AKEELA PRESEN-TATION 2011

<TARGET><BILL></BILL><SUBJECT>AKEELA PRESENTATION 2011</SUBJECT><COMM>SHSS27</COMM></TARGET>

AKEELA, INC.

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2011 12.5m

AKEELA, INC. PROGRAMS

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AKEELA, INC.
PROGRAM DESCRIPTIONS

TREATMENT PROGRAMS

ANCHORAGE

Akeela House Recovery Center – Akeela House is a 48-bed adult, co-ed, long-term, residential therapeutic community treatment program serving clients with an ASAM III.5 assessment. The majority are also dually diagnosed so we also provide services for co-occurring disorders. The State funds 20 beds and we have contracts that support an additional five to seven beds. **Funding:** State grant, Federal grant, contract with Federal Parole and Probation, third-party payment and cash including donations supports the program. Address: 2805 Bering St., Anchorage, AK 99503. 907-561-5266.

Stepping Stones Residential Program – Stepping Stones is a long-term treatment program serving women assessed at an ASAM III.3 level and the children who live with their mothers in 15 individual apartments. It serves individuals with co-occurring disorders and it provides day care for the children while mothers are attending treatment. Most of the women are involved with OCS and are working to regain and retain custody of their children. **Funding:** State grant, augmented by Medicaid. Address: 611 W. 47th Avenue, Anchorage, AK, Mailing address: 4111 Minnesota Dr., Anchorage, AK 99503. 907-565-1200.

Akeela Women and Families Program – This program provides outpatient services to women who are assessed at the ASAM I or II.1 level. It offers group and individual counseling for 12 to 18 weeks with an emphasis of relapse prevention. Included is intensive case management for families under the supervision of the Office of Children's Services. **Funding:** State grant augmented by Medicaid and third-party payors. Address: 505 W. Northern Lights Blvd., Anchorage, AK 99503. 907-565-1200.

Akeela Outpatient Program – This is a fee for service program serving men and women who assess at the ASAM I or II.1 level. Available are outpatient and intensive outpatient services that offers group and individual counseling for 12 to 18 weeks with an emphasis on relapse prevention. **Funding:** Third-party payors, contracts with the Federal Bureau of Prisons and Federal Probation and Parole, and self payors augmented by an occasional Medicaid payment. There is no grant support for this program. Address: 3935 Reka Dr., Anchorage, AK 99508. 907-564-7483.

Family Care Court – A division of the Therapeutic Court System, Family Care Court serves women in need of substance use disorder services whose children are wards of the State's Office of Children's Services. They are admitted for treatment at either our women's outpatient or our women's residential program. Family services are provided through this program. **Funding:** Grants support the primary program with treatment

grants and occasional Medicaid augmentation. Address: 4111 Minnesota Dr., Anchorage, AK 99503. 907-565-1200.

Mental Health Outpatient Services – We provide mental health assessments, individual and group counseling and rehabilitation services for all ages. Included are psychiatric services and play and drama therapy with an emphasis on providing a family trauma program serving women and children suffering from trauma. This small program – two staff members – also provides services to treatment clients in our Anchorage based substance abuse programs that need mental health services. **Funding:** Small State grant, Medicaid, and some third-party and cash payments. Address: 3935 Reka Drive, Anchorage, AK 99508. 907-562-7438.

Transitional Housing – Fourteen apartments providing 29 bedrooms are available providing affordable, safe, and drug and alcohol free living for clients coming out of our treatment programs. We support these units with a case manager who works to make sure they are staying clean and sober, coordinates other services for them and assists them to find employment. **Funding:** Rental fee the clients pay augmented by some donations. Address: 4111 Minnesota Dr., Anchorage, AK 99503. 907-565-1200.

KETCHIKAN

Outpatient Substance Use Treatment – The Gateway Center for Human Services provides outpatient services for men, women and juveniles. Service for clients assessed at the ASAM I to II.1 level are provided along with continuing care following treatment. **Funding:** A combination of grant, third-party payors, fees, and Medicaid. Address: 3052 5th Avenue, Ketchikan, AK 99901. 907-225-4135.

KAR House Residential Program – This program serves clients who are assessed at an ASAM III.1 to III.5 level. It is long-term treatment based on the individual progress of each client. KAR House is a small, 12 beds, co-ed program that provides a modified Therapeutic Community modality of therapy, and services for co-occurring disorders. **Funding:** Primarily grant with some donations. Address: 3134 Tongass Avenue, Ketchikan, AK 99901. 907-225-4135.

Gateway Mental Health Services – Gateway serves as a full-service community mental health service for the rural, southeastern section of the State of Alaska. Services include: children, youth and family services with in-school and wrap around services, adult and couples services, individual and group therapy, rehabilitation services, and community support programs for seriously mentally ill with a drop-in day treatment program. **Funding:** A combination of State grant, third-party payors, cash, and Medicaid. Address: 3052 5th Avenue, Ketchikan, AK 99901. 907-225-4135.

Gateway Psychiatric Emergency Services – On-call mental health clinicians are available 24/7 to respond for all ages suffering behavioral health emergencies. The hospital, police and private providers call on them. **Funding:** Primarily the grant.

Address: 3052 5th Avenue, Ketchikan, AK 99901. 907-225-4135.

Horizon House – Mental health services transitional housing is provided in two duplex style apartments providing a total of six bedrooms. The goal is to provide stable housing for mentally fragile adults pending acceptance into permanent housing. **Funding:** Grant, donations, and Medicaid. 1356 Peyton Place, Ketchikan, AK 99901. 907-225-4135.

SPECIALIZED DEPARTMENT of CORRECTIONS TREATMENT PROGRAMS

Intensive Outpatient Programs – Akeela provides intensive outpatient programs to inmates with a substance use disorder who assess at an ASAM II.1 level, at least. The programs is approximately 90 days in length with continuing care coordinated by the primary counselors either at their discharge location or in the prison if they have more time to serve. This service is provided in the following institutions and communities: Anvil Mountain Correctional Center, Nome; Yukon-Kuskokwim Correctional Center, Bethel; Fairbanks Correctional Center, Fairbanks; Palmer Correctional Center, Sutton; Spring Creek Correctional Center, Seward; and Lemon Creek Correctional Center, Juneau. In addition, an intensive outpatient program is provided by our Anchorage outpatient program to inmates living in halfway houses in Anchorage. **Funding:** State contract. Address: 4111 Minnesota Ave., Funding for all are contracts with DOC. Anchorage, AK 99503. 907-565-1200.

Assessment and Referral – We provide assessment and referral services to inmates located in the correctional facilities in Anchorage and in Palmer. Inmates can receive an assessment followed by referral either to institutional located programs if they are facing long term sentences, or they may be referred to substance use programs in the communities to which they will be released. **Funding:** A DOC contract. Address: 4111 Minnesota Dr., Anchorage, AK 99503. 907-565-1200.

Mental Health Emergency Services – Akeela's Gateway Center provides mental health services to inmates of the Ketchikan Correctional Center. The emergency nature of the services makes it an on-call service, so we respond to calls from the institution for support. **Funding:** A DOC contract. Address: 3052 5th Avenue, Ketchikan, AK 99901. 907-565-1200.

INTERVENTION AND PREVENTION PROGRAMS

Alcohol Safety Action Programs (ASAP) – Provided as an intervention program, ASAP addresses driving offenses involving a mind altering substance. Individuals found guilty of a driving offense are screened and referred to a treatment program for an assessment with treatment to follow if the assessment indicates it is needed, or to an alcohol/driving training program. Staff provides case management for the program participants. The program is available to both adults and juveniles. It is provided by us in

Kenai, Homer, and Ketchikan. **Funding:** A small grant augmented by client fees. Address: 4111 Minnesota Dr., Anchorage, AK 99503. 907-565-1200.

Alcohol and Drug Information School – A certified school program is provide to educate individuals found to be driving while impaired or to juveniles involved in underage drinking. The goal is to provide individuals with information that will prevent them from re-offending. The program is provided in Ketchikan and Anchorage. **Funding**: client fees. Address: 4111 Minnesota Dr., Anchorage, AK 99503. 907-565-1200.

