

1/29/09

HEALTH-  
CARE PROF.  
WORK-  
FORCE  
DEV.

# Trust Workforce Development Focus Area



Alaska Mental Health Trust Authority

The TRUST  
The Alaska Mental Health  
Trust Authority

# Trust Beneficiaries

- People with mental illness
- People with developmental disabilities
- People with alcoholism
- People with Alzheimer's disease and other dementia

**Alaska Scorecard**  
Key Issues Impacting  
Alaska Mental Health Trust Beneficiaries

Alaska Mental Health Trust Beneficiaries

Key Population Indicators for Alaska

Indicator	Alaska		U.S. Rate		2007 vs 2002	
	Rate	U.S. Rate	2007 vs 2002	Target	Trend	
<b>Health</b>						
<b>Substance Abuse</b>						
1 Suicide rate per 100,000	19.6	19.9	18	18	↓	
2 Non-fatal suicide attempts (rate per 100,000)	104.9	54.5	55	55	↓	
<b>Mental Health</b>						
3 Alcohol-related deaths per 100,000	20.7	7	17	17	↓	
4 Adults who engage in heavy drinking	6.4%	5.2%	5.2%	5.2%	↓	
5 Days of poor mental health in past month (adults)	19.2%	15.7%	18%	18%	↓	
6 Days of poor mental health in past month (adults)	11.7%	9.2%	10%	10%	↓	
7 Teen who experienced depression during past year	3.7	3.2	1	1	↓	
8 Population without health insurance	26.9%	28.5%	27.5%	27.5%	↓	
<b>Protection</b>						
9 Children abused and neglected (rate per 1,000)	17.4%	15.5%	14.6%	14.6%	↓	
10 Injuries to elders due to falls (rate per 1,000)	14.3	12.3	12.3	12.3	↓	
11 Rate of new fall at traumatic brain injury per 100,000	1,389	1,176	1,176	1,176	↓	
12 Rate of new fall at traumatic brain injury per 100,000	87.3	not avail	82	82	↓	
<b>Justice</b>						
13 Percent of incarcerated adults with mental illness or mental disabilities	4%	28.7%	40%	40%	↓	
14 Criminal recidivism rates for incarcerated adults with mental illness or mental disabilities	26.2%	not avail	34%	34%	↓	
15 Percent of arrests involving alcohol or substance abuse (State Troopers)	58.6%	not avail	not avail	not avail	↓	
<b>Accessibility, Affordable Housing</b>						
16 Rate of chronic homelessness per 100,000	91.8	43.1	63.5	63.5	↓	
17 High school graduation rate	83.1	81.1	81.1	81.1	↓	
18 Percent of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving school	63%	not avail	not avail	not avail	↓	
19 Average annual unemployment rate	68.4%	not avail	71.4%	71.4%	↓	
20 Percent of ESI recipients with children or disabilities who are working	7%	5.7%	not avail	not avail	↓	
21 Percent of ESI recipients with children or disabilities who are working	7.1%	5.7%	8%	8%	↓	
<b>Trust Beneficiary Population</b>						
Percent of Alaska's Adult Population	21,754	(1.6%)				
Percent of Alaska's Adult Population with Serious Mental Illness	12,725	(0.9%)				
Alaskans with Alzheimer's Disease and Related Disorders	6,880	(0.5%)				
Alaskans with Traumatic Brain Injury	11,900	(0.9%)				
Alaskans with developmental disabilities	11,625	(0.8%)				
Alaskan adults dependent on alcohol	12,000	(0.9%)				

Alaska Scorecard, December 2008 | [www.hhs.state.ak.us/aph/healthpolicy/scorecard/](http://www.hhs.state.ak.us/aph/healthpolicy/scorecard/)

# Formula for Success

- **Identify a problem or community need**
- **Collaborate with governmental agencies, advisory groups, non profits, service providers, philanthropic organizations and private sector**
- **Develop strategic, sharply focused solutions**
- **Make lasting system improvements for Trust beneficiaries**

committed partners + strategic thinking = results for Trust beneficiaries

# Five Focus Areas

- **Bring the Kids Home**
- **Affordable, Appropriate Housing**
- **Disability Justice**
- **Workforce Development**
- **Beneficiary Projects Initiative**

# Workforce Development

- **Problem or community need**
  - shortage of health care workers in Alaska at a near-crisis level
  - health services industry fastest growing sector of Alaska's economy, more than 7% of workforce
  - burgeoning demand for increased health services for the state's steadily growing and aging population, some are Trust beneficiaries
  - need to increase pool of qualified employees in Alaska who serve Trust beneficiaries and keep adequately trained
- **Committed partnerships**
  - more than 20 partners -
    - New joint position between Trust, University and DHSS to coordinate workforce development efforts within the focus area (housed in DHSS Commissioner's office – Kathy Craft
    - service providers, Dept. of Health and Social Services, University of Alaska system, Dept. Labor and Workforce Development, non-profit and faith-based organizations,
- **Strategic thinking**
  - key focus area strategies around:
    - recruitment,
    - retention
    - training

# Training

- **Trust Training Cooperative**
- **Geriatric Training – Alzheimer's (ADRD)**
- **Credentialing and Quality Standards**
- **Children's Mental Health Certification**
- **Autism Workforce Development Capacity Building**
- **Brain Injury training for professionals**
- **Peer Support Workers**
- **Disability Justice training for professionals**

# Recruitment & Retention

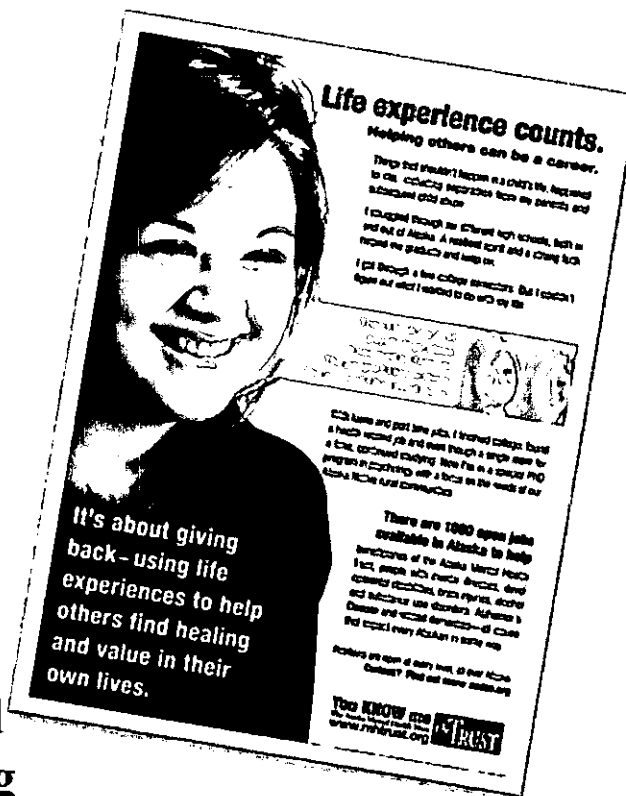
- **Alaska Alliance for Direct Service Careers (AADSC)**
- **Wages and Benefits**
- **“Grow Your Own”**
- **Marketing Strategies**
- **Cash Stipends/Loan Repayment Program**
- **Alaska Psychiatric Residency study**

# Administration/Other

- **Behavioral Health Alliance**
- **Workforce Development Statewide Policy Meeting**
- **Workforce Development Manager**
- **Vacancy Study**

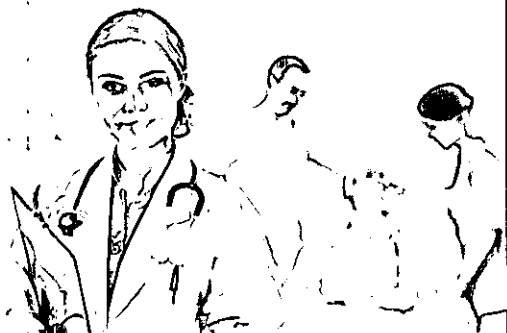
# FY 2008 Results Highlights

- 990 professionals/providers across Alaska received training and education on behavioral health related topics through the Trust Training Cooperative
- 1,194 providers trained by the Geriatric Education and Training Center on issues regarding Alzheimer's and related disorders
- 1,550 people received behavioral health training through the University of Alaska, a 13% increase in enrollment in beneficiary related degree programs
- 958 professionals across the state received training through the Training and Technical Assistance for Providers program, increasing the number of professionals trained to respond to cases of disability related abuses



## Ahead in FY2010

- **Support student loan repayment strategies for health professionals**
- **Support increments for University of Alaska health programs**
- **Researching a psychiatric residency program in Alaska**
- **Finalizing plans for a PhD psychologist internship program in Alaska**

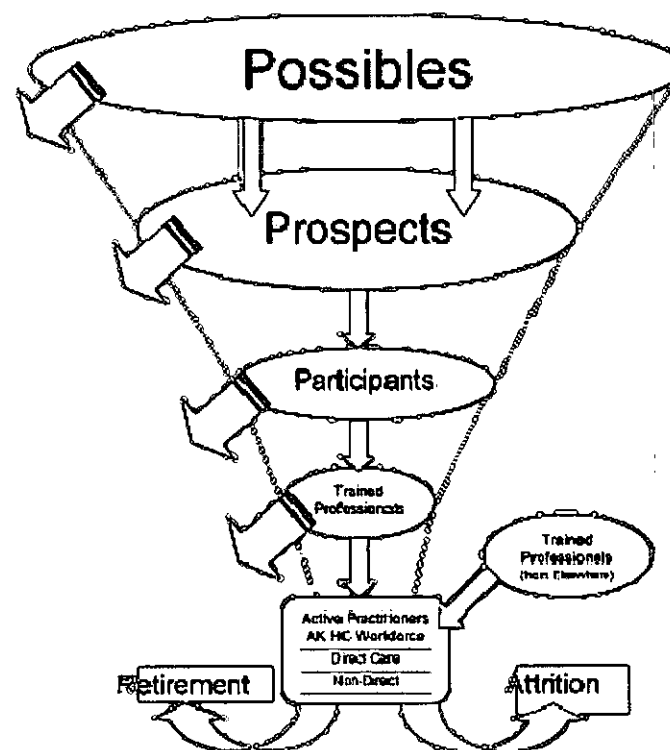


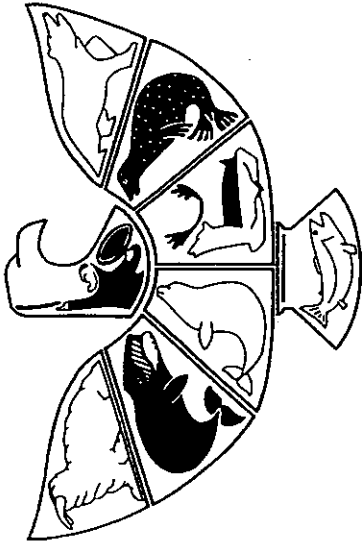
# Alaska's Health Care Workforce: Shortage & Solutions

Interagency Presentation — Jan. 29, 2009  
House HSS Committee, Alaska State Legislature

## Trust Workforce Development Focus Area

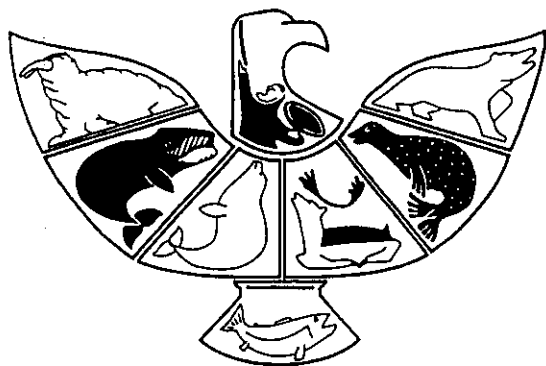
Delisa Culpepper, Chief Operating Officer  
Alaska Mental Health Trust Authority





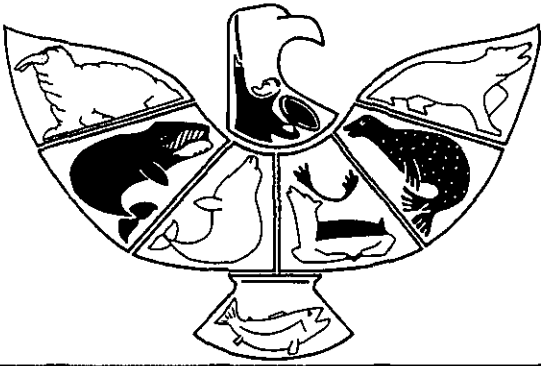
Presented by:  
Evangelyn Dotomain,  
President/CEO  
Alaska Native Health Board

# Tribal Workforce Development Update



## Topics of Discussion

- Tribal Health System Overview
- Levels of Tribal Health Service Delivery
- Needs in Tribal Health Care
- Tribal Health Care Vacancy Rates
- Tribal Health Care Facts & Actions
- What is Needed?



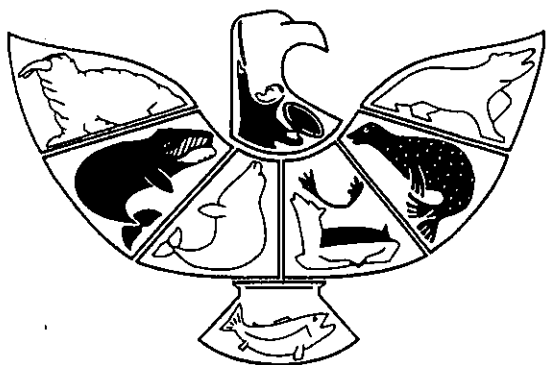
# Tribal Health Overview

- Alaska Native Health Board (ANHB) is a 24 member tribal health advocacy organization established in 1968.
  - Regional Tribal Health Organizations
  - Village Tribal Organizations
- We advocate for approximately 130,000 Alaska Natives/American Indians, or 20% of the state population.
- Tribal health consists of :
  - 7 tribally operated hospitals
  - 21 tribally operated health centers in Alaska
  - 161 tribally operated village clinics
  - Over 530 Community Health Aides or Practitioners
- The primary source of funding for this system is derived from the Indian Health Service.



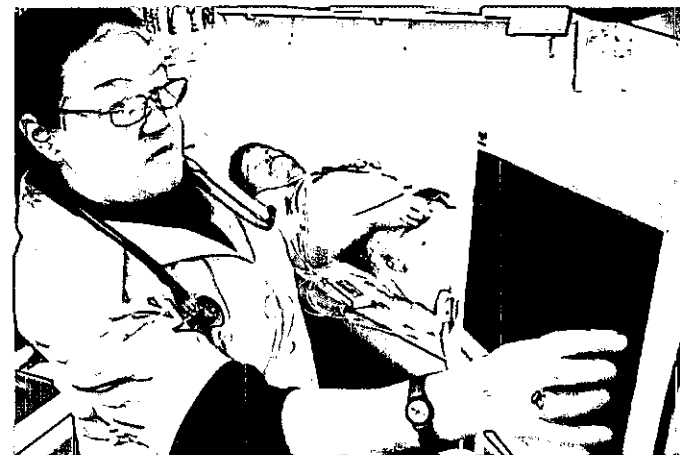
# Tribal Health Overview

- **Socio-economic Status**
  - Remote Communities with little economic base
  - High unemployment rates
  - Low income levels
- **Health Care Issues: A Perfect Storm**
  - Travel farther than others to receive health care services
  - With money they don't have
  - Usually much sicker and with more
    - medical issues than the average
    - person by the time they receive
    - care at a health facility
  - Fewer medical resources available
  - Higher costs than other facilities
    - in the United States



