOR BISHOP asked if she had ever presented before the Alaska Workforce Investment Board (AWIB).

MS. BURNETT replied that members of the AHEC Steering Committee serve on AWIB. She said AHEC is strategic about ensuring steering committee members are represented on AWIB, but AHEC has yet to be invited to speak specifically about its program.

SENATOR BISHOP asked when she last visited Juneau.

MS. BURNETT replied that she started traveling to Juneau last year. She had her second trip to Juneau a couple of weeks ago. Colleagues advised her to make regular trips to Juneau, to be

present and talk so everyone learns and is informed about the program.

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CHAIR BJORKMAN expressed appreciation for the presentation and made comments about the AHEC model and workforce development.

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There being no further business to come before the committee, Chair Bjorkman adjourned the Senate Labor and Commerce Standing Committee meeting at 2:06 p.m.