Senior Behavioral Health – Started in Anchorage, this program has developed a broad coalition aimed at addressing the use and abuse of drugs and alcohol by senior citizens. Community development is the primary focus of this program with the goal of helping communities all over the State to develop programs to assist seniors in their communities. A major voluntary drug collection effort was a significant project this year. **Funding:** A State grant and donations. Address: 4111 Minnesota Dr., Anchorage, AK 99503. 907-565-1200.

Harmful Legal Product – This program is a NIDA funded project that operates in 16 rural communities in Alaska from Stebbin in the Northwest to Petersburg in the Southeast. The goal is to work with communities and schools to identify the numerous aerosol products that can be harmful if misused and to develop methods of discouraging and decreasing usage. **Funding** is a Federal grant that comes to us as a contract under the primary grant operated by the Pacific Institute of Research and Evaluation. Address: 4111 Minnesota Dr., Anchorage, AK 99503. 907-565-1200.

Tobacco Prevention – Akeela operates a program in Anchorage aimed at providing cessation activities for programs such as substance abuse treatment programs in which tobacco use is prevalent. Educational efforts and aids such as patches and supportive medical assistance are made available. **Funding:** A State grant augmented by donations. Address: 4111 Minnesota Dr., Anchorage, AK 99503. 907-565-1200.

State treatment grants all require the grant recipient to provide a 33% match that cannot be provided by another State or Federal grant. The prevention grants require a minimum of a 10% match depending on the specific grant. This means that minimally all treatment grants are leveraged up to a third; $100 becomes $133 in service. State grants also provide the base from which we can contract to provide services thereby increasing the amount of services available throughout the State.

STATE OF ALASKA

Department of Health & Social Services

NOTIFICATION OF GRANT AWARD

PROGRAM	Community Services	GRANT NUMBER	06-2461

Approved Budget Period for FY-92; Start: 7-1-91 - End: 6-30-92

Type of Grant or Action:

New or Renewal [X] Revision of Earlier Grant [ ]

Name and Address of Project	*	Name and Address of Grantee
Akeela House, Incorporated	*	Akeela House, Incorporated
2804 Bering Street	*	2804 Bering Street
Anchorage, Ak 99503	*	Anchorage, Ak 99503
	*	
(907) 561-5266	*	(907) 561-5266

APPROVED BUDGET

Cost Category	State Grant Award*	Required State Match Cash	Required State Match In-Kind	Grant Income Cash	Grant Income In-Kind	Total Project Cost
Personal Services	527,801	15,000				542,801
Travel	8,700					8,700
Facility Expense	44,308		12,000			56,308
Supplies	14,900		43,504			58,404
Equipment	12,169		4,300			16,469
Other Direct Exp	74,361		1,000			75,361
Total Direct	682,239	15,000	60,804	0	0	758,043
Indirect Expense N/A	0					0
Total Cost	682,239	15,000	60,804	0	0	758,043

*This may include Federal funds appropriated by State Legislature.

GRANT CALCULATION

State Funds *	$	682,239
Total Match	$	75,804
Total	$	758,043

Ref: FY 91 Boards' Minutes and Commissioner's final decision dated: 6/24/91

FUNDING SOURCE	CODE	AMOUNT	PERCENTAGE	COMMENT
MHT/GF	06-33-7-300-77520	$52,989	7.77%	
FED/DRUG	06-33-7-525-77520	$154,590	22.66%	
FED/IV-SET	06-33-7-526-77520	$59,591	8.73%	
FED/DRUG	06-33-7-225-77520	$324,680	47.59%	
FED/IV-SET	06-33-7-226-77520	$90,389	13.25%	

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES
GRANTS & CONTRACTS
GRANT AGREEMENT

Program Name		Grant Number	602-10-230
Comprehensive Behavioral Health Treatment and Recovery Program		State Fiscal Year	2010
Approved Grant Project Budget Period			
Beginnning	07/01/2009	Issue Date	06/29/2009
Ending	06/30/2010	Amount	$681,225
Grant Duration	Year 1 of 3	Grant Administrator	Myra Pugh
Name and Mailing Address of Grantee		**Facility/Project Location**	
Akeela, Inc. 4111 Minnesota Drive Anchorage, AK 99503		Anchorage	
Phone Number	907/565-1215	Grantee Project Director	Rosalie Nadeau
Fax Number	907/258-6052	Email Address	rnadeau@akeela.org

APPROVED GRANT PROJECT BUDGET

Cost Category	Grant Award		Match		Total Project Cost
	Primary Award	Secondary Award	Required Match	Additional Match / Project Support	
Personal Services	$681,225	$0	$227,075	$0	$908,300
Travel	$0	$0	$0	$0	$0
Facility	$0	$0	$0	$0	$0
Supplies	$0	$0	$0	$0	$0
Equipment	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Total Direct Costs	$681,225	$0	$227,075	$0	$908,300
Indirect	$0	$0	$0	$0	$0
Total Costs	$681,225	$0	$227,075	$0	$908,300

Agencies expending $500,000 or more total federal financial assistance in a fiscal year may be required to comply with the Federal Single Audit Act. This grant contains $267,566 in federal funds, identified by CFDA number below.

I certify that I am authorized to negotiate, execute, and administer this agreement on behalf of the agency named above, and hereby consent to the terms and conditions of this agreement including all articles listed on all pages, and all appendices and attachments.

Authorized Grantee Representative: Rosalie Nadeau, Executive Director	Date
X Rosalie Nadeau	7-9-09
Authorized DHSS Representative: Darla Madden, Chief Grants and Contracts Support Team	**Date**
X	

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES
GRANTS & CONTRACTS
GRANT AGREEMENT

Program Name		**Grant Award Number**	602-11-230
Comprehensive Behavioral Health Treatment and Recovery Program		**Fiscal Year**	2011
Approved Grant Project Budget Period			
Beginning	7/1/2010	**Issue Date**	7/6/2010
Ending	6/30/2011	**Amount**	$696,225
Grant Duration	Year 2 of 3	**Grant Administrator**	Myra Pugh
Name and Mailing Address of Grantee		**Facility/Project Location**	
Akeela, Inc. 4111 Minnesota Drive Anchorage, AK 99503		Anchorage	
Phone Number	(907) 565-1200	**Grantee Project Director**	Patrick Ventgen
Fax Number	(907) 258-6052	**Email Address**	pventgen@akeela.org

APPROVED GRANT PROJECT BUDGET

Cost Category	Grant Award		Match		Total Project Cost
	Primary Award	Secondary Award	Required Match	Additional Match / Project Support	
Personal Services	$344,357	$0	$5,000	$110,341	$459,698
Travel	$0	$0	$12,000	$7,605	$19,605
Facility	$115,012	$0	$112,000	$1,466	$228,478
Supplies	$41,887	$0	$86,142	$38,813	$166,842
Equipment	$26,819	$0	$1,500	$0	$28,319
Other	$28,438	$0	$3,000	$20,830	$52,268
Total Direct Costs	$556,513	$0	$219,642	$179,055	$955,210
Indirect	$139,712	$0	$12,433	$47,486	$199,631
Total Costs	$696,225	$0	$232,075	$226,541	$1,154,841

Agencies expending $500,000 or more total federal financial assistance in a fiscal year may be required to comply with the Federal Single Audit Act. This grant contains $267,566 in federal funds, identified by CFDA number below.