# Tribal Health Overview

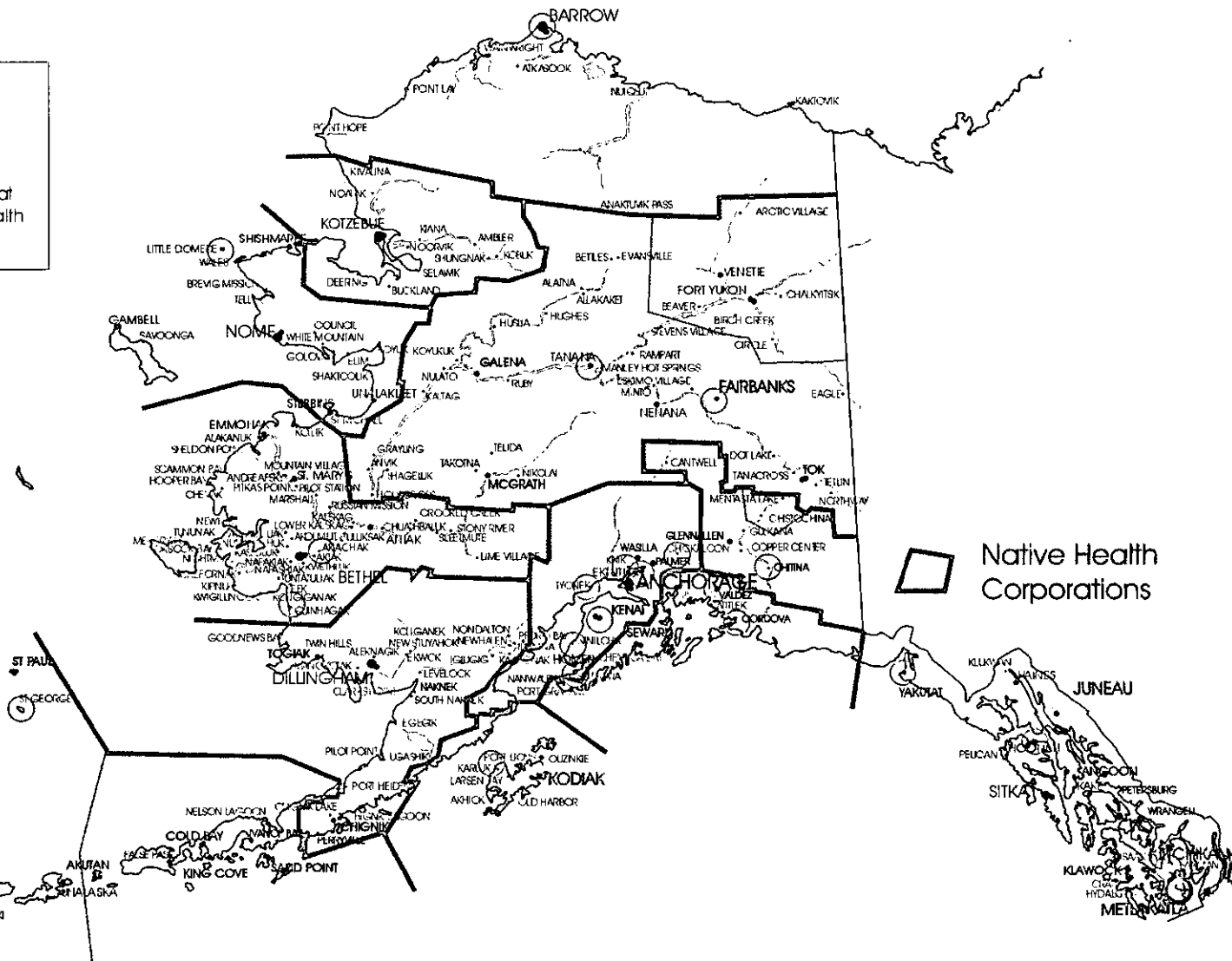
- Tribally delivered health care has improved health for Alaska Natives
- Disease rates have dropped dramatically due to:
  - Improved access to health care
  - Increase in basic public health measures
    - Childhood and Other Vaccines
    - Sanitation and Water Facilities
- However, there are challenges
  - Chronic under-funding
  - Staffing shortages
  - Increasing health care costs
  - Growing Alaska Native population
- Coupled with inadequate funding for Indian Health Service (IHS) for many years — Increases have not kept up with yearly inflation rates or medical cost inflation



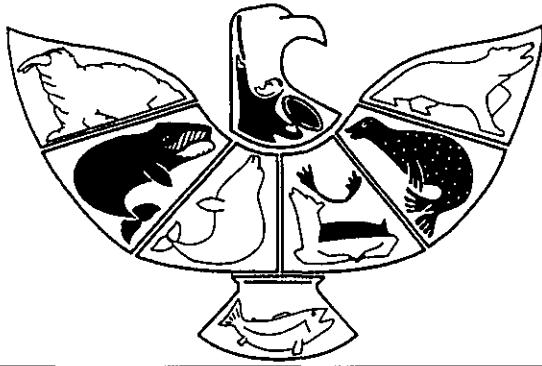
# THE ALASKA NATIVE HEALTH CARE SYSTEM

## Location Names and Service Level

- HOSPITALS
  - MD HEALTH CENTERS
  - PAVNP HEALTH CENTERS
  - PHN HEALTH CENTERS
  - CHA CLINICS
- Bold Face Names Indicate that a higher level of Contract Health Care is available in that town.



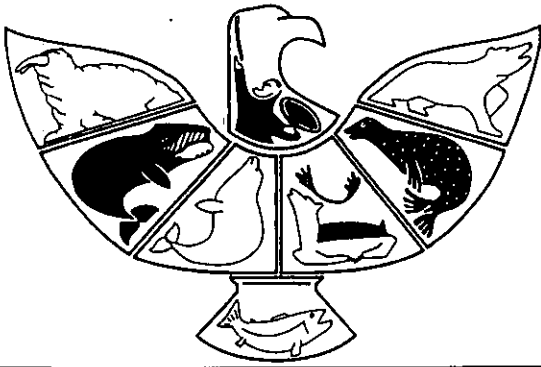
RA:hd 04/01  
907-729-2622  
nhc@ancho.org



# Tribal Health Needs

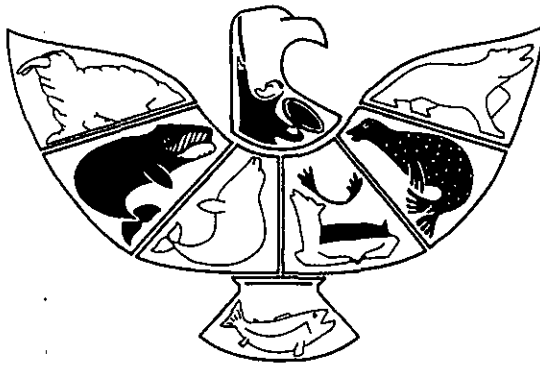
- Village Health Care:
- Primarily provided by Community Health Aides/Practitioners
- Few training sites and limited training slots result in a backlog of those needing training.
- Limited numbers of EMS providers and VPSOs results in high levels of burn-out among Community Health Aides / Practitioners as first responders and limited training time.
- The lack of resources and personnel currently available for rural Elder care means that many geriatric patients receive little or insufficient care.





## Tribal Health Needs

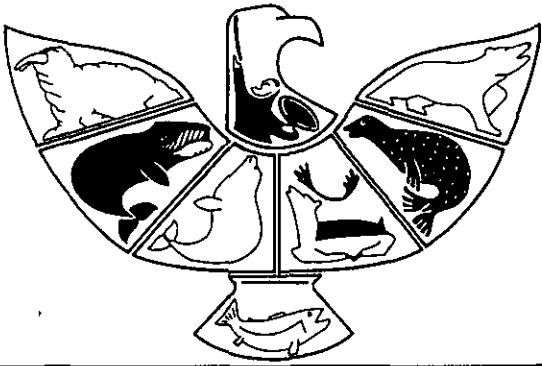
- Behavioral Health
- The need for increased behavioral health services in Alaska is well documented.
  - Alcohol and Substance Abuse
  - Mental Illness
  - Domestic Violence and Child Abuse
- Alcohol and drug abuse account for a substantial number of deaths and approximately 50% of all emergency room visits within Alaska.
- In many regions, behavioral health providers are either in short supply or are less than optimally trained for their duties (or both).



## Tribal Health Among Alaska's 100 Largest Employers

	<u>Employees</u>	<u>Ranking</u>
<b>Alaska Native Tribal Health Consortium/ Alaska Native Medical Center</b>	<b>1855</b>	<b>11</b>
<i>Yukon Kuskokwin Health Corporation</i>	<i>1292</i>	<i>15</i>
<b>Southcentral Foundation</b>	<b>1250</b>	<b>16</b>
<i>SE Alaska Regional Health Consortium</i>	<i>826</i>	<i>28</i>
<b>Maniilaq Association</b>	<b>555</b>	<b>44</b>
<i>Tanana Chiefs Conference</i>	<i>485</i>	<i>56</i>
<b>Norton Sound Health Corporation</b>	<b>478</b>	<b>59</b>
<i>Bristol Bay Area Health Corporation</i>	<i>355</i>	<i>70</i>

**2007 Alaska Economic Trends**



# Tribal Vacancy Rates

## Contributing Factors:

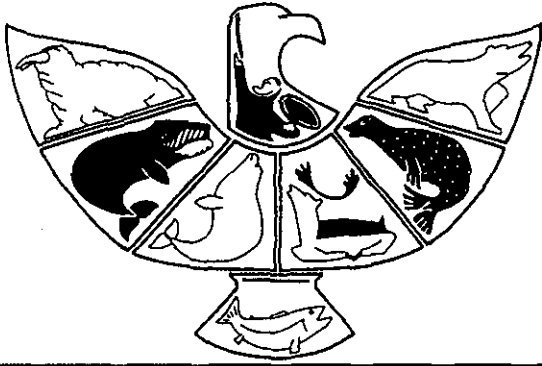
- Remote locations
- Cost of living
- Lack of housing
- Difficulty maintaining competitive salaries due to limited funding
- Fewer graduating Family Practice Physicians
- IHS loan repayment issues
- National Health Service Corp (NHSC) Loan repayment issues



Physicians	27%
Dentists	42%
Pharmacy	30%
Nurses	15%

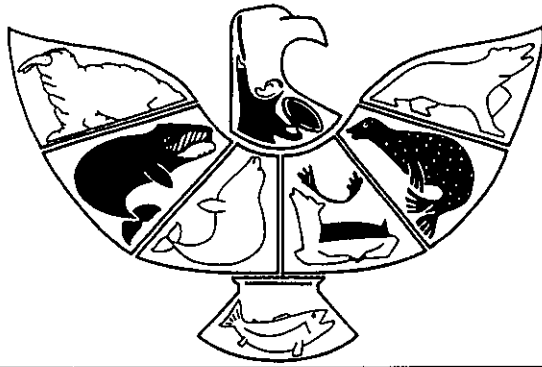
## Table 3. Statewide Vacancy Rates

Occupational Groups	Statewide Estimates			Tribal Vacancy
	Positions	Vacancies	Vacancy Rate	
All Occupations	34738	3529	10.2%	16.5%
Physicians	1931	226	11.7%	27.1%
Professional Nurses	7139	696	9.8%	15.5%
CNA/LPN/PCA/HHA	1762	111	6.3%	14.3%
Dentist/Pharmacists/ Therapists	2281	404	17.7%	42.9%
Behavioral Health	7450	1033	13.9%	14.5%
Allied Health	5523	434	7.9%	17.1%
Public Health/Nutrition	189	ND	ND	15.2%
Managers	2947	160	5.4%	7.6%
Health Information/ Reimbursement	4451	253	5.7%	11.3%



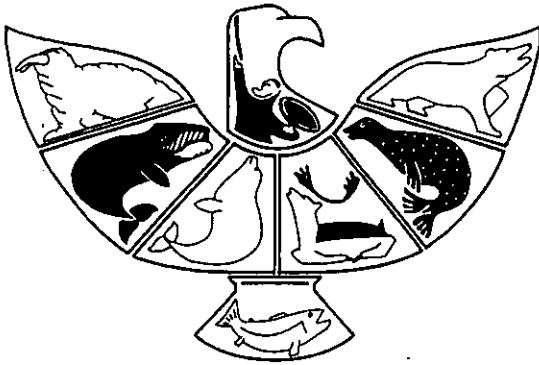
## Basic Tribal Recruitment Facts

- Providers are getting more expensive and wanting to work less
- **\$31,000** = Tribal Health Care Cost to Recruit a Primary Care Provider
- **2 years** = Average length of employment stay of a Medical Licensed Professionals (MLP) or a Physician in rural clinic
- **6 months** = Average time to fill MLP vacancy
- **14 months** = Average time to fill a Physician vacancy
- **1 month** = Average notice given to leave rural site
- **150%** = Cost of Locums' coverage compared to direct hire



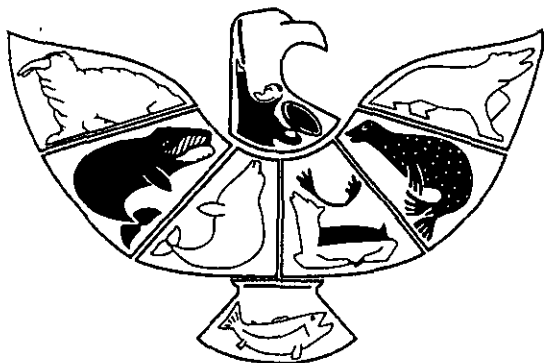
## Tribal Health Care Fact

- Alaska Native/American Indian people deserve a high quality health care experience.
- With limited resources, it is getting more difficult to provide this deserved high quality care.



## Tribal Health Actions

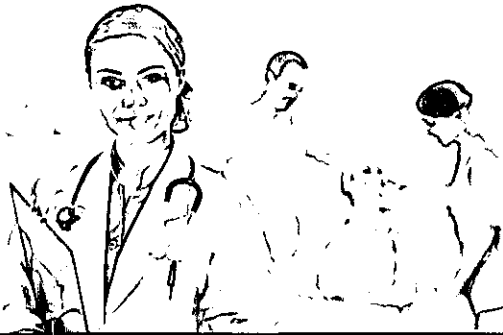
- Getting more efficient and effective with recruitment efforts
- Increase education and outreach to encourage more Alaska Natives to pursue health careers
- Increase incentives to stay in rural areas
- Continue to explore and adopt technologies to improve access to care in a cost effective manner (example: telemedicine)



## What is needed?

- Provide Healthcare Professionals incentives to work at rural sites
- Provide State funded student loan reimbursement
- Increase support for health care professional education
- Support expansion of the number of primary care providers and services in Alaskan communities
- Increased funding for the Community Health Aide/Practitioner Program to increase the number of CHA/Ps and their training opportunities
- Support training for Elder caregivers
- Support for more EMS providers and VPSOs in villages
- Establish a Behavioral Health Aide Program through a statewide training system and certification process





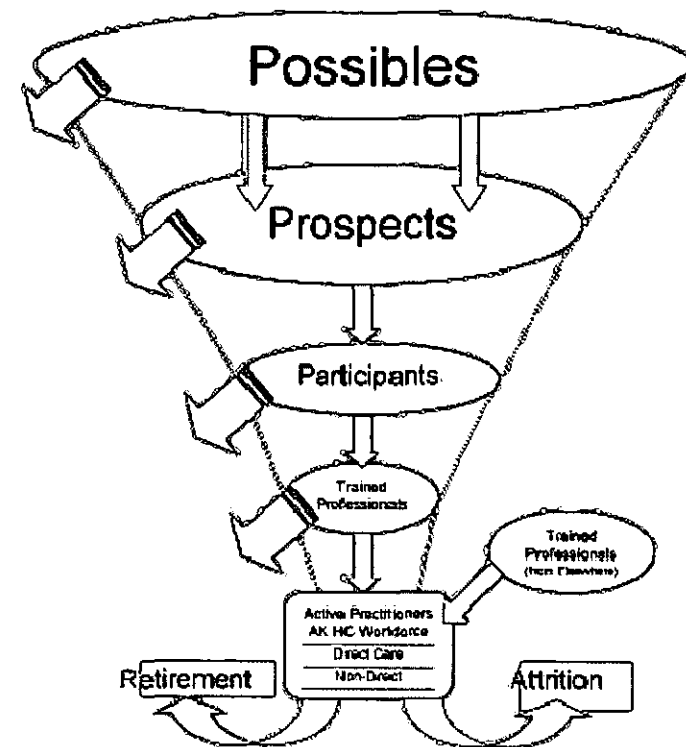
# Alaska's Health Care Workforce: Shortage & Solutions

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## Tribal Workforce Development Update