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Authorized Grantee Representative: Rosalie Nadeau, Executive Director	Date
X	7.7.10
Authorized DHSS Representative: Darla Madden, Chief Grants and Contracts Support Team	**Date**
X	7/9/10

Databases, Tables & Calculators by Subject

CPI Inflation Calculator

CPI Inflation Calculator

$ 682,239.00

in 1992

Has the same buying power as:

$1,065,805.14

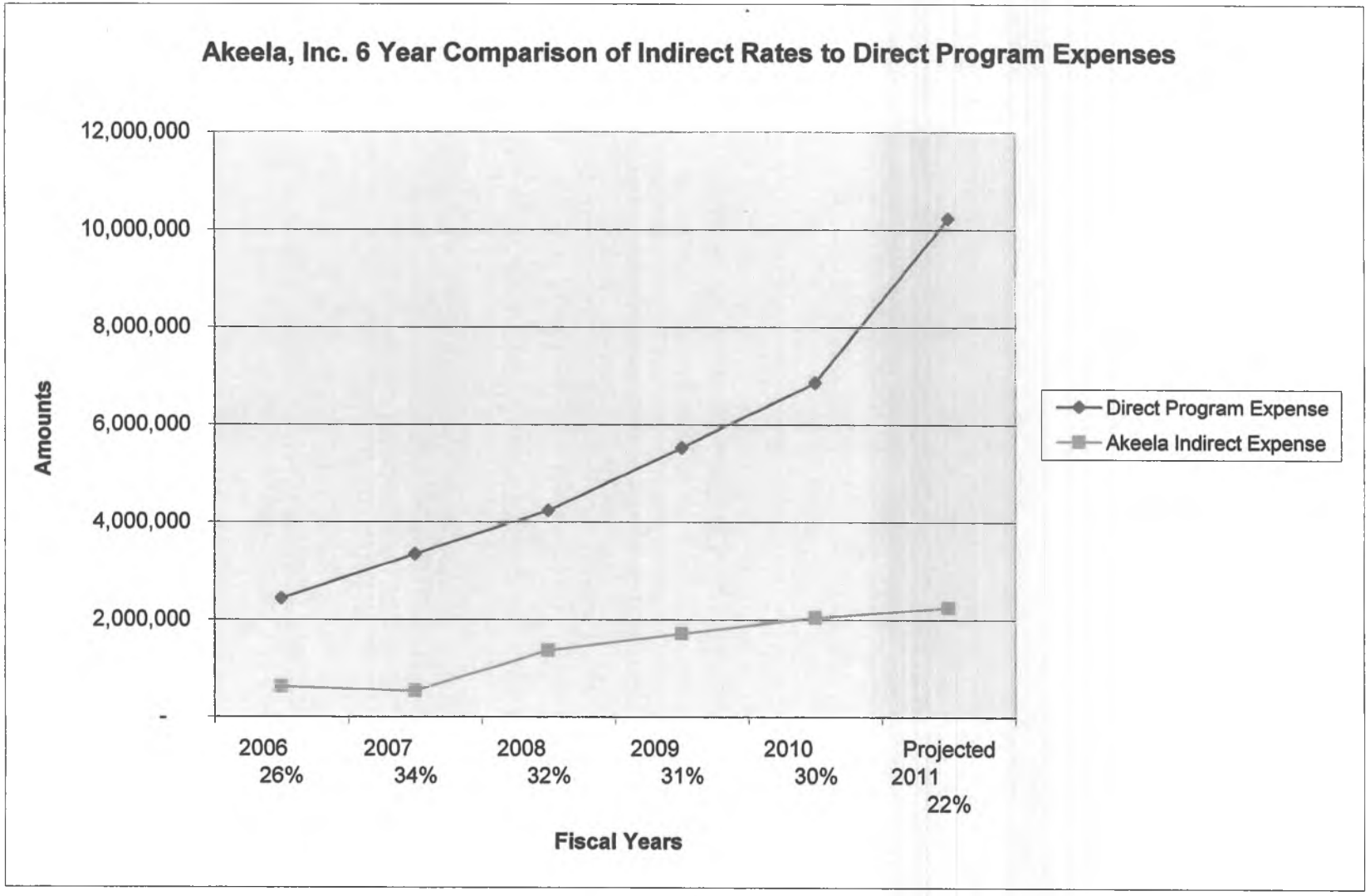
in 2010

Calculate

About this calculator
Mobile Browser? View full screen.

About the CPI Inflation Calculator

The CPI inflation calculator uses the average Consumer Price Index for a given calendar year. This data represents changes in prices of all goods and services purchased for consumption by urban households. This index value has been


Akeela, Inc. 6 Year Comparison of Indirect Rates to Direct Program Expenses
12,000,000
10,000,000
8,000,000
6,000,000
4,000,000
2,000,000
-
Amounts
2006
26%
2007
34%
2008
32%
2009
31%
2010
30%
Projected
2011
22%
Fiscal Years
Direct Program Expense
Akeela Indirect Expense

COST REDUCTION THROUGH CONSOLIDATION

The Governor, Commissioner of Health and Social Services, and the Legislature have all expressed concerns about budget containment. Let me offer, to quote a famous author, "A Modest Proposal." Let's look at creative and targeted consolidation of services. By that I do not mean move services out of small communities, but instead move to a system of distance management by which administrative costs can be significantly reduced.

Consolidation has been a key factor in the growth of Akeela over the last 12 years. We believe we have something to add to a conversation on this issue through our experience. In 1999 our Board of Directors' and that of the Alaska Council on the Prevention of Alcoholism and Drug Abuse agreed to merge. That brought two organizations that each had a budget of a little over $1,000,000 under one umbrella. Akeela was the remainder corporation. One executive director and one whole finance office went away leaving us more funds to spend on program. We spent about five years solidifying our services, learning to manage related but different programs, and upgrading systems to make it easier to manage the very diverse programs.

In 2005, we were approached by the Alaska Women's Resource Center (AWRC) about assuming management of its programs. We did so under a contract in early FY-2006 and in the spring of that year after significant analysis, their Board agreed that the best way to preserve their programs was to dissolve the corporation and asked the State to move those grants to us because we had been operating them for most of the year. That was done on April 1, 2006. In the meantime, we had purchased a small, for-profit outpatient substance abuse program in Anchorage in the fall 2005. That meant two executive directors and two financial operations disappeared allowing more funds to be spent on services.

Last fiscal year – May 1, 2010 – we assumed the operation of the Gateway Center for Human Services in Ketchikan. Again, like with AWRC, we worked closely with the Division of Behavioral Health and the City of Ketchikan, the manager of the Gateway programs. We moved all fiscal management under our corporate finance office and retained one administrator and a clinical director thereby eliminating several high cost positions.

We believe we have developed a process that can allow the same funds to serve more clients by using fewer on-site administrators. One Executive Director and one finance director now run the business and financial operation of what were five different corporate entities. Too often small, rural providers have too little money to provide the necessary administration and program services. They attempt to do so by having their administrators double as direct service staff. Most cannot do both jobs, and the agencies suffer as do the clients they serve. In addition, as we look at reductions in funding, small organizations will be forced out of business because they have no place to cut. Add to this dilemma the issue of increasing demands for positive outcomes. With the demand for administration and direct service, small organizations are pressed to demonstrate that they do produce positive outcomes. Thoughtful consolidation could preserve services.

Adding to the pressures all Behavioral Health corporations, especially small ones, feel is the State's demand, as written into the proposed Behavioral Health Regulations that every agency achieves accreditation from a National accrediting agency. This is a $20,000 plus unfunded mandate. While I understand the importance of National Accreditation – Akeela has been nationally accredited since 1997 – for organizations that have seen their funding either flat or reduced for years, funding the effort is a major fiscal hit. We face the same expense, but because our programs are the result of significant consolidation, we pay much less than if all five organizations had a separate accreditation review. We also are better staffed to successfully negotiate the demands of accrediting organizations.

Another factor in adding to the costs, especially for substance abuse providers, is adoption of the new Behavioral Health Regulations. Ten years ago we were mental health services or substance abuse services, not behavioral health services. The staff qualifications for each were very different as were the salary scales. Substance abuse programs with flat or reduced budgets have struggled to employ clinical staff that can serve the more complex clients we are all beginning to see. Akeela has been working to employ staff that meet the higher qualifications required to provide services to dually diagnosed clients, but the Division has never moved to provide specific substance abuse increases to allow agencies to upgrade the staff. That makes us one of the few organizations with a large substance abuse programs that has aggressively move to add increasingly better prepared staff. We believe our move to consolidation has made upgrading staff possible.