Evangelyn Dotomain, President & CEO  
Alaska Native Health Board



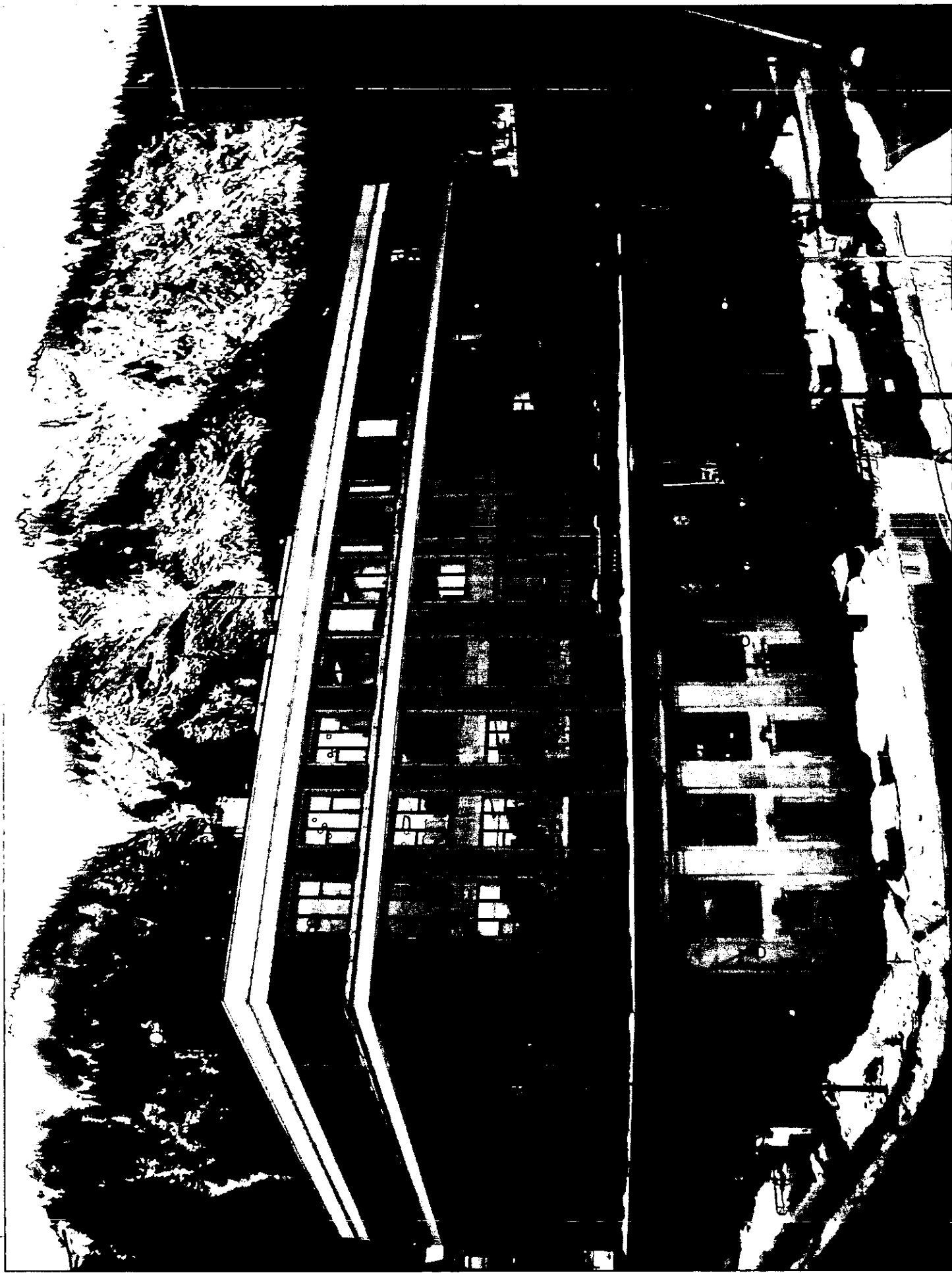


# Alaska Department of Health and Social Services

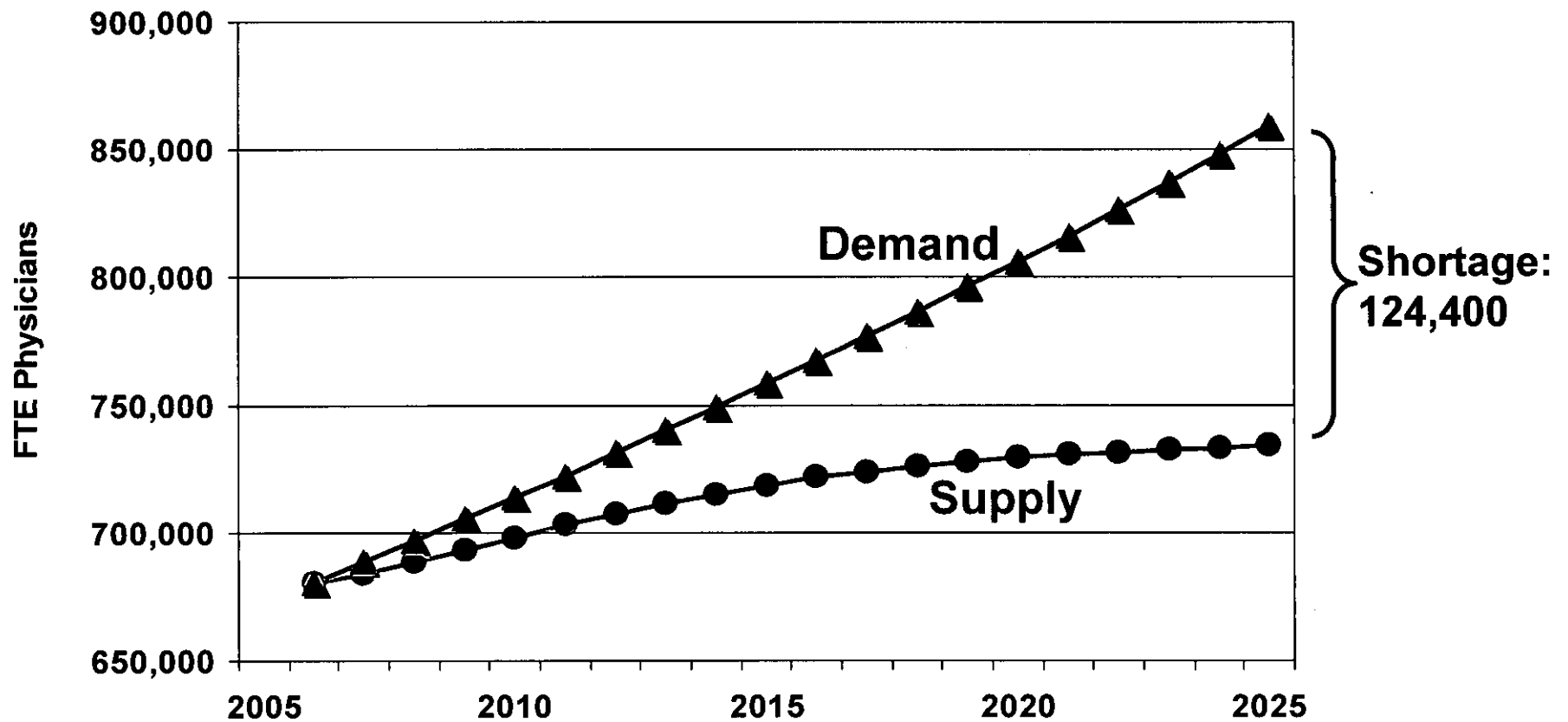
## Alaska's Healthcare Workforce

# Physician Workforce

Jay C. Butler, MD, FAAP, FACP  
Chief Medical Officer



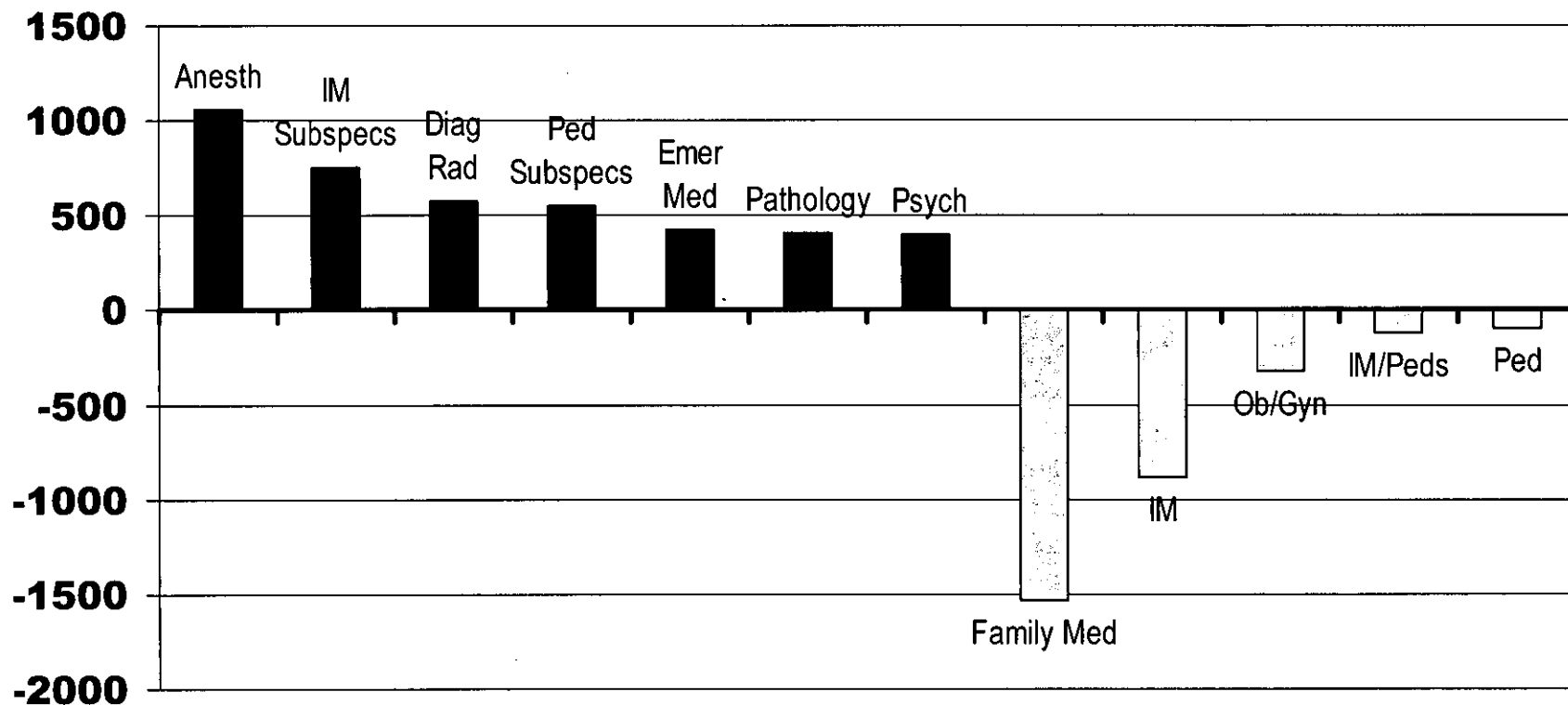
# Physician Supply and Demand Projection 2006-2025



Source: Association of American Medical Colleges

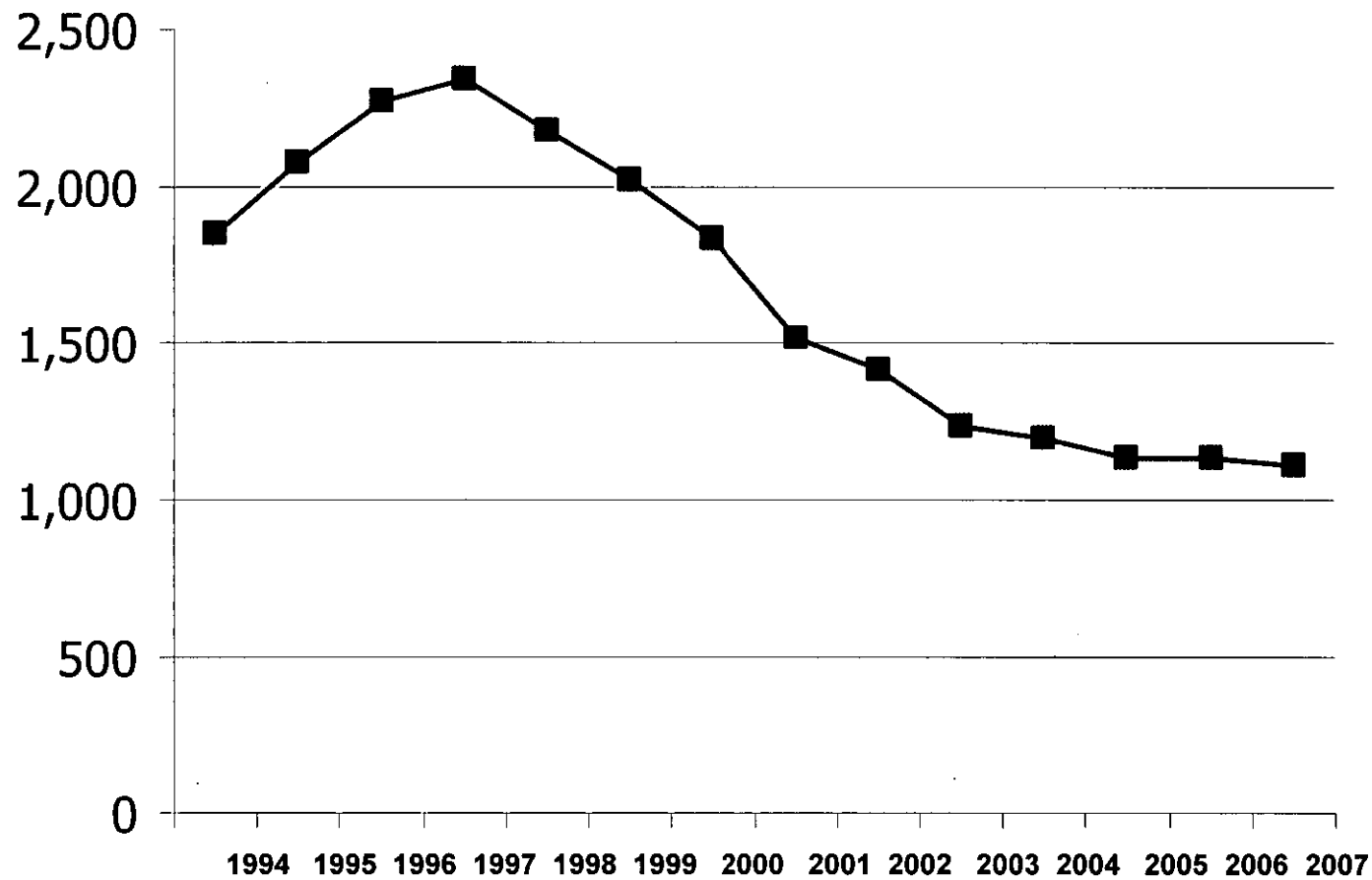
# Change in # of U.S. MD Grads Each Year