COST EFFECTIVENESS STUDY

"A study in Washington State found that drug treatment in the community produces $18.52 in public safety benefits in terms of reduced crime for every dollar spent, whereas treatment in prison produced only $5.88 in benefits, and drug courts less than $2.10 in benefits for every dollar spent."
Tracy Velazquez, Executive Director, Justice Policy Institute [December 27, 2010]

Treatment or Incarceration? National and State Findings on the Efficacy and Cost Savings of Drug Treatment Versus Imprisonment by Doug McVay, Vincent Schiraldi, and Jason Ziedenberg January 2004, pages 6-7:

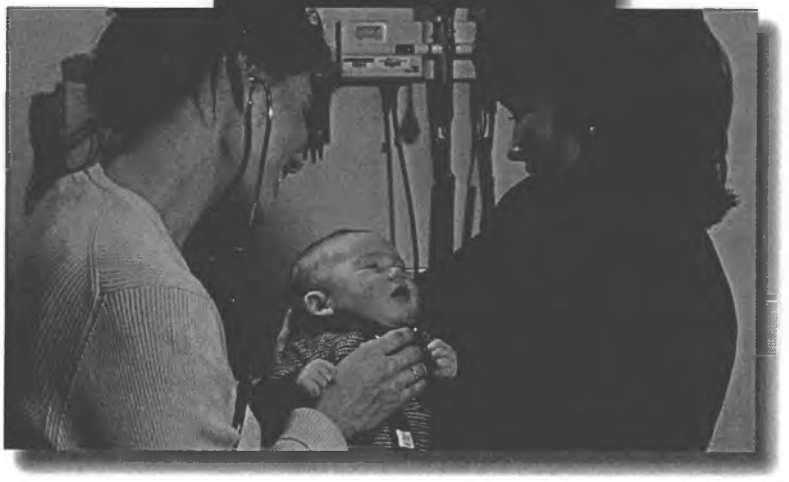
"The Washington State Institute for Public Policy (WSIPP), which does an annual analysis of Washington state and other jurisdictions' criminal justice programs, frames the question of cost-benefits for the state policy makers as, what is the benefit of each dollar of criminal justice programming spending as measured for taxpayers by program costs, and for crime victims by lower crime rates, and less recidivism.

"Drug treatment in prison-such as in-prison therapeutic community programming, or that same program with community aftercare after the person leaves prison-yields a benefit of between $1.91 and $2.69 for every dollar spent on them. By contrast, therapeutic community programs outside of prison-typically work release facilities-yielded $8.87 of benefit for every program dollar spent. The reason for the difference versus in prison treatment programs was mainly due to higher program completion rates and lower recidivism. In writing of the non-prison therapeutic community option, WSIPP writes "the economics of this approach appear quite attractive." Other kinds of non-prison programs also yielded significant benefits. Community-based substance abuse treatment generated $3.30 of benefit for every dollar spent, while drug courts yielded $2.83 for every dollar spent. Treatment oriented intensive supervision programs yielded $2.45 worth of benefit for every dollar spent, and was far more cost effective than simple supervision without treatment."

Here's the link to the study:
http://www.justicepolicy.org/images/upload/04-01_REP_MDTreatmentorIncarceration_AC-DP.pdf ;

Experience our

Culture of Caring



Alaska Health Programs

Office of Health
Programs Development
UNIVERSITY of ALASKA ANCHORAGE

Jan Harris, MSHA, FACHE
Vice Provost, Health Programs

T 907.786.4595 • F 907.786.6511
anjch1@uaa.alaska.edu
www.uaa.alaska.edu/hpd

Physical Address
Diplomacy Building, Suite 402
4500 Diplomacy Drive

Mailing Address
3211 Providence Drive
Anchorage, AK 99508-4614

Training Collaborative

The following organizations provide support, training and education for the workforce and provider agencies serving Trust beneficiaries.

Trust Training Cooperative (TTC)

The TTC promotes career development opportunities for direct service workers and their supervisors by ensuring that technical assistance and training is accessible and coordinated. To learn more, visit **www.trusttrainingcoop.org**. The TTC also provides a Learning Management System, a web-based, one-stop shop for professional training opportunities with an on-line training catalog, registration and tracking of a user's training, conferences and educational participation in an E-Portfolio. See **www.ttclms.org** for details.

Alaska Rural Behavioral Health Training Academy

Alaska Rural Behavioral Health Academy (ARBHA)
ARBHA's mission is to develop and provide training for the behavioral health workforce primarily working in or serving rural Alaska. This University of Alaska Fairbanks based program offers training activities statewide via face-to-face, telebehavioral health, and hybrid delivery models and modalities. While the ARBHTA serves an array of service providers, its target group includes mid and upper-level clinicians, supervisors, and program directors. For more information, visit **www.uaf.edu/arbhta**

Alaska Alliance for Direct Service Careers

Alaska Alliance for Direct Service Careers (AADSC)
AADSC works to improve the flow of information to direct service professionals and the organizations that employ them. AADSC is focused on increasing the awareness of the industry statewide; working to help agencies recruit via a statewide job bank; and helping agencies reduce turnover via technical assistance on recruitment and retention issues. For more information, visit **www.aadsc.org**

Workforce Crisis

Alaska is experiencing a workforce crisis that affects home and community-based health and behavioral health services. Issues pertaining to wages and benefits, recruitment and retention, and training and education impact the accessibility and effectiveness of these services to all Alaskans, especially beneficiaries of the Alaska Mental Health Trust. These beneficiaries include people with:

- Mental illness
- Developmental disabilities
- Chronic alcoholism
- Alzheimer's disease and related dementia.

Growing Alaska's Workforce

To address these problems, The Trust has developed and funds the Workforce Development Focus Area, which aims to develop a capable, culturally competent workforce that can support the communities and families of Trust beneficiaries. The Trust has partnered with the University of Alaska, Alaska Department of Health & Social Services, Alaska Department of Labor & Workforce Development and service providers from across the state to address workforce issues.

For more information, contact Kathy Craft:
907-450-8048
kathryn.craft@alaska.gov

The TRUST
The Alaska Mental Health Trust Authority
www.mhtrust.org

Alaska Psychiatry Residency

- Alaska currently has a critical shortage of at least 25-30 psychiatrists, a deficit of 30%-40%. 40% of Alaska psychiatrists are 50 years of age or older and 29% may retire within five years.

- Four Anchorage health care organizations spent $2.9 million in 2009 for temporary psychiatrists.

- This critical shortage adversely impacts health care access, quality, cost, and outcomes across the continuum of care.

- A coalition of federal and state agencies, hospitals and providers, and the University of Alaska recommend partnering with the University of Washington to create the Alaska Psychiatry Residency.

- The Alaska Psychiatry Residency will emphasize primary care integration, telebehavioral health, and rural consultation.

- There will be 11 residents in training with three graduating annually. The final two years will be in Alaska increasing the likelihood graduates remain in Alaska.

- Stakeholders have promised $2.88 million for the first five years (FY12 – FY16) and more than $500,000 annually beginning year six (FY17). The Governor has included $202,000 in FY12.

- The balance remaining is $3.62 million across the first five years (FY12 – FY16) and $1.62 million annually beginning year six (FY17).

- Alaska is ineligible for new Medicare graduate medical education funding because a cap was imposed in 1997. Medicare is the largest funder of graduate medical education ($8.8 billion in 2007).

- Partners include:
  - Alaska Family Medicine Residency
  - Alaska Federal Health Care Partnership
  - Alaska Mental Health Trust Authority
  - Alaska Psychiatric Foundation
  - Alaska Psychiatric Institute
  - Alaska Veterans Affairs Healthcare System
  - Anchorage Community Mental Health Services
  - Fairbanks Memorial Hospital
  - Joint Base Elmendorf Richardson
  - North Star Behavioral Health Systems
  - Providence Health & Services Alaska
  - Southcentral Foundation
  - Southeast Alaska Regional Health Corporation
  - Tanana Chiefs Conference

Summary: HB 78 Incentives for Certain Medical Providers

Sponsored by Representative Bob Herron

Health Care Professions Loan Repayment & Incentive Program

The following organizations support the loan repayment and incentive solution as outlined in HB 78 Incentives for Certain Medical Providers:

Alaska State Medical Association • Alaska Dental Society • Alaska Primary Care Association • Alaska Osteopathic Medical Association • Alaska State Hospital and Nursing Home Association • Alaska Mental Health Trust Authority • Alaska Native Health Board • Alaska Pharmacists Association • Alaska Physical Therapy Association • AARP-Alaska • Advisory Board on Alcoholism and Drug Abuse • Alaska Behavioral Health Association • Alaska Mental Health Board • Alaska Mental Health Trust Authority • Alaska Public Health Association • Alaska Hygienists Association • Commonwealth North • Iliuliuk Family and Health Services, Inc. • Maniilaq Association • Municipality of Anchorage Senior Citizens Advisory Board • Mary Willard, DDS, Clinical Site Director, Alaska Native Tribal Health Consortium • Alaska Chapter National Association of Social Workers • Nome Eskimo Community • SEARHC • School of Social Work-UA • Dental Hygiene Program-UA • Sunshine Community Health Center

Problem:

Having a sustainable and competent practitioner workforce is vital to the health of Alaskans. However, Alaska is at a serious disadvantage as it competes in the national health care labor market. In other states, "support-for-service programs" (SFSPs) have shown substantial and long-standing success as a cost-effective strategy to address shortages (e.g., loan repayment and direct incentive). A key problem is that Alaska does not have a robust SFSP while 47 other states have one or more SFSPs.

Solution:

The Health Care Professions Loan Repayment and Incentive Program, as outlined in Representative Herron's HB 78 will make Alaskan health care employment competitive and attractive enough for practitioners to want to work in Alaska, particularly in hard-to-fill localities. State funds will be used to ensure that Alaskans with the greatest difficulty in obtaining care due to limited financial resources, cultural barriers, and geography will have access to professional health care services.

Program Description:

1) **Practitioner Eligibility**
   - DHSS Commissioner will annually prioritize the 10 eligible practitioner types:
     - Tier-1: Dentists, Pharmacists, Physicians (MD and DO)
     - Tier-2: Dental Hygienists, Nurse Practitioners, Nurses (RN), Physical Therapists, Physician Assistants, Psychologists, Social Workers (LCSW)
   - A practitioner's clinical duties must constitute at least 50% of duties to be eligible.
   - A part-time practitioner may participate and be eligible for pro-rated payments.
   - Preference may be given to current Alaskan residents.

2) **Payment Detail**
   - Placement Type

		Regular		Hard-to-Fill
Tier 1:	up to	$35,000/year	up to	$47,000/year
Tier 2:	up to	$20,000/year	up to	$27,000/year

   - Duration of award is for a 3-year period of service.
   - Payments will be made every quarter following a completed full quarter of service.

3) **Site Eligibility**
   - DHSS Commissioner will rank eligibility of sites annually and determine any area and/or population in Alaska as a "shortage priority." These may include, but are not limited to, federally defined Health Professional Shortage Areas.
   - Preference will be given to sites that provide care to individuals regardless of insurance status, including persons who are uninsured or have Medicare and/or Medicaid.

4) **Oversight Entity**
   - Department of Health & Social Services will serve as the Oversight Entity.
   - DHSS Commissioner will appoint an advisory body to make recommendations regarding program administration including the identification of shortages, eligible sites, payment priorities and program evaluation.

5) **Program Evaluation**
   - By January 1, 2019, DHSS will submit a report to the Legislature on the program: the participation rates, costs, and the effect on the health care profession shortage areas.

6) **Fiscal Agent**
   - DHSS will serve as Fiscal Agent. DHSS will make loan repayments to the lending institution or eligible practitioners and will make incentive payments to eligible practitioners.

7) **Funding**
   - An in-cash "employer match" is required and is paid on a quarterly basis by eligible sites to DHSS. The level of required match will be adjusted according to the ability of the eligible site to contribute and may be set between 0% and 50%.
   - Program funds will not be used to offset current or expected provider supports.
   - The DHSS Commissioner will reserve funding for not fewer than three very-hard-to fill positions in each of the tier 1 and tier 2 categories.
   - The fiscal note has not yet been released but the expected funding for FY12 is $2.7 million to fund 90 participants for year 1 of their 3 years of service; that is, approximately 9 practitioners in each of 10 occupational categories.

For more information re: HB 78, please contact Shelley Hughes / Alaska Primary Care Association at Shelley@alaskapca.org or 907-841-1634.

RRANN

Recruitment and Retention of Alaska Natives into Nursing

MEETING A NEED

In rural Alaska, the ongoing, well documented shortage of qualified nursing professionals is compounded by a need for nurses who speak indigenous Native languages and are attuned to the cultural traditions and sensibilities of their patients. Honoring the past while working toward the future, RRANN plays an integral part in meeting Alaska's burgeoning need for qualified nurses, and is the key to helping many individual Alaskans to achieve their dreams.

UAA recognizes that Alaska Native students, while deeply motivated to succeed, face unique challenges on their way to meeting their goals. The RRANN program was initiated to increase the number of Alaska Native and American Indian nurses in the state by providing assistance and support, beginning with advice on preparing for college, and following through to include creating a sense of community on campus.

In just its first two years, the program had already successfully doubled the percentage of Alaska Native nurses in the state. But there's still a long way to go.

"I can honestly say that if it had not been for the support of the RRANN program, I would have given up ... "

Michelle Cooper ('08, B.S. Nursing), RRANN graduate

"Recruitment and Retention of Alaska Natives into Nursing opened a door for me to be involved with the community at UAA. It made me feel like a part of a community, like I did in the Kotzebue community. I was able to form lasting relationships and share my culture with other nursing students. I also spent time talking to pre-major nursing students about the program, mentoring them and encouraging them not to give up. The only way to get through the program is to have a sense of community and support."

Marjorie Bolton-Baldwin ('10, B.S. Nursing), RRANN graduate

ACHIEVING A BALANCE

Alaska Natives and American Indians account for about 16 percent of Alaska's population, yet less than 3 percent of nursing professionals fall into that group. To address this disparity, RRANN offers help to prospective students in planning for admission to UAA, as well as information about nursing degree programs and course requirements. Through RRANN, students have access to tutoring, financial aid and on-campus housing options tailored to their needs.

"I now find myself encouraging others to enter the nursing field. I tell them, 'Your hard work will pay off in the end.'"

Andrea Moses ('08, B.S. Nursing) RRANN graduate, currently working at Alaska Native Medical Center

SHOWING THE WAY

In the RRANN program, individual success breeds success for the entire community, with program graduates not only serving as role models for new recruits, but also going on to actively mentor new students in the program.

"My incentive to become a nurse derived from my relationship with my grandmother ... I firmly believe there is more happiness in giving than receiving and I'm ready to spend the rest of my life giving to people as a nurse."

Debra Snider ('05, A.A.S. Nursing), RRANN graduate

"A lack of educational resources in rural Alaska puts many intelligent students at a disadvantage for pursuing their dreams of college and careers. RRANN's pre-nursing support services are designed to help level that playing field, and expand opportunities for success."

Jackie Pflaum, RNC, DNSC, RRANN Project Director/Associate Vice Provost for Health Professions Development

SUCCESS BY THE NUMBERS

Over 120 Alaska Native and American Indian students have graduated from UAA's nursing programs since the inception of RRANN. Looking toward the future, 35 RRANN students are currently in the clinical portion of their nursing studies and are on track to obtain their degrees in the next three years. At least 70 additional students are immersed in their pre-clinical studies.

"My goal is to return to rural Alaska and promote healthier lifestyles, as well as spread awareness about the various diseases that are devastating our villages."

Chelsea Royal, Upper Kuskokwim Athabaskan Pre-nursing Student, RRANN program

UAA
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ANCHORAGE

For more information about UAA's Office of Health Programs Development, visit http://www.uaa.alaska.edu/hpd/.
To learn how to support UAA's health programs, contact Ivy Spohnholz at (907) 786-1944 or anias2@uaa.alaska.edu

UAA

Health Programs

Health Sciences Building

Health Sciences Building Operating & Maintenance

$591.0 - Regents Budget

Health Sciences Building Staffing

$392.6 - Regents Budget

Above: UAA's HSB will open in August 2011. FY12 request ensures building is fully operational with funding to ensure there is adequate funding for utilities, cleaning and all-season ground maintenance. This is included in the govenor's budget.

Right: Also needed are four positions in support of interdisciplinery clinical simulation laboratories onsite and the distance delivery of simulation statewide. This is not included in the govenor's budget.

Demand for health care workers in Alaska is expected to grow faster than any other employment sector over the next decade. According to the Anchorage Economic Development Corporation's annual report regarding employment, 45 percent of Anchorage's net job growth occurred in health care since 2002 (that's 4,600 new jobs). The same report states that health care jobs increased by 500 in 2010 alone, and forecasts that growth of 300 more in 2011.

In response to the state's growing need for well educated and trained health care professionals, UAA will open its new Health Sciences Building (HSB) in August 2011.