## Training in Various Specialties: 2002-2007

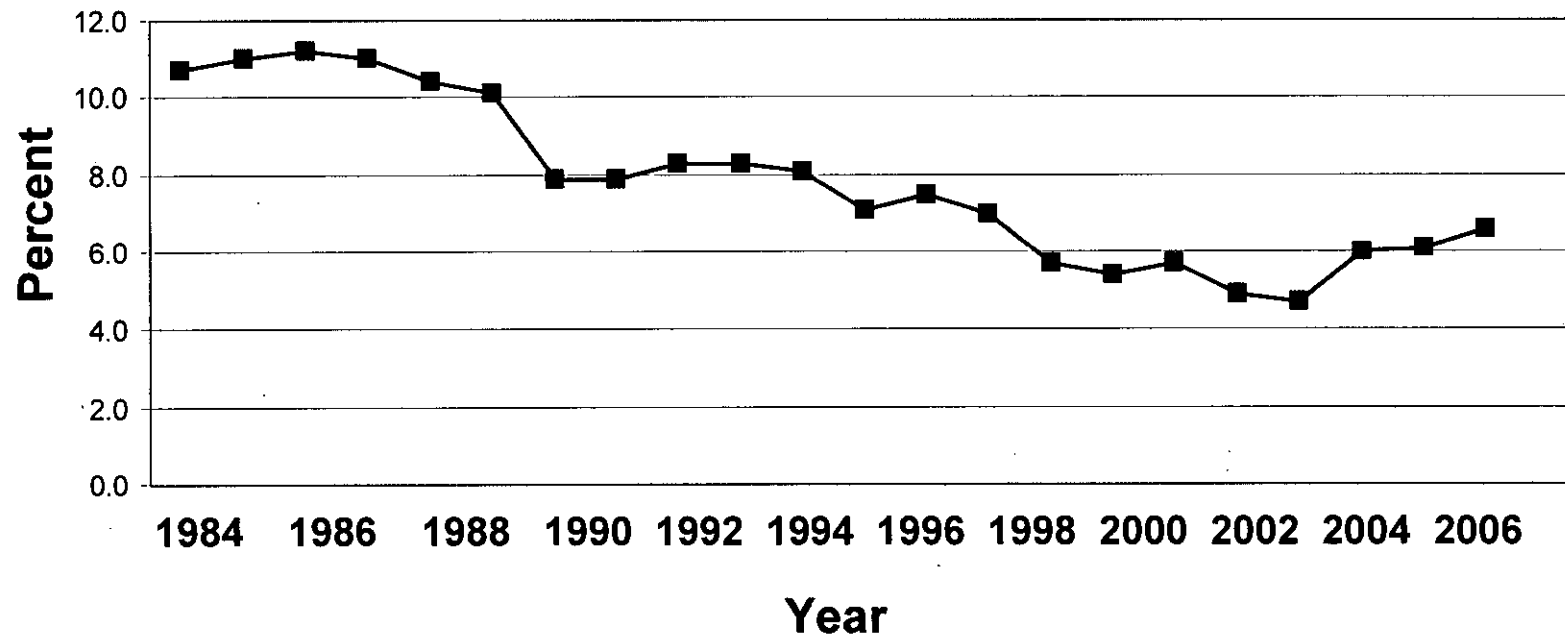


Source: Association of American Medical Colleges

## Family Medicine Residency Positions Filled by US Graduates in the Match, 1994-2007



## % US Med School Grads Entering General Surgery Residencies



Kirkham JC, Columbia University, 2006

Healthcare Workforce, HSS Hearing 1/29/09

# Economic Impact of One Rural Physician on a Local Economy...



23 ← Jobs

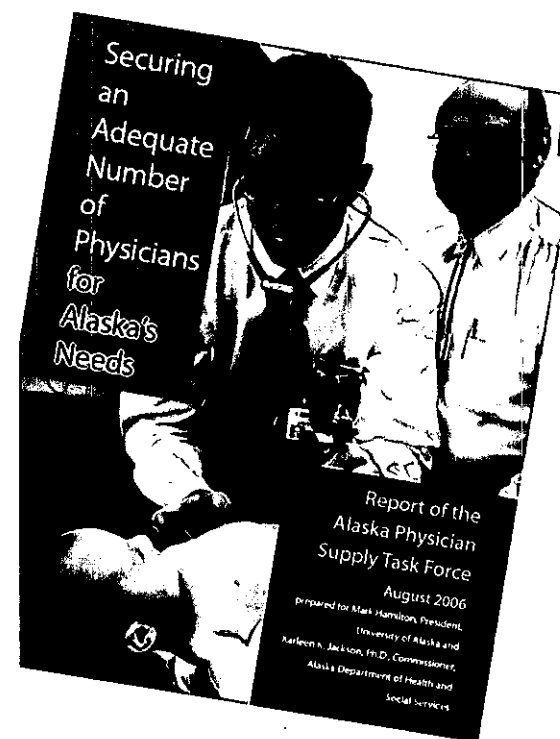
\$ 899,000 ← Wages, Salaries & Benefits

\$1,533,000 ← Total Revenue

Gerald Doeksen (OK State Univ) "Making the Link to Economic Impact & Workforce Development" (at: Rural Health Workforce Trends Conference, Phoenix, AZ; Mar 4-6, 2008)

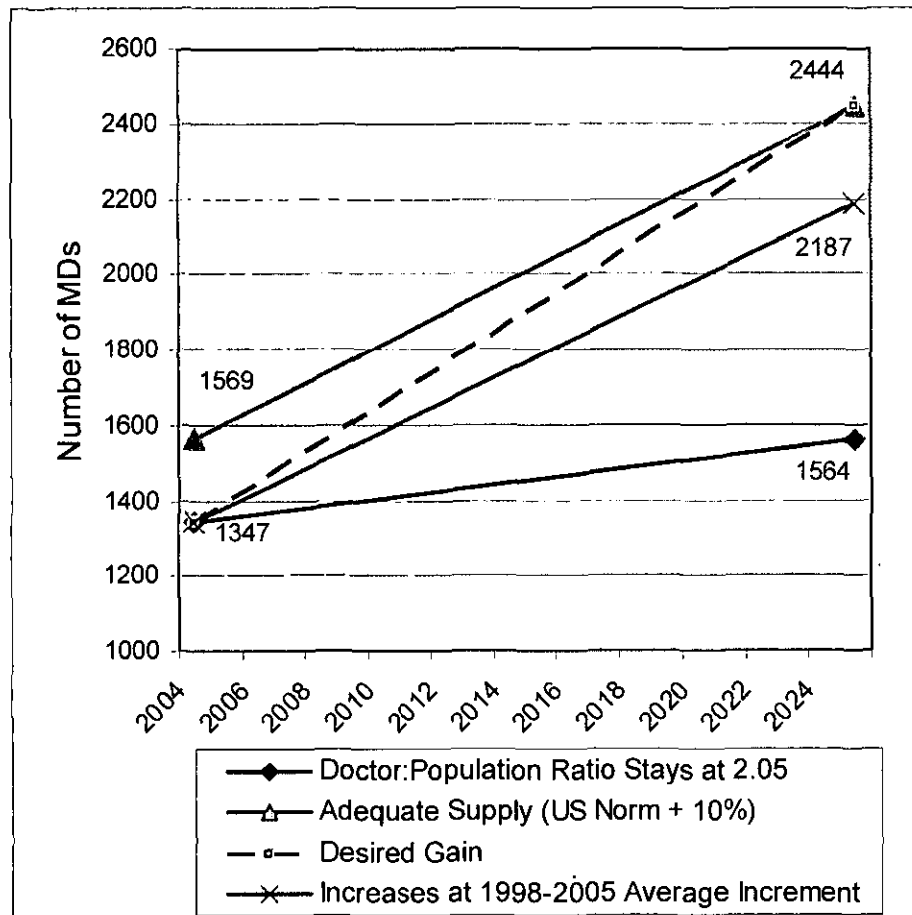
# Physician Shortages in Alaska

- **Alaska Physician Supply Task Force (2006)**
  - 1,347 physicians in AK
  - 2.05 per 1,000 population
  - Below national ratio of 2.38
  - Ratio of 2.62 needed
  - Shortage greatest in internal medicine, medical subspecialties, and psychiatry
  - More mid-level providers also needed
- **Job vacancy rate (2007 survey): 12%**

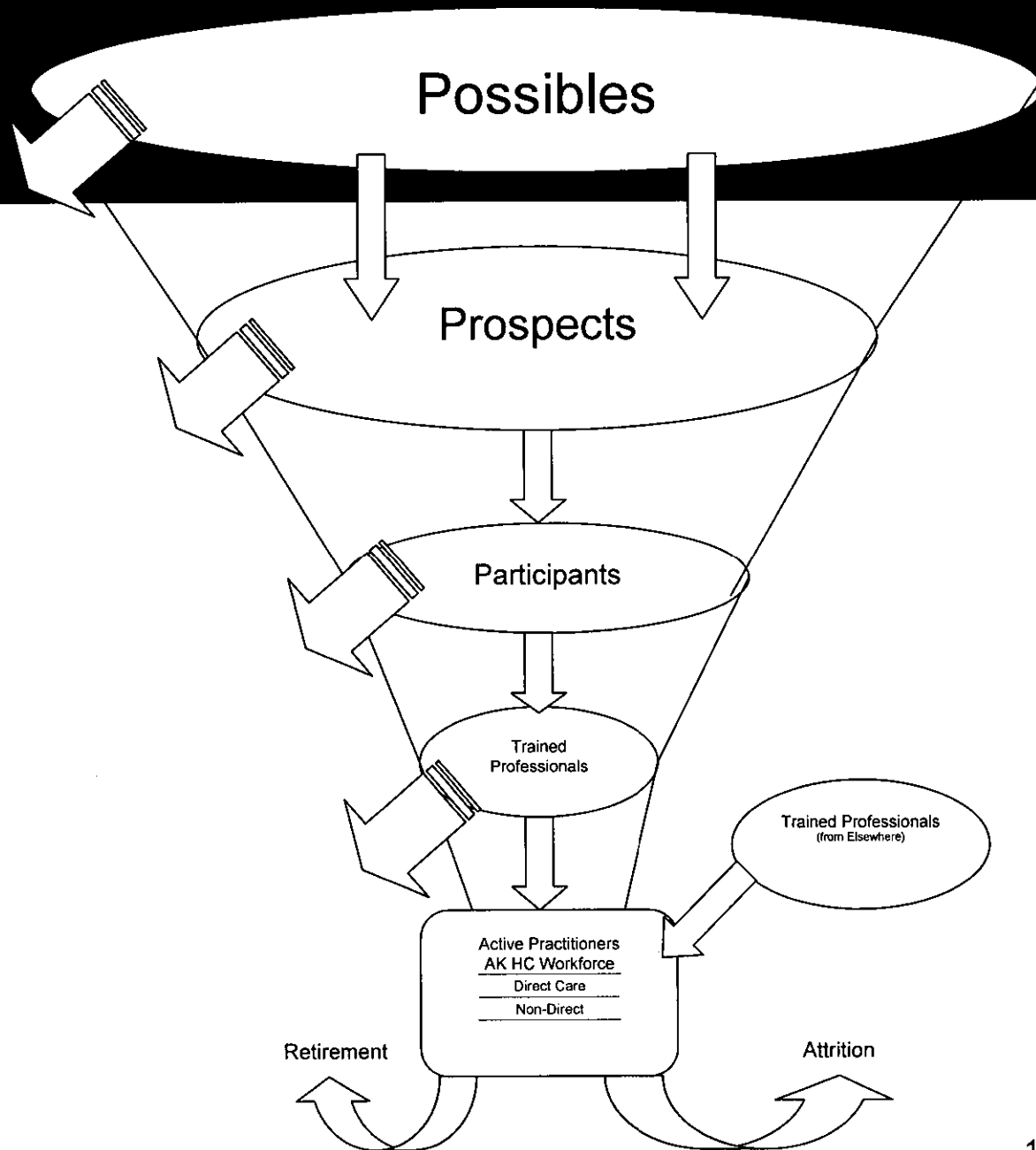


# Gain in Alaskan Physicians

## Static Doctor to Population Ratio vs. Desired Growth Scenario



- Alaska should have physician-to-population ratio 110% of national average
- Current (2006) shortage: 375 physicians
  - Each year, gain of 78, loss of 40
  - Need increase annual gain from 38 to 59
  - Loss may accelerate

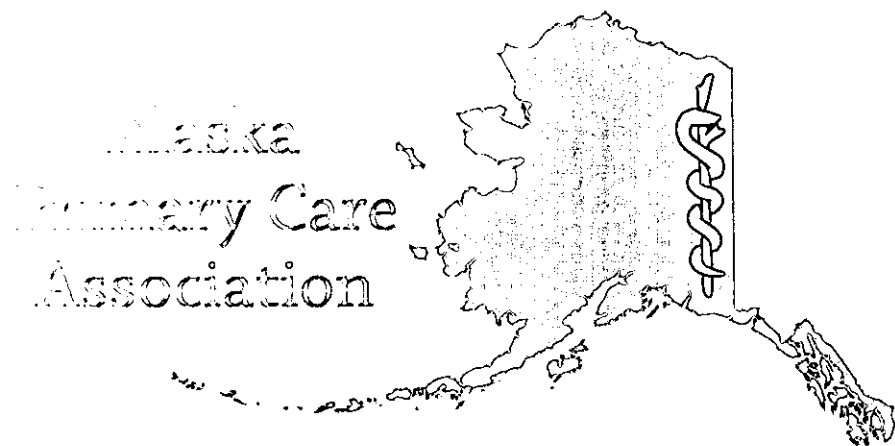


# Challenges to Adequate Physician Supply in Alaska

- Aging of population
- Shortage of primary care physicians
- Educational debt
  - 23% of 2008 US medical school graduates carrying >\$200,000 educational debt (*N Engl J Med*, Dec 18, 2008)
- Challenges of practice in Alaska, particularly in rural areas
- Alaska is in competition with other states for recruitment and retention of physicians
  - HRSA: 20 states reporting “scarcities” of physicians

## Strategies That Can Enhance Physician Supply in Alaska

- **Initiatives to increase interest in medical careers**
- **WWAMI Medical School**
  - In 2005, 29 of 73 Alaskan applicants were admitted into medical school
- **Loan repayment programs:** Indian Health Service and National Health Service Corps loan repayment programs
- **Utilization of mid-level providers**
- **Residency programs:** Alaska Family Medicine Residency-- 70% of graduates practice in Alaska
  - 43% of physicians in Alaska are in primary care specialties, compared with 34% nationally

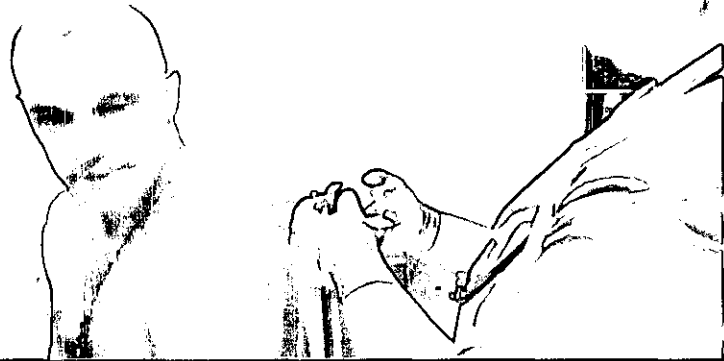


Alaska's Healthcare Workforce:  
**View from the Safety Net**  
Marilyn Kasmar, Executive Director  
Alaska Primary Care Association



## The CHC Model

- Serves all of community residents, without regard for ability to pay or insurance status
- Targeting low income and medically underserved communities
- Local, not-for-profit community managed health care organization



## CHC Model: The Safety Net

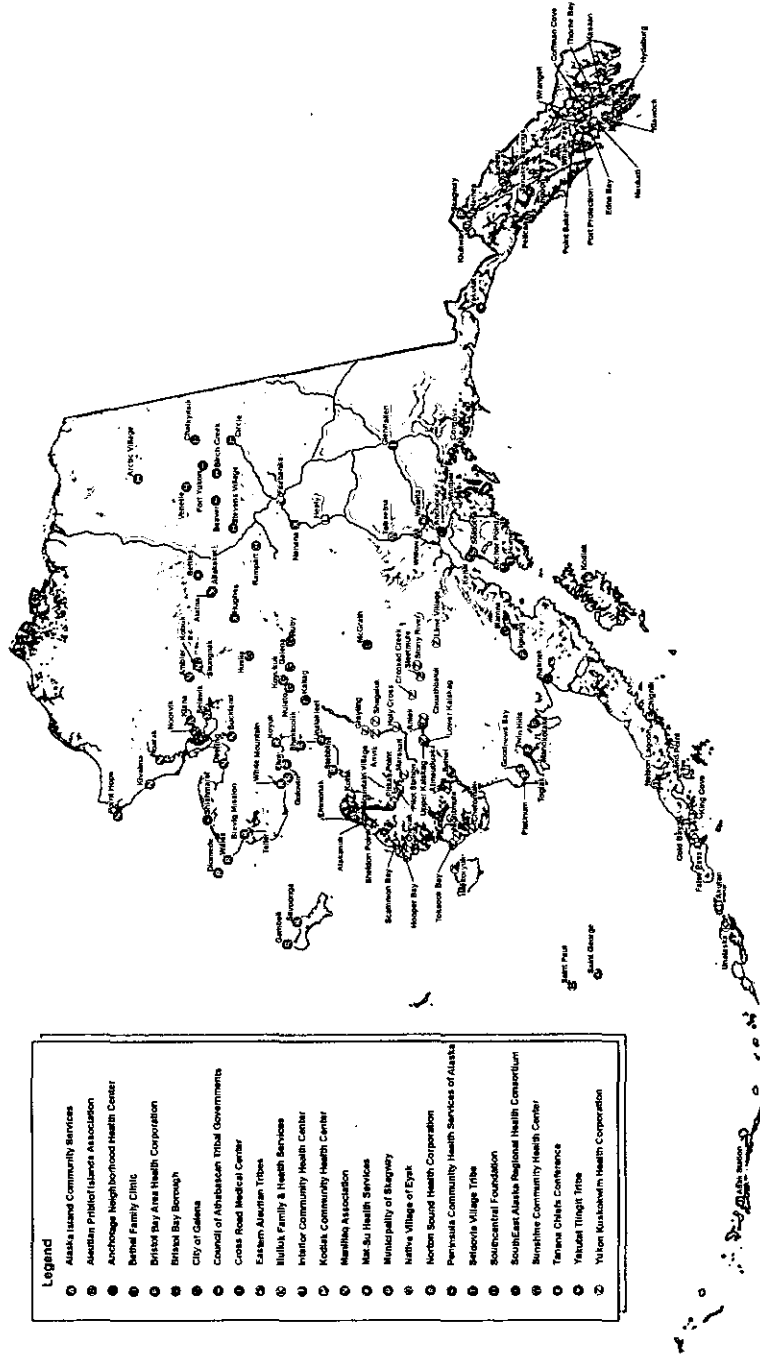
- Provides comprehensive, primary & preventive care
- “Primary Care” => medical, dental & behavioral health
- Sliding fee scale promotes patient accountability
- CHCs reduce use of costly Emergency Room visits



## Community Health Centers Alaska — 2009

- Network of 26 CHC Organizations
- 141 Delivery Sites
- Serving 81,000 Alaskans
- Tribal & Non-Tribal Models

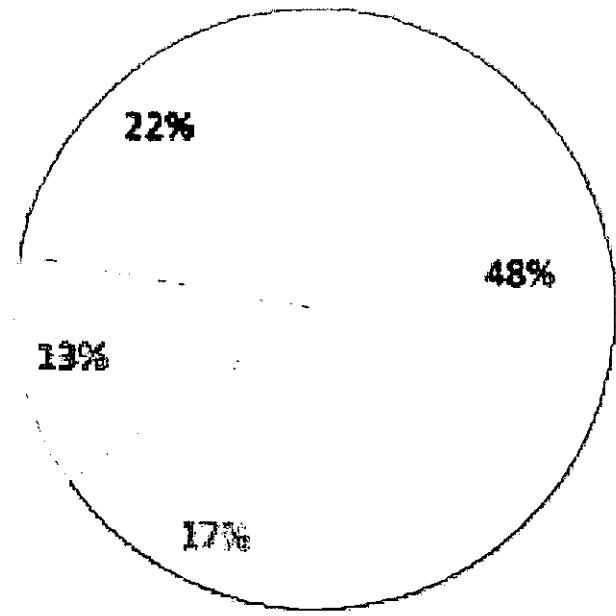
# Alaska's Community Health Centers



Alaska  
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Association

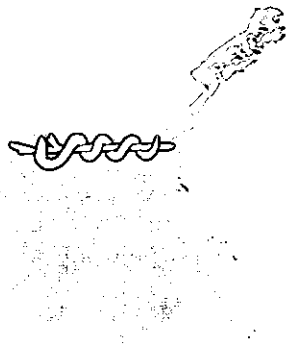


# Many Alaska CHC Patients are Poor

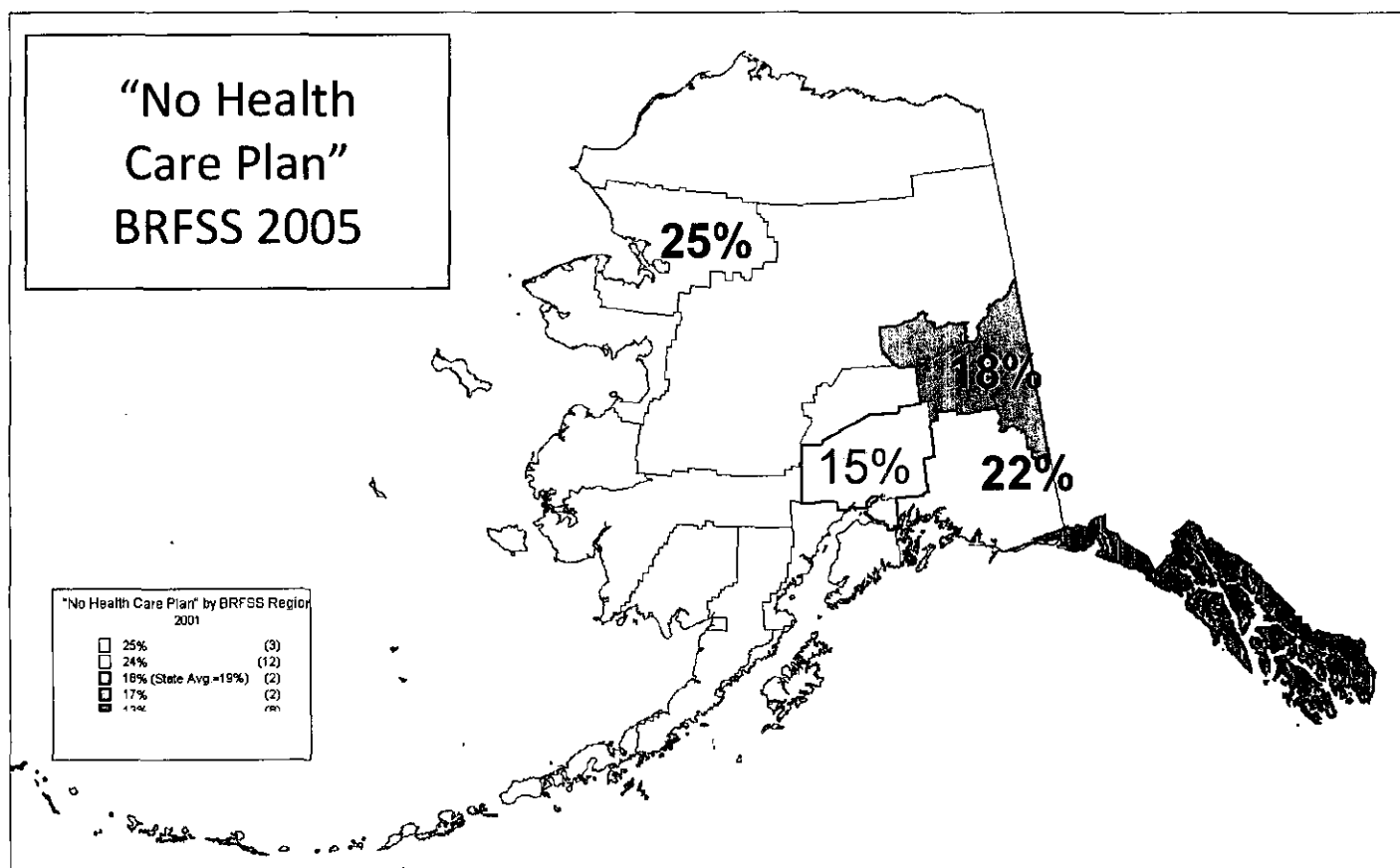


- 100% and Below FPL
- 101-150% FPL
- 151-200% FPL
- Over 200% FPL

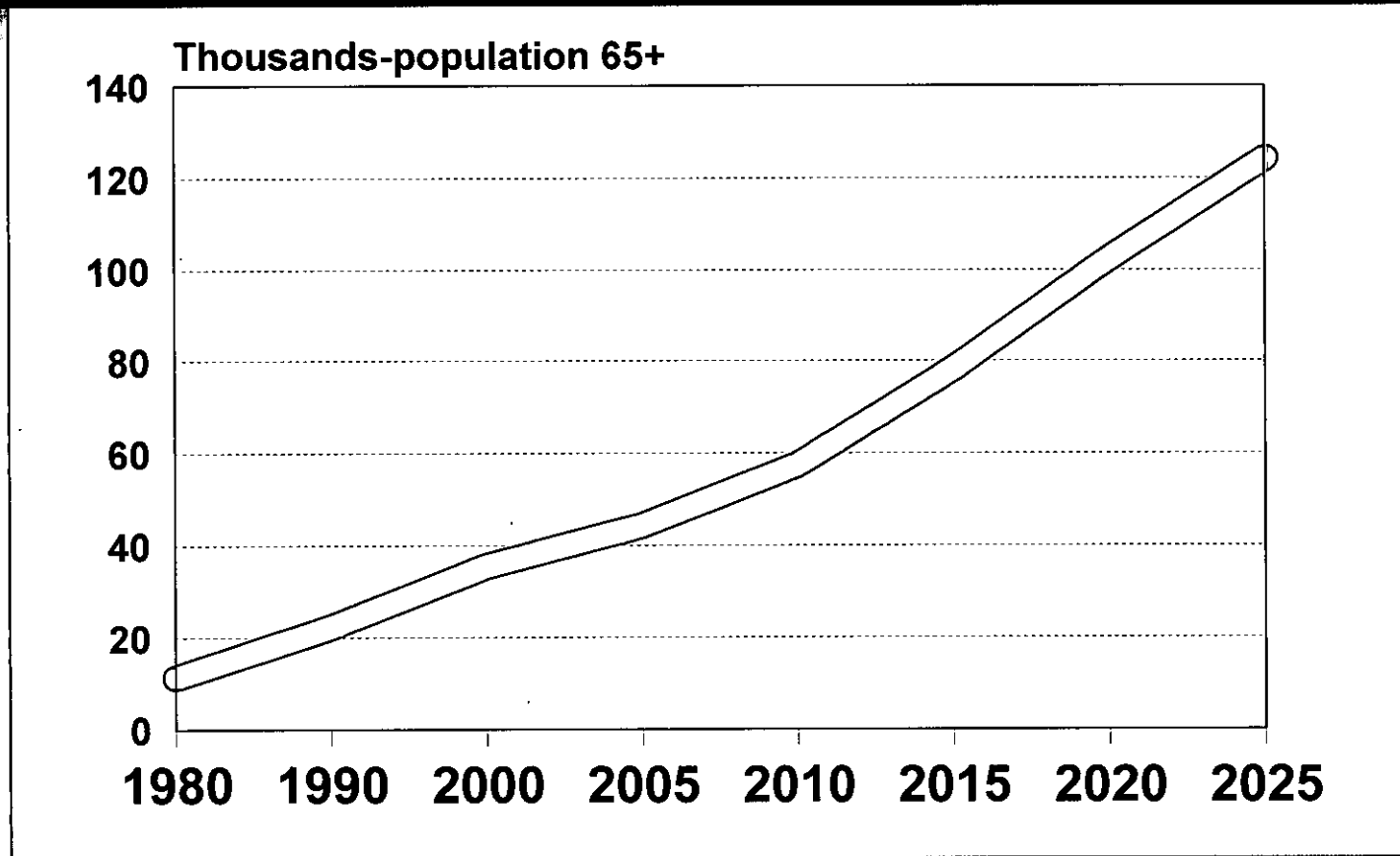
# Many Alaska CHC Patients are Uninsured



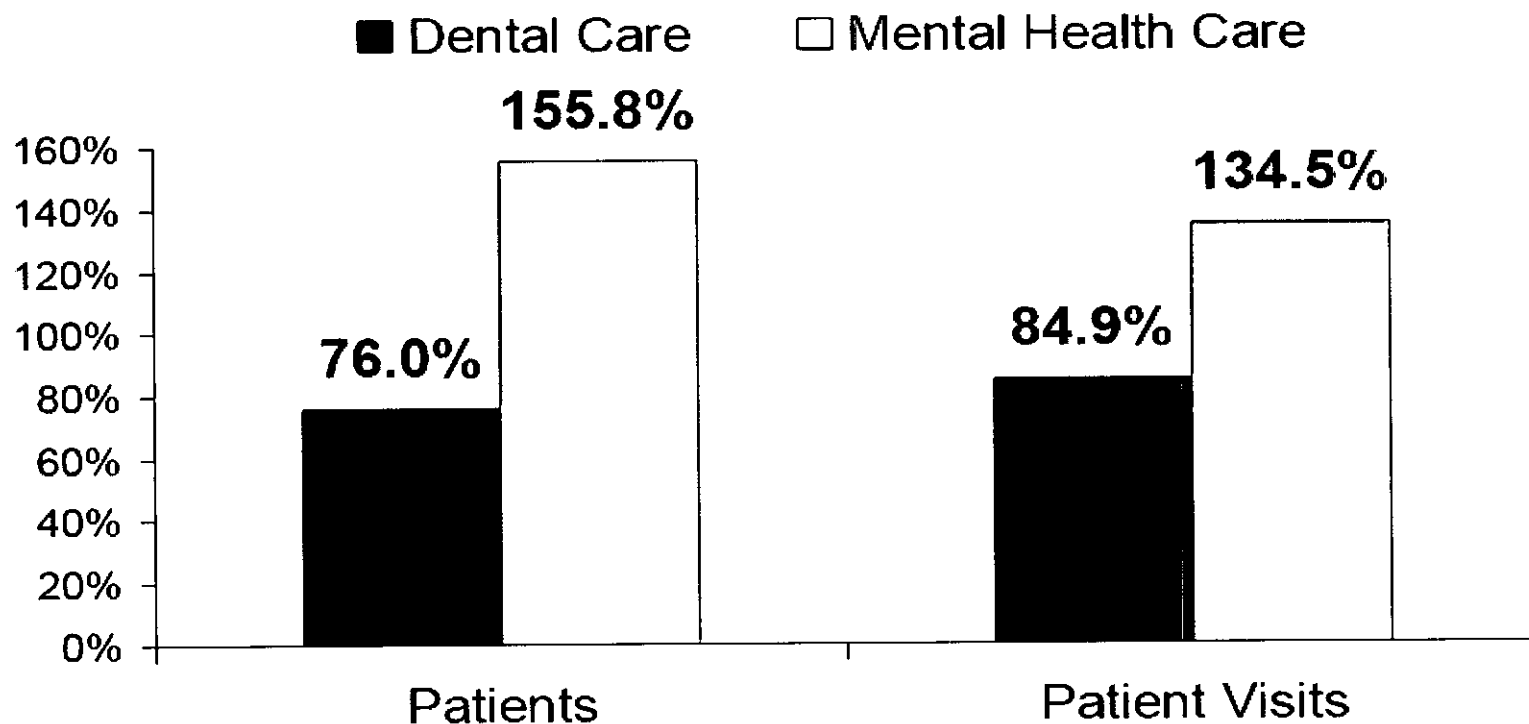
# Geographic Disparities in Health Insurance Coverage



# The Aging of Alaska's Population Will Continue to Create a Strong Demand for Health Care Services



# Growth in Health Center Dental & Mental Health Care, 2000-2005



Note: Mental health does not include substance abuse.

Alaska  
Primary Care  
Association



## Healthcare Workforce Shortage: Giant Problem for Alaska's CHCs

- Large
- Unrelenting
- Getting worse
- Disruptive
- Expensive
- Difficult for CHCs to recruit & to retain
- Even more difficult for rural & remote sites

Alaska  
Primary Care  
Association



## The Shortage Problem — in the Nation

- Only 9% of physicians practice in rural areas
  - But 20% of the population lives there
- Of 150,000 general dentists in practicing in US
  - But only 14% practice in rural areas
- CHC patients grew 57% from 2000 to 2006

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Association



## What are Factors that are Driving this Shortage?

- “States, and especially safety net providers, are facing intense workforce pressures because of
- structural issues related to clinician training,
- difficulty in recruiting and retaining providers to work in health centers, and
- the impending leadership cliff...”