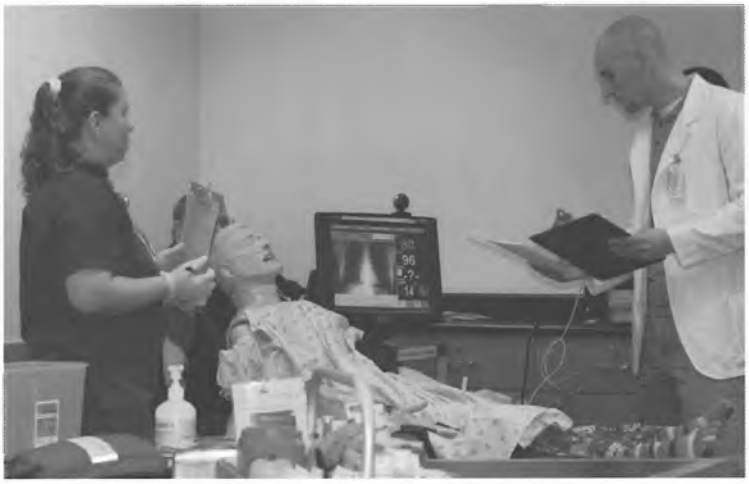
About the HSB

This 66,000-square-foot facility will provide much-needed laboratory space as well as education and instructional space for the health sciences programs.

The building is situated across Providence Drive from the Anchorage campus and will house the following programs:

- medical
- nursing
- clinical laboratory
- physician assistant

Co-location of these programs will provide for efficiency of scale, as well as provide opportunities for interdisciplinary education.



The building will feature:

- Distance classrooms to connect students from rural communities
- Clinical and instructional laboratories and classrooms
- Faculty and staff offices
- Instructional spaces designed for interactive learning, simulation of real-life clinical situations and collaborative hands-on experiences

The facility will allow students an opportunity to integrate theory and practice, think critically and ensure patient safety.

This request covers maintenance and repair needs and the operations component, which are undeniably critical to the building's opening.

Also needed are several positions included in the FY12 High-Priority Program requests.

UAA
UNIVERSITY *of* ALASKA
ANCHORAGE

For more information about UAA's Office of Health Programs Development, visit http://www.uaa.alaska.edu/hpd/.
To learn how to support UAA's health programs, contact Ivy Spohnholz at (907) 786-1944 or ivys@uaa.alaska.edu.

Alaska's AHEC Program

2011 Legislative Session Talking Points

Engage

Train

Recruit

Retain

Summary of request

Alaska's Area Health Education Centers, known as AHEC, with our supporting partners request $500,000 to continue healthcare workforce development activities. As part of the Federal AHEC funding awarded to Alaska in 2005, there is an expectation that states will pick up the funding as federal monies diminish – beginning in September 2011. ($125,000 x 4 Centers; excluding Northwest AHEC)

Background

AHEC is a statewide university-healthcare industry partnership focused on strengthening Alaska's health workforce across the spectrum from "pipeline to placement."

- Since 2005, host organizations have invested a 1:1 match with federal HRSA funds in the Alaska AHEC. **In FY2011, this investment totals more than $1.6 million dollars.** Partners are:
  - Yukon Kuskokwim Health Corporation (YK AHEC)
  - Providence Health & Services Alaska (South Central AHEC)
  - Fairbanks Memorial Hospital (Interior AHEC)
  - Southeast Alaska Regional Health Consortium (Southeast AHEC)
  - Ilisagvik College (Northwest AHEC)

Program highlights

- **Engaging Alaskans into health careers & guiding them into the workforce.**
  - In 2010, *Alaska's AHEC Program touched 4,907 K-12 students, adults, educators and parents in part through partnerships with*:
    - Secondary Career & Technical Education Programs i.e. Alaska Health Careers Academy
    - UAA & UAF programs i.e. U/DOC Della Keats, Pre-Med Summit, Alaska Summer Research Academy
    - Teacher-Industry Externships with UAA & Department of Labor
    - Health Occupations Students of America (HOSA)
    - Maintaining the http://www.healthcareersinalaska.info website
- **Training health professions students through on-site clinical rotations and exposing them to Alaska's hardest-to-fill vacancies**
  - Since 2005, *AHEC supported clinical rotations for 2,419 non-duplicated health programs students*
  - Multi-disciplinary support: allied health, behavioral health, physicians, pharmacy, nursing, therapies, and social work
- **Retaining Alaska's rural health workforce by assessing their needs and increasing access to Continuing Education opportunities**
  - In 2010, *AHEC supported over 6,000 contact hours of CE/CME*
  - Developing preceptor/mentor certification in coordination with UAS & the Alaska Coalition of Educators (ACE)

Contact: Katy Branch, Director, Alaska's AHEC Program Office, 907.786.6705 or ankeb@uaa.alaska.edu

Alaska Commission on Aging
2010 SURVEY OF OLDER ALASKANS

(Do you have access to a computer? If so, you may complete this survey online by going to our website, www.alaskaaging.org, and clicking on the SURVEY button. Otherwise, mail your completed survey to us in the enclosed postpaid envelope, or send to Alaska Commission on Aging, P.O. Box 110693, Juneau, AK 99811-0693.)

1. Your Age: 72
2. Your Gender: ____ Female ✓ Male
3. Your Race: (Check all that apply.)
   ____ African-American / Black ____ Asian / Pacific Islander
   ____ Alaska Native / American Indian ✓ Caucasian / White
   ____ Other, please specify: _____
4. Your Zip Code: 99577
5. How long have you lived in Alaska?
   ____ All my life (born here) ____ 11 to 20 years
   ✓ More than 40 years ____ 5 to 10 years
   ____ 31 to 40 years ____ Less than 5 years
   ____ 21 to 30 years
6. Would you recommend your community as a good place to live for seniors?
   ✓ Yes, unconditionally ____ Yes, with a few reservations ____ No
7. *Please rate the following senior concerns from 1 to 10 based on how much they affect Alaskan seniors in your opinion. A rating of 10 indicates the issue is of great importance. A rating of 1 indicates the issue is of minor importance. For example, if you feel that fuel costs are a very minor concern, you would circle "1"; if you feel it's a very important issue for seniors, you would circle "10". (You may use the same number more than once.*

	Minor Importance									*Great Importance*
Health care	1	2	(3)	4	5	6	7	8	9	10
Financial security	1	2	(3)	4	5	6	7	8	9	10
Fuel costs	(1)	2	3	4	5	6	7	8	9	10
Transportation	(1)	2	3	4	5	6	7	8	9	10
Having enough food to eat	(1)	2	3	4	5	6	7	8	9	10
Affordable, accessible housing options	(1)	2	3	4	5	6	7	8	9	10
Assisted living facilities providing 24-hour care	(1)	2	3	4	5	6	7	8	9	10
Availability of in-home services for seniors	(1)	2	3	4	5	6	7	8	9	10
Information about programs and services	(1)	2	3	4	5	6	7	8	9	10
Mental health and substance abuse problems	(1)	2	3	4	5	6	7	8	9	10
Help for isolated or depressed seniors	(1)	2	3	4	5	6	7	8	9	10
Senior center with a variety of programs and activities	(1)	2	3	4	5	6	7	8	9	10
Other, please specify: _____	1	2	3	4	5	6	7	8	9	10

8. Do you provide home care for a family member or friend? (Check all that apply.)
   ✓ No
   ___ Yes, a spouse or partner age 60 or older
   ___ Yes, a parent age 60 or older
   ___ Yes, a disabled family member under age 60
   ___ Yes, one or more children or grandchildren under age 18
   ___ Yes, a friend age 60 or older
   ___ No, but I am a long-distance caregiver for an elder who lives elsewhere
   ___ Other, please specify: _____