Snyder, Andrew. (2008). Safety Net Workforce in the Context of Health Reform. State Health Policy Briefing (pg. 9)

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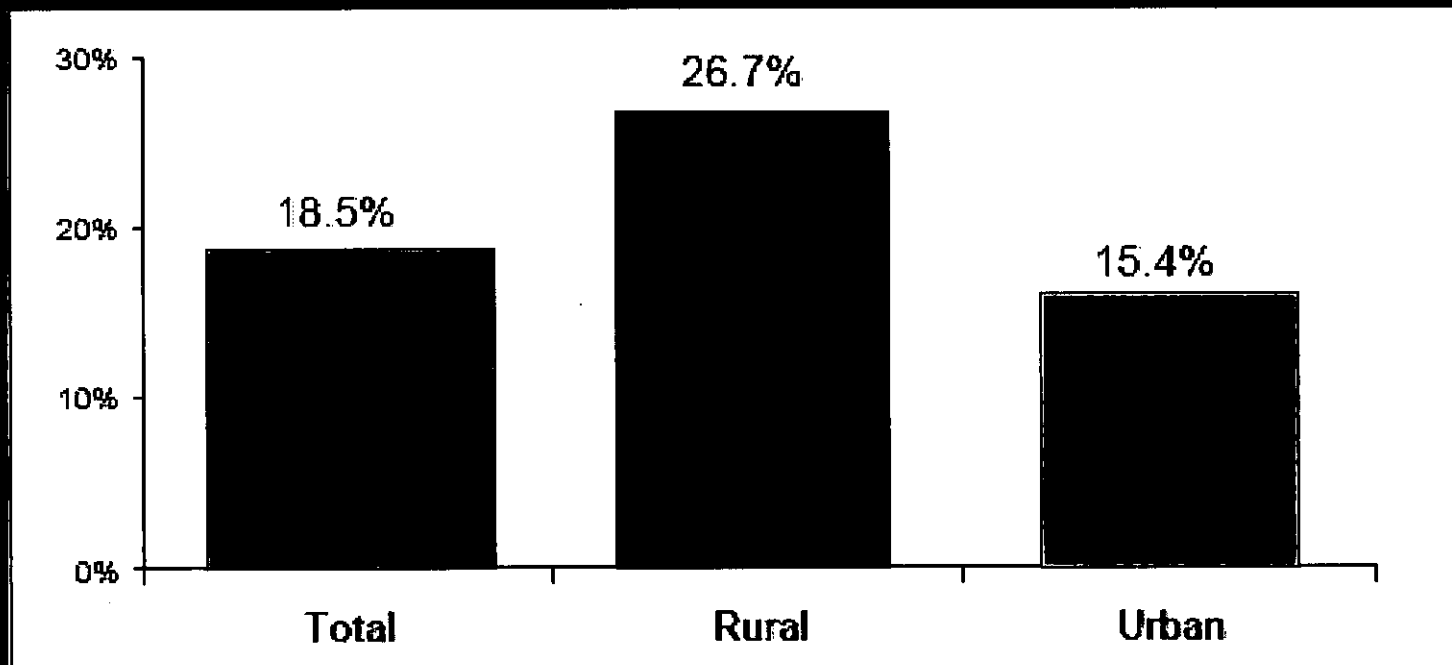
## The Shortage Problem — in Alaska Primary Care Occupations

Occupation	Full Sample (n=476)	Statewide Estimate
Family Physician	18.3%	15.8%
General Internist		
Family Nurse Practitioner	23.2%	19.5%
Physician Assistant		

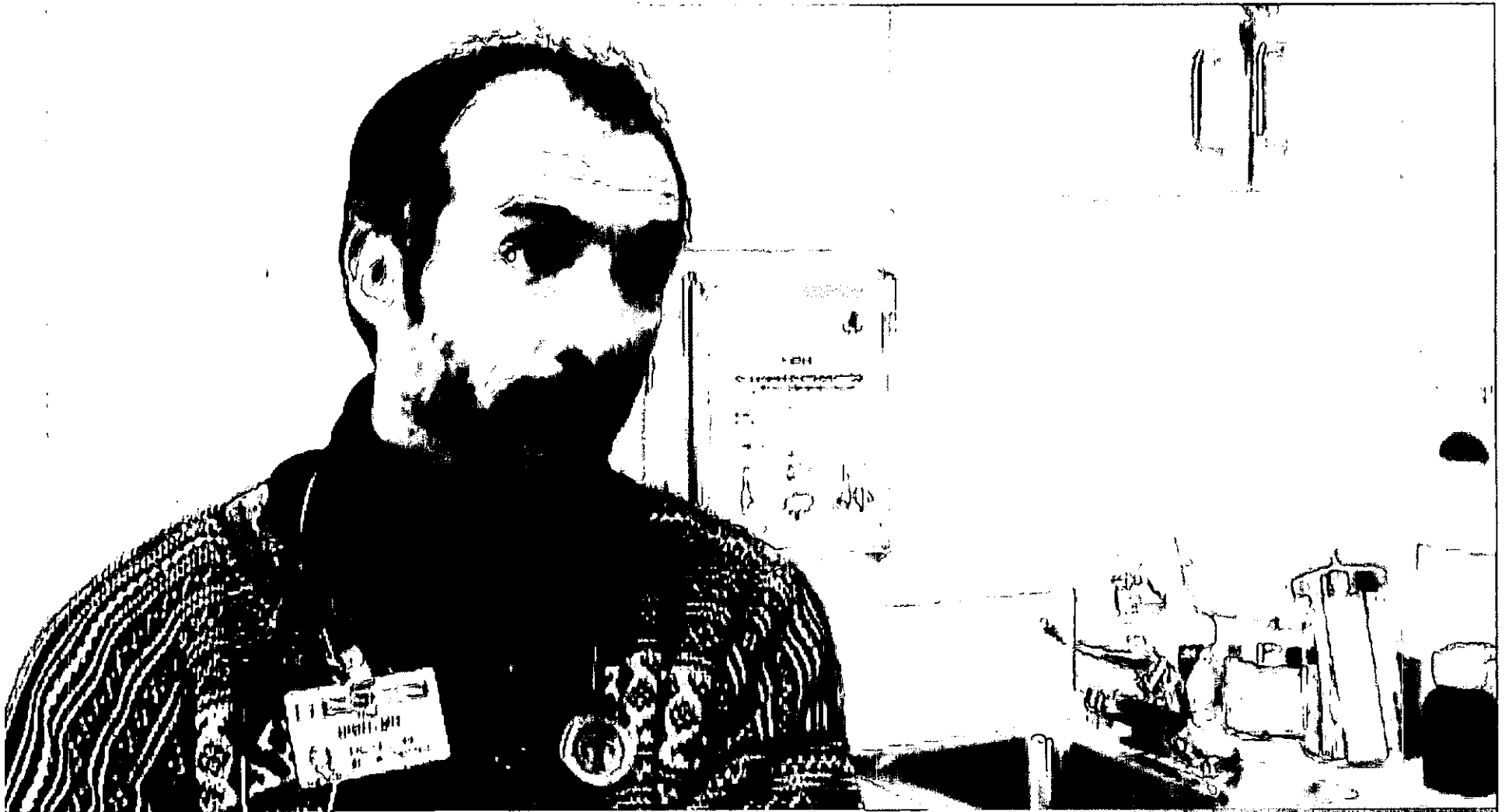
- Long mean vacancy length (7-15 months)
- Higher in rural areas
- Vacancy rate:
  - In rural areas for PAs was 26.8% & for FNPs was 36.4%!



## Dentist Vacancy Rates at Health Centers (2004)



Source: Roger Rosenblatt, Holly Andrilla, Thomas Curtin, and Gary Hart. "Shortage of Medical Personnel at Community Health Centers," *Journal of the American Medical Association* 295, No. 9 (2006): 1042-10491.



***“Good health care, of course, doesn’t start and stop here in the health center. It’s a community affair.”***

**- Dr. Tom Hunt, Anchorage Neighborhood Health Center**

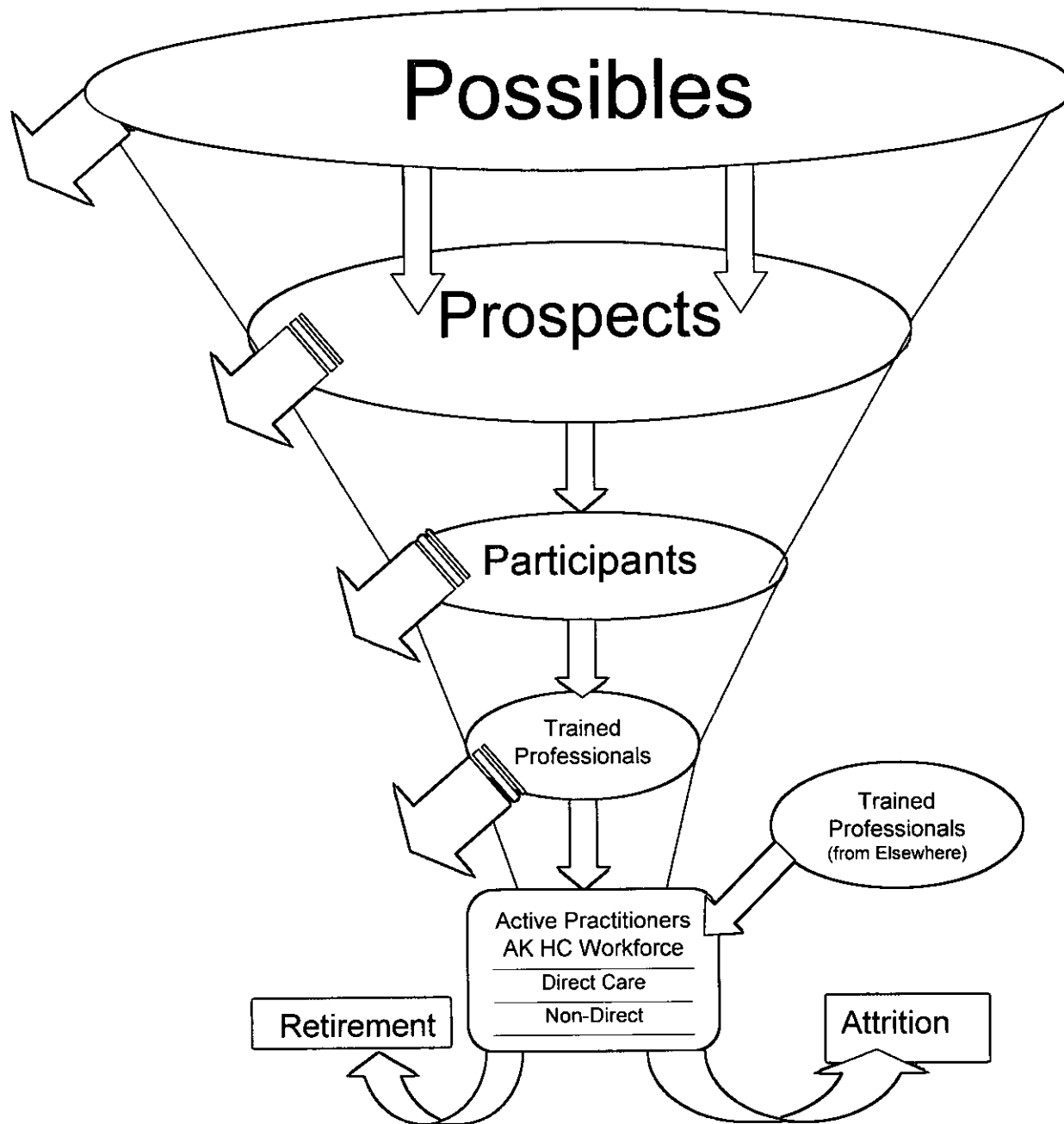
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## Will the Shortage Get Better, or Worse?

- “The deficit of health professionals in medically underserved areas will most likely worsen, given the dwindling interest in primary care among medical students.”

Access Transformed: Building a Primary Care Workforce for the 21st Century. National Association of Community Health Centers (Aug 2008, pg. 12)



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## A Problem that Must Be Resolved

- We continue to routinely lose candidates
- Every week — and often immediately
- Because... Alaska does not have a State Loan Repayment Option
- Increasingly, it is the candidate's "first question"

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## What Does National Expert Opinion Say?

- “Recruitment & retention of health care professionals has been a major problem for CHCs since their inception.”
- “Federal programs such as the National Health Service Corps, augmented by state loan repayment ... remain important sources of CHC clinical personnel, and ... they remain important recruitment tools.”

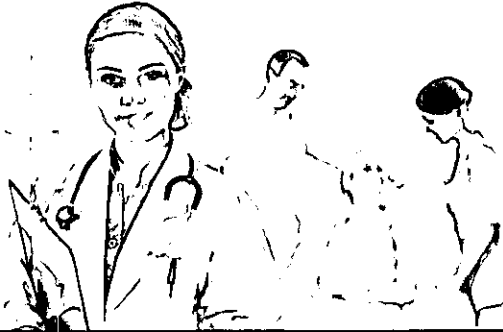
Rosenblatt, et al. (2006). Shortages of Medical Personnel at Community Health Centers: Implications for Planned Expansion , JAMA, 295(9), pg 1042.

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## APCA — 2009 Legislative Priorities Healthcare Workforce

- Workforce Shortage Solutions
  - Health Care Professions Loan Repayment and Incentive Program
  - Medex



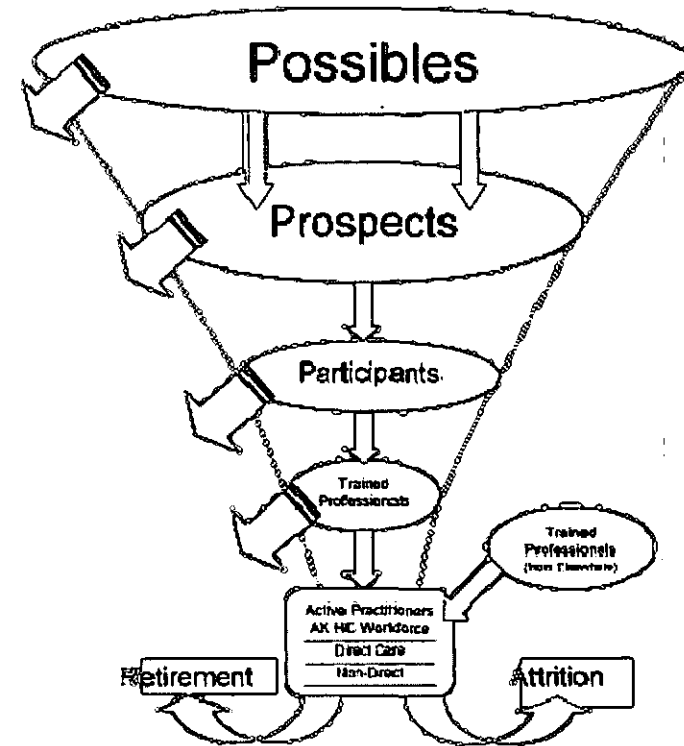
# Alaska's Health Care Workforce: Shortage & Solutions

Interagency Presentation — Jan. 29, 2009

House HSS Committee, Alaska State Legislature

## Alaska's Healthcare Workforce: View from the Safety Net

Marilyn Kasmar, Executive Director  
Alaska Primary Care Association

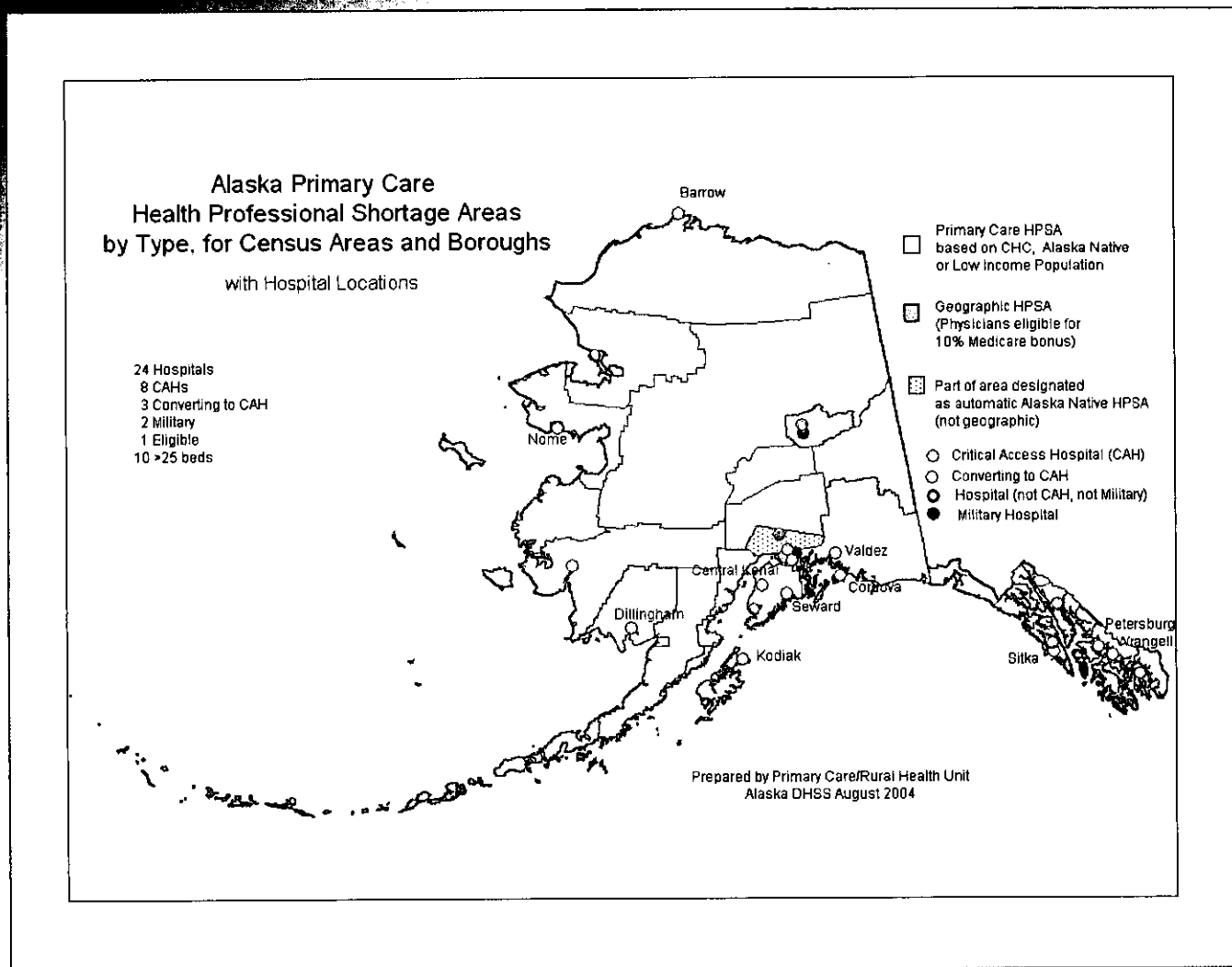


# Alaska's Healthcare Workforce:

**Rod Betit, CEO**

Alaska State Hospital & Nursing Home Association

# Hospital and Nursing Facilities



# Big Employers

- Providence Health System- Alaska's largest employer since 2001
- Five of top 20 employers are healthcare
- 24 of top 100 employers are health and social services
- Health topped \$5 billion in 2005, 1/3 the value of North Slope oil exports that year