9. Do you visit your senior center?
   - ___ Yes, regularly – at least twice a month
   - ✓ Yes, occasionally – once a month or less
   - ___ No, I would like to but have difficulty getting to the senior center
   - ___ No, I am not interested in what the senior center offers
   - ___ There is no senior center in my community
10. Your estimated net MONTHLY household income from all sources: $ 4500
11. Total number of people living in your household (including yourself): 2
12. Besides yourself, who lives in your household? (Check all that apply.)
   - ___ Just myself
   - ✓ My spouse or partner
   - ___ One or more adult children
   - ___ Other, please specify: _____
   - ___ One or more adult grandchildren
   - ___ One or more grandchildren under age 18
   - ___ Roommate(s) or renter(s)
13. Is your monthly income enough to meet all your monthly expenses?
   - ✓ Yes, with some left over for extras like vacations
   - ___ Yes, but there is very little money left for extras in the budget
   - ___ No, my income is not enough to pay for food, housing, fuel, clothing, medicine, and other necessities
14. At any time in the past 30 days, have you had difficulty paying for any of the following? (Check all that apply.)
   - ___ Food to prepare meals
   - ___ Medications or medical bills
   - ___ Rent or mortgage payment
   - ___ Other, please specify: _____
   - ___ Energy costs – utilities, fuel oil, gas
   - ___ Credit card bill
   - ___ None of the above
15. What are the sources of your household's income? (Check all that apply.)
   - ✓ Social Security
   - ___ Disability payments
   - ___ Pension from employer or union
   - ✓ Wages from employment
   - ___ Income from self-employment
   - ___ Personal savings or investments
   - ___ Senior Benefits program
   - ✓ Rental income
   - ___ Permanent Fund Dividend
   - ___ Native corporation dividends
   - ___ Food Stamps
   - ___ Adult Public Assistance
   - ___ Cash from relatives
   - ___ Rent subsidy (voucher, etc.)
   - ___ Other, please specify: _____
16. What type of housing do you live in?
   - ✓ House/condo that I or a family member own (or have a mortgage on)
   - ___ House/condo that I rent
   - ___ Apartment in senior housing complex
   - ___ Apartment that I rent, not in senior complex
   - ___ Assisted living facility
   - ___ Nursing home
   - ___ Rooming house or hotel
   - ___ Homeless shelter
   - ___ Other, please specify: _____
17. Is your home in need of modification in order for you to be safe and comfortable (example: insulation, ramp installation, grab bars, elevator, etc.)?
   - ___ Yes
   - ✓ No
18. Where do you expect to be living five years from now?
   - ✓ Same home as I live in now
   - ___ Same community, but smaller living space
   - ___ Living independently in a larger community in Alaska
   - ___ Living independently in a smaller community in Alaska
   - ___ Other, please specify: _____
   - ___ Living independently in a different state
   - ___ Move to an assisted living or nursing facility in Alaska
   - ___ Move to an assisted living or nursing facility outside Alaska

19. Are you currently employed or self-employed?
___ Yes, full-time ___ No, but I am seeking work
___ Yes, part-time ___ No, I am retired

20. If you are currently still working, when do you expect to retire? (Skip this question if you are already retired.)
___ Within the next year or two
___ Within the next two to five years
___ More than five years from now
___ I can't afford to retire
___ I don't plan to retire even if I can afford to

21. Do you participate in subsistence activities (hunting, fishing, gathering) during subsistence season?
___ Yes, for an average of less than two hours a week
___ Yes, for an average of two to five hours a week
___ Yes, for an average of more than five hours a week
___ No

22. Do you do volunteer work in your community? (Check all that apply.)
___ Yes, with my church or house of worship
___ Yes, with a civic organization (example: Rotary)
___ Yes, with a charitable organization (example: Red Cross)
___ Yes, with a non-profit organization (example: senior center)
___ Yes, with a library, school, or educational institution
___ No, I do not volunteer because I don't have time right now
___ No, I do not volunteer at this time due to disability or ill health
___ No, I do not volunteer at this time due to difficulties with transportation
___ No, I do not volunteer at this time because I don't know how to find the right opening
___ Other, please specify: _____

23. Total hours per week you spend in volunteer work (estimate an average): 2

24. Where do you go when you have questions about the services available for seniors? (Check all that apply.)
___ Local senior center
___ Other local non-profit agency
___ Aging & Disability Resource Center
___ Independent Living Center
___ Pamphlets or handouts
___ Printed directory showing services by community
___ Dial 2-1-1
___ Internet search or specific website with service information
___ Senior housing staff
___ Hospital social services department
___ Check the phone book for possible information sources
___ Ask a friend or relative for help finding the information
___ Other, please specify: _____

25. What would be the BEST way for you to get the information you need about programs and services?
___ Toll-free number to call, with live answer
___ Toll-free number to call, with push-button options
___ Website with search features
___ Pamphlets, handouts, or printed directory
___ Speak to someone in person at senior center or other agency
___ Speak to someone in person in my housing complex or neighborhood
___ Other, please specify: _____

26. In the last TWO WEEKS, on how many occasions have you gotten together with family, friends, or a group you belong to for an event or activity, either outside your home or at your home? (For example: parties, movies, concerts, games, classes, dinners, senior center meals....)

___ None
___ Once
✓ Two or three times
___ Four or five times
___ More than five times

27. In the past year, have you had trouble finding a primary care doctor to see you when you needed to see a doctor?

___ Yes, because of Medicare payment issues
___ Yes, because there are not enough doctors in my community
___ Yes, for another reason (tell us below)
✓ No
___ Haven't needed to see a doctor in the last year
___ Other reason for trouble finding doctor: _____

28. Do you experience an illness or disability that limits the range of activities you can enjoy? (Check all that apply.)

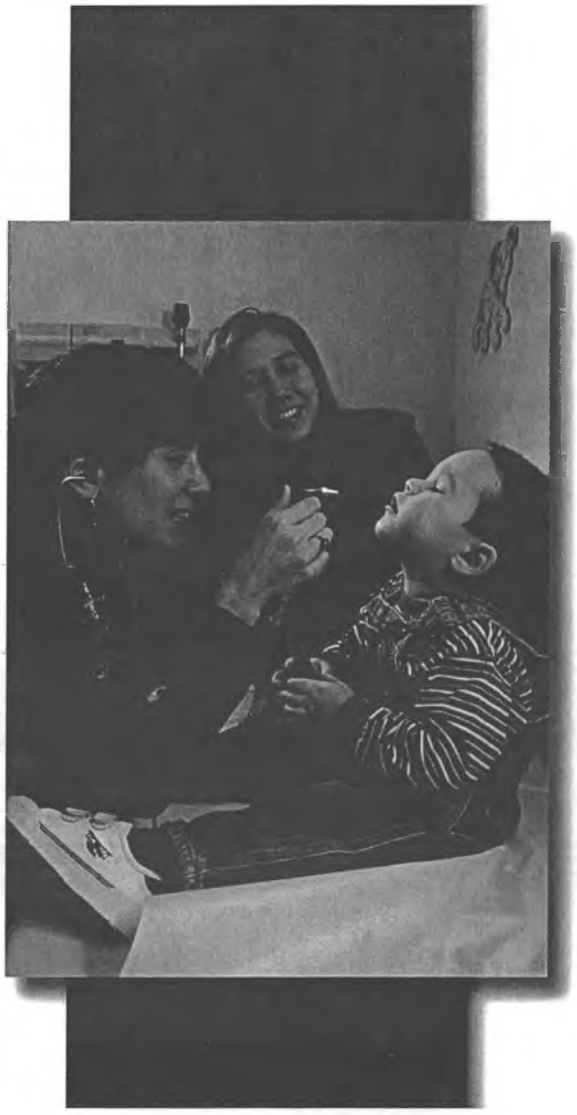
✓ No
___ Yes, a chronic disease such as heart disease, diabetes, etc.
___ Yes, a physical disability such as low vision, knee or hip problems, etc.
___ Yes, other physical health problems
___ Yes, Alzheimer's or other type of dementia
___ Yes, a mental or emotional problem such as depression, anxiety, etc.