1-3 Data from Alaska Dept of Labor and Workforce Development, Research & Analysis Section  
4 Data from Institute for Social and Economic Research, UAA

# Industry Perspective

- Itinerant providers mean dollars lost to employers, and resources not invested in local economies. In 2005, we know:
  - 80 hospitals/THOs/Mental Health Centers spent over \$11M in recruitment, \$13M in Itinerants (\$24M total), 16 occupations
  - FMH spent over \$640K in recruitment, and \$920K in Itinerants
  - FMH has saved at least \$1.5M in nurse recruiting since local training started

# Nurse Overtime Survey Results

- Temp Nursing Hours Needed to Fill Vacancy:
  - 2006 → 94,166 hours
  - 2007 → 99,748 hours
- Opinion of Facility Administrators (2008)
  - Has gotten “better” → 5
  - Has gotten “worse” → 10

# Cromer Report

- The Public's Expectation:
  - Hospitals are supposed to deal with this
  - Real residents want basic services locally
  - Basic services = better distribution of employment

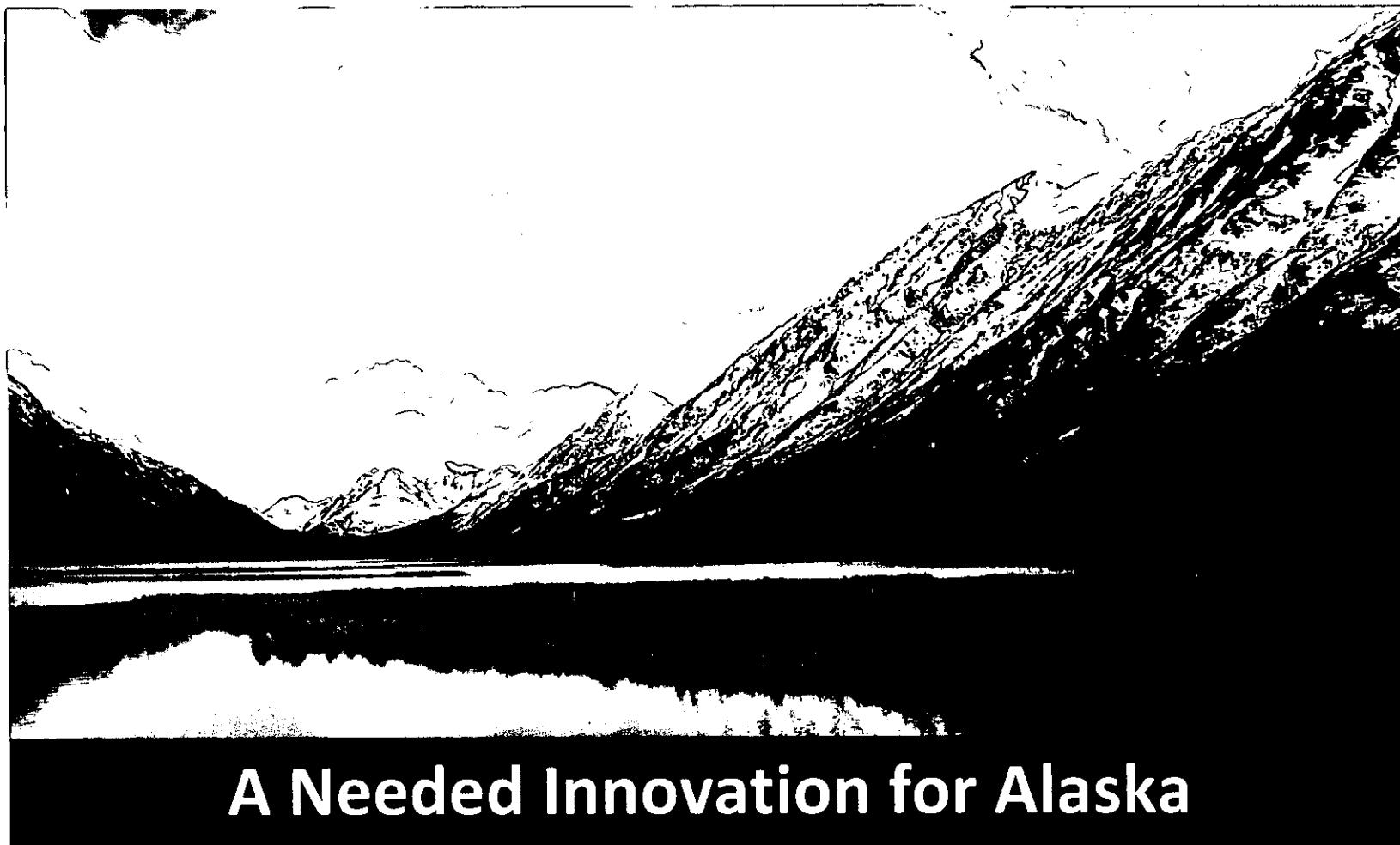
# Access to Care: Community Innovations

- This request for workforce improvement is not being done in a vacuum
- Rather – innovations are occurring in several communities – Examples include:
  - Kenai / Soldotna
  - Ketchikan
  - Anchorage

# Approaches of Other States To Health Workforce Shortages and Mal-distribution

- Increase number/size of training programs
- Recruit/develop local youth
- Job enhancements
  - salary, benefits, hours
- Malpractice insurance cost relief
- Teamwork, work smarter
- Recruitment and retention enticements
  - pay educational costs in exchange for service

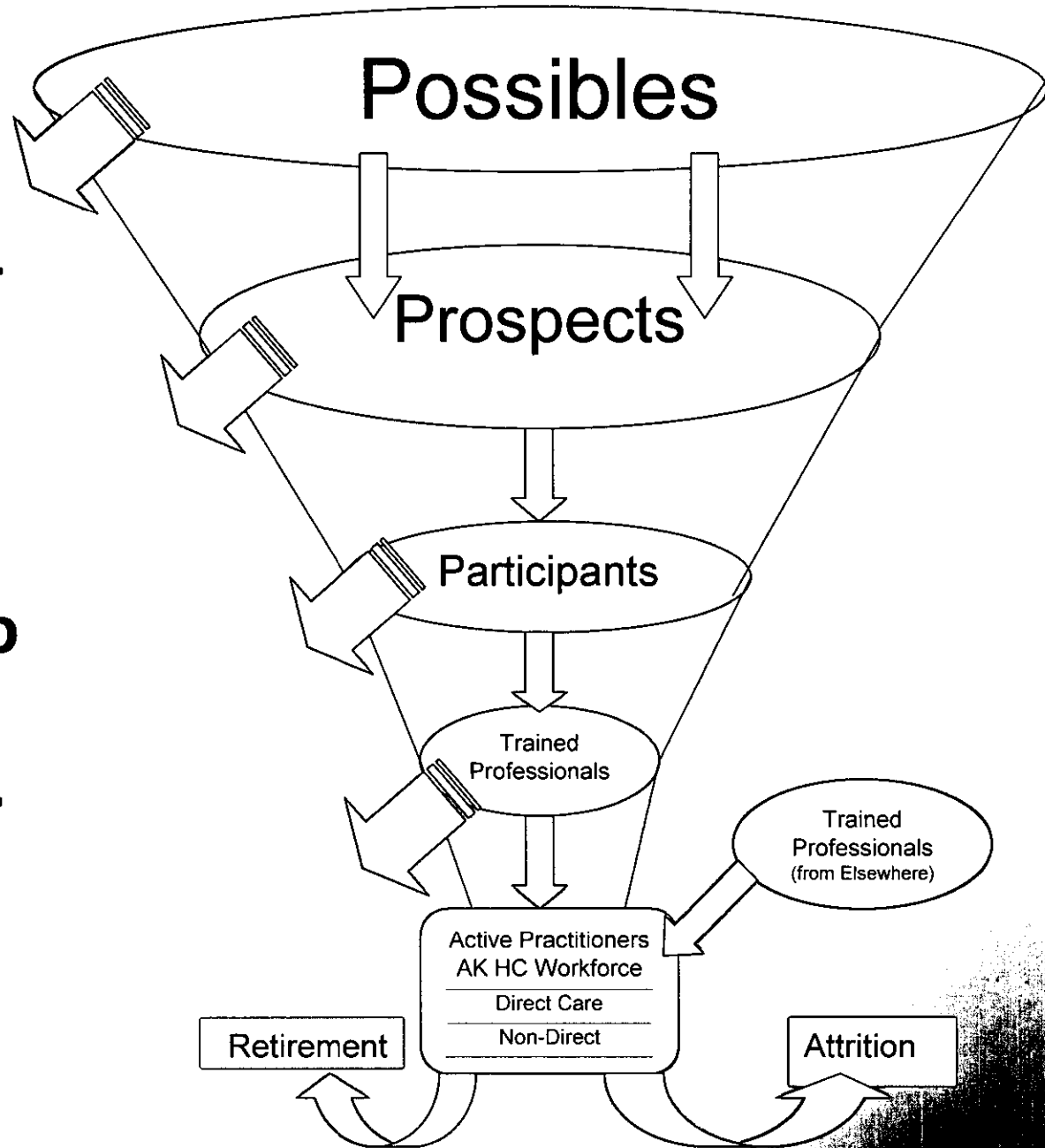
# Health Care Professions Loan Repayment & Incentive Program



**A Needed Innovation for Alaska**

# “Support-for-Service Programs”

For those who are farther along in their careers



# Support-for-Service Programs

- **Strategy** - Most states have installed “Support-for-Service Programs”, at the state-level
- **Funding** - Four variations on SFSP funding:
  - State-sponsored
  - Blended state-federal (e.g. SLRP’s)
  - Federal-sponsored (e.g. I.H.S., &, NIH)
  - Local contributions to above
- **Outcomes** - SFSP’s – in general – have good outcomes, but there are important program differences -> across types

# Support-for-Service Program

- Will remain necessary — regardless of training productivity
- WWAMI has doubled, and, Nursing Program has expanded greatly — but Agencies are still pulling practitioners from elsewhere

# SFSP's... Experience of Other States

- Review of 44 states
- Total of 81 state-level SFSP's for HC professions
- Fully 21 states have two or more SFSP's (47%)
- State-level support-for-service programs are a key part of successful recruitment & retention
  
- Several Strategies: Programs that integrate several strategies have had greater success than have those programs which have relied on single approach

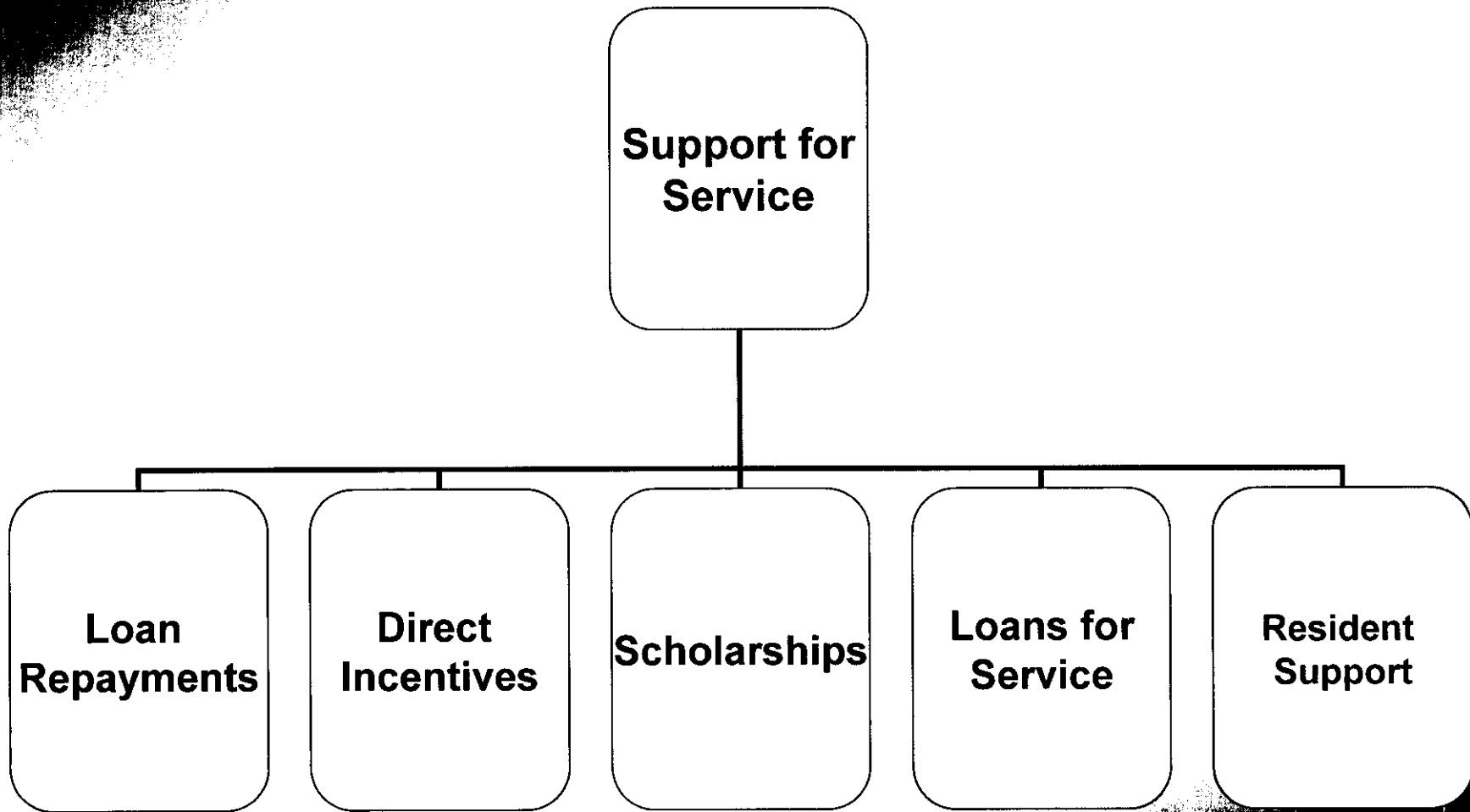
## Examples of Other States with Support-for-Service Programs

Arkansas (3)	New Mexico (5)
Iowa (2)	North Carolina (4)
Maine (2)	Oklahoma (3)
Minnesota (7)	Tennessee (2)
Mississippi (2)	Washington (2)
Montana (3)	Wisconsin (2)

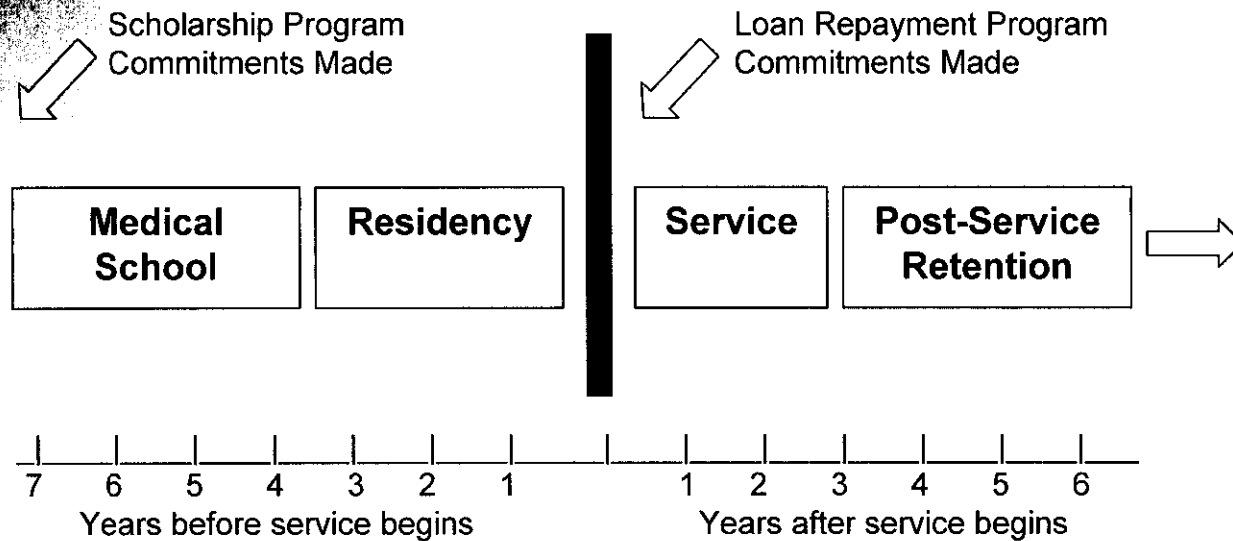
# Consequences of Educational Debt

- Like carrying a mortgage on a second home
- Pushes practitioners into more lucrative jobs and specialties
- Discourages poorer students from health careers
- But also - provides a lever to influence practitioners, via loan repayment enticements

# SFSP Options...



# SFSP -> Timeline Example



- Physicians' training years, commitment-signing, service period, & post-service retention (Pathman, 2006)

# Loan Repayment Programs

- Most all other states have these
- They work
- Many states include several professions
- National Health Service Corps → moved to Loan Repayment
- Health Care Professions Loan Repayment & Incentive Program discussed in depth on HPSD site:  
[www.hss.state.ak.us/dph/healthplanning](http://www.hss.state.ak.us/dph/healthplanning)

## Direct Incentive Programs

- Funding is provided to practitioners who agree to work in needy settings — whether or not they have education loans to be repaid
- There is no reason to believe that only young practitioners with debt are suited to work in rural areas and/or with underserved populations

# Health Care Professions Loan Repayment & Incentive Program — Interagency Planning Group

- Representatives from:
  - Alaska State Hospital & Nursing Home Assoc
  - Alaska Primary Care Association
  - Alaska Native Health Board
  - Alaska Dental Society
  - Alaska Mental Health Trust Authority
  - Alaska Commission on Post-Secondary Education
  - Health Planning & Systems Development (DHSS)
  - Alaska State Medical Association
  - Alaska Pharmacists Association
  - Alaska Native Tribal Health Consortium
  - Alaska Geriatric Education Center (UAA)

# The “Big Ten” Occupations

## Tier-1

- Dentists
- Pharmacists
- Physicians

## Tier-2

- Dental Hygienists
- Nurses (RN)
- Nurse Practitioners
- Physician Assistants
- Physical Therapists
- Psychologists
- Social Workers

# Health Care Professions

## Repayment & Incentive Program

### Program Elements

- Oversight Entity
- Fiscal Agent
- Practitioner Eligibility
- Site Eligibility
- Payment Details
- Program Evaluation
- Resources & Funding

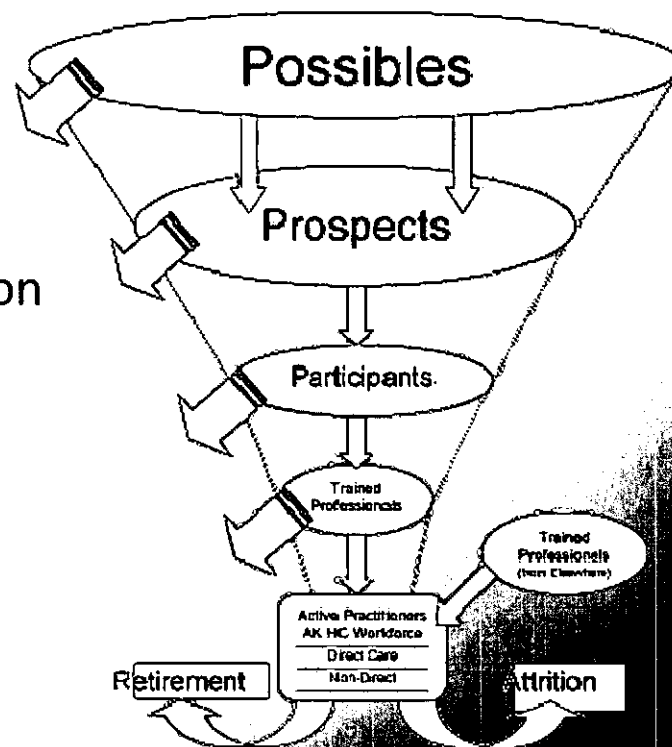


# Alaska's Health Care Workforce: Shortage & Solutions

Interagency Presentation — Jan. 29, 2009  
House HSS Committee, Alaska State Legislature

## Alaska's Healthcare Workforce: Alaska State Hospital & Nursing Home Association

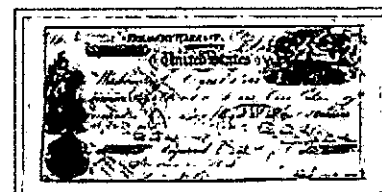
Rod Betit, CEO  
Alaska State Hospital & Nursing Home Association



# Alaska Purchase

From Wikipedia, the free encyclopedia  
(Redirected from Alaska purchase)

The **Alaska Purchase** (otherwise known as **Seward's Folly** or **Seward's Icebox**) by the United States from the Russian Empire occurred in 1867 at the behest of Secretary of State William Seward. The territory purchased was 586,412 square miles (1,518,800 km<sup>2</sup>) of the modern state of Alaska.



Check used to pay for Alaska, worth \$7.2 million

## Contents

- 1 Background
- 2 The viewpoint from Washington
- 3 Ratification and enactment
- 4 Alaska purchase as a propaganda subject
- 5 See also
- 6 Notes
- 7 References
- 8 External links

## Background

Russia was in a difficult financial position and feared losing Russian America without compensation in some future conflict, especially to their rivals the British whom they had fought a decade earlier in the Crimean War. While Alaska attracted little interest at the time, the population of nearby British Columbia started to increase rapidly after hostilities ended. The Russians therefore started to believe that in any future conflict with Britain, their hard-to-defend region might become a prime target, and would easily be captured. Therefore Tsar Alexander II decided to sell the territory. Perhaps in hopes of starting a bidding war both the British and the Americans were approached, however the British expressed little interest in *paying* for Alaska.

The Tsar then instructed Russian minister to the United States, Louis Baydalal, to enter into negotiations with Seward in the beginning of March 1867. The negotiations concluded after an all-night session with the signing of the treaty at 4 o'clock in the morning of March 30, 1867<sup>[1]</sup> with the purchase price set at \$7,200,000 (about 1.9¢ per acre), equivalent to approximately \$104,000,000 in modern terms.<sup>[2]</sup> [Note, however, that \$7,200,000 represented a much more significant portion of federal revenue in 1868, the year the purchase was made, than would an equivalent in today's dollars: the country was less wealthy, and national government taxed that wealth at much lower rates.] American public opinion was generally positive, but some newspaper writers and editors had negative feelings about the purchase of land. Notably, one of those men was Horace Greeley of the *New York Tribune*, for example:

Already, so it was said, we were burdened with territory we had no population to fill. The Indians within the present boundaries of the republic strained our power to govern aboriginal peoples. Could it be that we would now, with open eyes, seek to add to our difficulties by increasing the number of such peoples under our national care? The purchase price was small; the annual charges for administration, civil and

military, would be yet greater, and continuing. The territory included in the proposed cession was not contiguous to the national domain. It lay away at an inconvenient and a dangerous distance. The treaty had been secretly prepared, and signed and foisted upon the country at one o'clock in the morning. It was a dark deed done in the night.... The *New York World* said that it was a "sucked orange." It contained nothing of value but furbearing animals, and these had been hunted until they were nearly extinct. Except for the Aleutian Islands and a narrow strip of land extending along the southern coast the country would be not worth taking as a gift.... Unless gold were found in the country much time would elapse before it would be blessed with Hoe printing presses, Methodist chapels and a metropolitan police. It was "a frozen wilderness."<sup>[3]</sup>

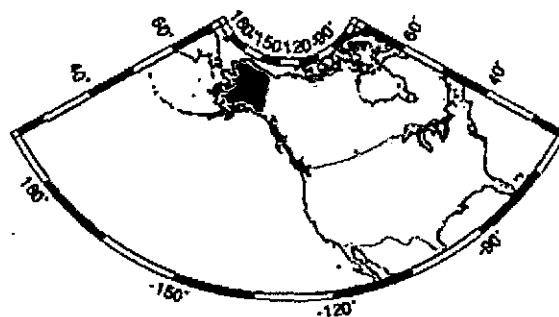
While criticized by some at the time the financial value of the Alaska purchase turned out to be many times greater than what the United States had paid for it. The land turned out to be resource rich and also provided the US a great advantage in the Cold War.

## The viewpoint from Washington

The purchase was at the time derided as *Seward's folly*, *Seward's icebox*, and Andrew Johnson's *polar bear garden*, because it was believed foolhardy to spend so much money on the remote region.<sup>[4]</sup>

The treaty was promoted by Secretary of State William H. Seward, who had long favored expansion, and by the chairman of the Senate Committee on Foreign Relations, Charles Sumner. They argued that the nation's strategic interests favored the treaty. Russia had been a valuable ally of the Union position during the U.S. Civil War, while Britain had been a nearly open enemy. It seemed wise to help Russia while discomfoting the British. Furthermore there was the matter of adjacent territory belonging to Britain (and now part of Canada). Nearly surrounded by the United States they were of little strategic value to Britain and might someday be purchased. The purchase, editorialized the *New York Herald*, was a "hint" from the Tsar to England and France that they had "no business on this continent." "It was in short a flank movement" upon Canada said the influential *New York Tribune*. Soon the world would see in the northwest "a hostile cockney with a watchful Yankee on each side of him," and John Bull would be led to understand that his only course was a sale of his interests there to Brother Jonathan.

On March 3 Sumner made a major speech advocating the treaty, and covering in depth the history, the climate, the natural configuration, the population, the resources—the forests, mines, furs, fisheries—of Alaska. A good scholar, he cited the testimony of geographers and navigators: Alexander von Humboldt, Joseph Billings, Yuri Lisiansky, Fyodor Petrovich Litke, Otto von Kotzebue, Portlock, James Cook, John Meares, Ferdinand von Wrangel. When he had finished, he observed that he had "done little more than hold the scales." If these had inclined on either side, he continued, it was "because reason or testimony on that side was the weightier." Soon, said Sumner, "A practical race of intrepid navigators will swarm the coast ready for any enterprise of business or patriotism. Commerce will find new arms; the



The signing of the Alaska Treaty of Cession on March 30, 1867. L-R: Robert S. Chew, William H. Seward, William Hunter, Mr. Bodisco, Eduard de Stoeckl, Charles

country new defenders; the national flag new hands to bear it aloft." Bestow American republicanism upon the territory, he urged, "and you will bestow what is better than all you can receive, whether quintals of fish, sands of gold, choicest fur or most beautiful ivory." "Our city," exclaimed Sumner, "can be nothing less than the North American continent with the gates on all the surrounding seas." He argued the treaty was "a visible step" in this direction. By its terms we should "dismiss one more monarch from this continent." One by one they had retired—" first France; then Spain; then France again, and now Russia, all giving way to that absorbing unity which is declared in the national motto — E pluribus unum."<sup>[5]</sup>

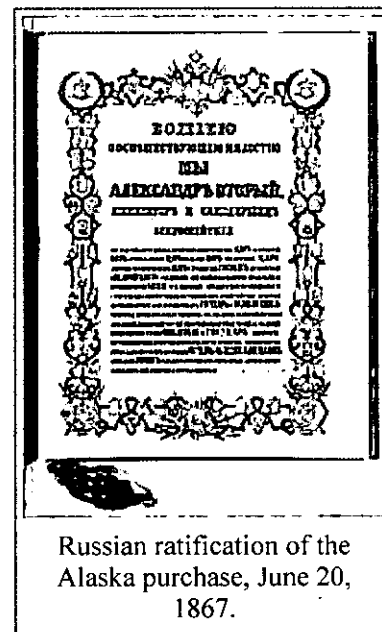
Sumner and Frederick W. Seward.

Seward's Day, in honor of William H. Seward, is a holiday in Alaska on the last Monday of March which celebrates the United States' purchase of Alaska from Russia. Seward's Day is also an alcohol-free day in many cities such as Ketchikan, one of the major cities of the Alaska Panhandle — though the one-day alcohol ban is not observed in all cities.

## Ratification and enactment

The United States Senate ratified the treaty on April 9, 1867, by a vote of 37 to 2. However, the appropriation of money needed to purchase Alaska was delayed by more than a year due to opposition in the House of Representatives. The House finally approved the appropriation in July 1868, by a vote of 113 to 48.<sup>[6]</sup>

Sumner reported Russian estimates that Alaska contained about 2,500 Russians and those of mixed race, and 8,000 aborigines, in all about 10,000 people under the direct government of the Russian fur company, and possibly 50,000 Eskimos and Native Americans living outside its jurisdiction. The Russians were settled at 23 trading posts, placed conveniently on the islands and coasts. At smaller stations only four or five Russians were stationed to collect furs from the Indians for storage and shipment when the company's boats arrived to take it away. There were two larger towns, New Archangel, now named Sitka, which had been established in 1804 to handle the valuable trade in the skins of the sea otter. It contained 116 small log cabins with 968 residents. The second town was St. Paul in the Pribilof Islands, with 100 homes and 283 people. It was the center of the fur seal industry.



Russian ratification of the Alaska purchase, June 20, 1867.

An Aleut name, "Alaska" was chosen by the Americans. The transfer ceremony took place in Sitka on October 18, 1867. Russian and American soldiers paraded in front of the governor's house; the Russian flag was lowered and the American flag raised amid peals of artillery. Captain Alexis Pestchouroff said, "General Rousseau, by authority from His Majesty, the Emperor of Russia, I transfer to the United States the territory of Alaska." General Lovell Rousseau accepted the territory. A number of forts, blockhouses and timber buildings were made over to the Americans. The troops occupied the barracks; General Jefferson C. Davis established his residence in the governor's house, and most of the Russian citizens went home, leaving a few traders and priests who chose to remain.

Alaska Day celebrates the formal transfer of Alaska from Russia to the United States, which took place on October 18, 1867. Currently, Alaska celebrates the purchase on Seward's Day, the last Monday of

March.

(\*October 18, 1867, was by the Gregorian calendar and a clock time 9:01:20 behind Greenwich, which came into effect the following day in Alaska to replace the Julian calendar and a clock time 14:58:40 *ahead* of Greenwich. For the Russians, the handover was on October 7, 1867.)

## Alaska purchase as a propaganda subject

The transfer of the Territory of Alaska in 1867 to the United States of America by Tsarist Russia, a transaction historically purported as an intrinsically legal sale, was claimed to be only a lease by Professor Igor Panarin, former KGB analyst<sup>[7]</sup>, in an interview with *Izvestia* published on Monday, November 24, 2008. However, there is no mention of a time period nor a lease in the original treaty document in which Russia ceded the territory to the United States.<sup>[8]</sup>

## See also

- Adams-Onís Treaty
- Louisiana purchase

## Notes

1. ^ Seward, Frederick W., *Seward at Washington as Senator and Secretary of State*. Volume: 3, 1891, p. 348
2. ^ <http://www.measuringworth.com/ppowerus/>
3. ^ Oberholtzer, Ellis Paxson. *A History of the United States since the Civil War*. Volume: 1. 1917. p. 123
4. ^ Have you been to the "polar bear garden"? The loc.gov Wise Guide
5. ^ Oberholtzer, Ellis Paxson. *A History of the United States since the Civil War*. Volume: 1. 1917. p. 544-5
6. ^ "Treaty with Russia for the Purchase of Alaska: Primary Documents of American History (Virtual Programs & Services, Library of Congress)". Loc.gov. <http://www.loc.gov/rr/program/bib/ourdocs/Alaska.html>. Retrieved on 15 September 2008.
7. ^ Russian Scholar and KGB analyst Panarin predicts USA kaput in 2010
8. ^ "A Century of Lawmaking for a New Nation: U.S. Congressional Documents and Debates, 1774 - 1875 - Treaty With Russia. March 30, 1867 English/French, image". Loc.gov. <http://memory.loc.gov/cgi-bin/ampage?collId=llsl&fileName=015/llsl015.db&recNum=572>. Retrieved on 8 December 2008.

## References

- Jensen, Ronald (1975). *The Alaska Purchase and Russian-American Relations*.
- Oberholtzer, Ellis (1917). *A History of the United States since the Civil War*. vol 1.
- *Alaska. Speech of William H. Seward at Sitka, August 12, 1869* (1869; Digitized page images & text), primary source.

## External links

- Treaty with Russia for the Purchase of Alaska and related resources at the Library of Congress
- Text of Treaty with Russia
- Meeting of Frontiers, Library of Congress
- Original Document of Check to Purchase Alaska
- US Government article

- Britannica article

Retrieved from "[http://en.wikipedia.org/wiki/Alaska\\_Purchase](http://en.wikipedia.org/wiki/Alaska_Purchase)"

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Hidden categories: [Articles needing additional references from December 2008](#) | [NPOV disputes from December 2008](#) | [All NPOV disputes](#)

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