29. *If you have used any of the following services in the past year, please tell us how satisfied you were. For example, if you were "very satisfied" with home-delivered meals you received, check "4." If you were "very unsatisfied," check "1". A "5" indicates that you didn't use the service in the past year, and a "6" means that the service isn't available in your community. Use the "additional comments" space to tell us how the service made a difference to you, or how it* could *be improved.*

	1=very unsatisfied	2=mostly unsatisfied	3=mostly satisfied	4=very satisfied	5=did not use	6= not available in my community
Meals at a senior meal site	1	2	3	4	5	6
Home-delivered meals	1	2	3	4	5	6
Senior transportation	1	2	3	4	5	6
Information & referral	1	2	3	4	5	6
Care coordination	1	2	3	4	5	6
Chore service	1	2	3	4	5	6
Respite care	1	2	3	4	5	6
Personal care attendant	1	2	3	4	5	6
Adult day program	1	2	3	4	5	6
Caregiver support program	1	2	3	4	5	6

30. ***Additional Comments: Please add any specific comments you have on the services you have used, OR ANY OTHER TOPIC THAT IS IMPORTANT TO YOU. What is working well? What needs improvement?***

I BELIEVE THAT PEOPLE ARE DESIGNED TO WORK AT MEANING-FULL TASKS - WE WILL NOT BE FULFILLED LAYING AROUND
I BELIEVE THAT GOOD HEALTH NEED LOTS OF VERY ACTIVE EXCERCISE AND MENTAL STIMULATION
I BELIEVE THAT "SENIOR CARE" SHOULD COME FROM WELL RAISED KIDS



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Health Programs

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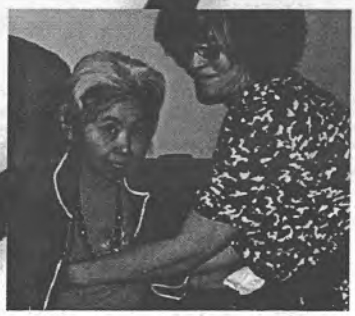
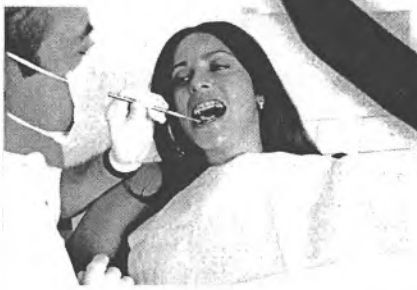
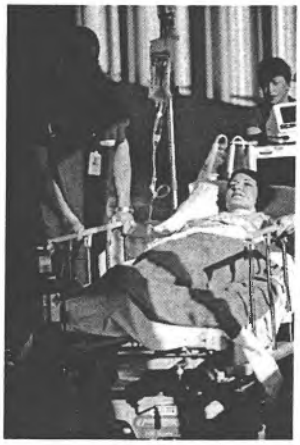
ALASKA HEALTH WORKFORCE PLAN







Prepared by the Health Workforce Planning Coalition for presentation to the Alaska Workforce Investment Board

May 2010

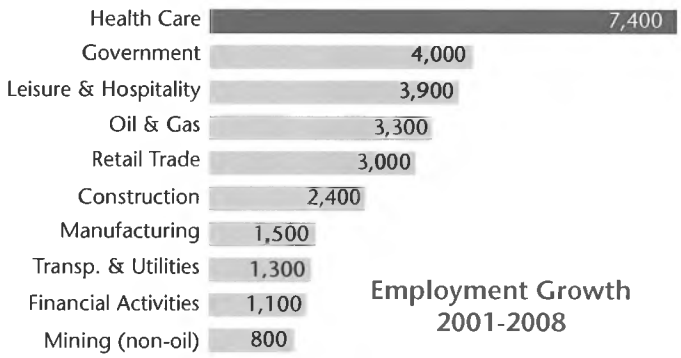
Executive Summary

Health care is one of the largest and most dynamic industries in Alaska, accounting for eight percent of total employment and around 16 percent of the value produced by the state's economy. Between 2000 and 2009, health care employment increased 46 percent, about five times as fast as the state's population and three times as fast as all other sectors of the economy.

This plan is a consensus of the strategies that must be employed to meet Alaska's most pressing health workforce needs. It is a result of a year-long, industry-led process with active involvement from education and governmental sectors. While there have been many large health workforce expansions and plans around specific occupations, this plan is the most comprehensive statewide effort to date, targeting key occupations with severe shortages.

This growth is expected to continue. Department of Labor and Workforce Development (DOLWD) data indicate a 30 percent growth rate between 2004 and 2014, twice that of the overall economy. Currently, 11 of the top 15 fastest growing jobs in Alaska are in this sector.

Additionally, federal health reform is expected to significantly increase the demand for providers.



Source: Alaska Department of Labor and Workforce Development, Research and Analysis

The Need:

While job growth is good news for the economy, it also places heavy strains on an industry already burdened by unacceptably high vacancy rates in key occupations. State rates for primary care professions, as determined by the 2009 Health Workforce Vacancy Study conducted by the Alaska Center for Rural Health, range from 12.9 percent for community health aides and practitioners to 37.4 percent for pediatric nurse practitioners. Though registered nurses had a comparatively moderate vacancy rate at 10.1 percent, this relatively large profession was calculated to have over 320 vacant positions.

The above vacancy rates are statewide averages; rates in rural Alaska are even more dramatic. These vacancy figures coupled with anticipated high increases in demand for workers indicate a significant skills gap in the health care workforce at the present time, a gap that without increased attention can only worsen.

The Promise:

Health care positions are found in all regions of the state, offering close-to-home employment for many Alaskans. Although some positions require advanced training, many jobs are entry-level, requiring limited preparation. Often, these entry-level positions are the start of a career ladder or lattice that can—with additional experience and education—lead to life-long, meaningful careers.

Through public and private postsecondary education institutions in the state, Alaskans currently have access to education and training in more than 80 health care occupations. This combination of local jobs, opportunity for advancement and access to in-state training makes the health care industry a primary mover in putting Alaskans to work.

The Strategy:

The Health Care Workforce Development Plan addresses the challenge of assuring a well-prepared and sufficient workforce to meet Alaskans' health care needs through four strategies: Engage, Train, Recruit, Retain.

Alerting Alaskans to the opportunities available in the health care field is a first step in securing the necessary workforce. Public information campaigns, K-12 career awareness and exploration and outreach to Alaskan job seekers are elements of the Engage strategy.

Preparation for a health care career often starts at the secondary level, where prerequisite math, science and communications skills are developed. Quality, standards-based postsecondary education delivered as close to home as possible is a next step

along a career path in health care. As the practice of health care changes through technology, health reform, or new care models, those employed in the industry must upgrade skill levels. Finally, experienced teachers must be available to deliver the necessary education and training at all levels. Strengthening secondary math, science and career education, expanding access to training programs in priority occupations, providing continuing education and securing the necessary faculty are elements of the Train strategy.

Although the plan speaks to significant expansion of health care career training and education in the state, the size and complexity of the industry indicate that recruitment from outside of Alaska will continue to be needed to fill some positions. Alaska can improve its competitiveness with others seeking similar skilled professionals by more widely disseminating information about employment opportunities and offering more post-graduate experiences within the state. State and federal-supported loan repayment and other financial and quality-of-life incentives can sway the decision to locate or stay in Alaska. Finally, more coordination in recruitment by health care providers could reduce costs. All of these approaches are elements of the Recruit strategy.

The final plank in the health care plan is to retain the workforce that has been educated and recruited. To do so requires successful transitioning from training into the world of work and employment that offers sufficient remuneration, adequate supervision and opportunities for professional growth. Assisting employers to provide these workplace elements make up the Retain strategy.

Plan Phases:

The Steering Committee considered several time horizons in developing the plan strategies: short term (within the next two years), medium term (within three to five years) and long term (five years or more in the future). A key focus of the plan is in training for and development of specific occupations. From data collected by the Departments of Labor and Health and Social Services, the University of Alaska and other sources, the planning group identified 15 occupational groupings encompassing 26 individual occupations and careers requiring action in the short term.

The following occupational groups are included in this plan:

Behavioral Health Aide/Village Counselor
Primary Care Physician
Advanced Nurse Practitioner
Substance Abuse Counselor
Registered Nurse
Community Health Aide/Practitioner
Social Worker
Oral Health Practitioner
Psychiatrist
Human Services Worker
Pharmacist
Therapist and Therapist Assistant
Nurse Educator
Health Informatics Staff
Direct Care Worker

Details for applying the plan to these priority occupational groups are found in Section 4. Here, the occupations are described with relevant data on vacancy rates, educational qualifications and training opportunities, followed by suggested strategies under the four broad strategies of Engage, Train, Recruit, Retain. Occupational and training data will be reviewed and updated annually, at which time—due to changes brought about by reform efforts, population shifts and/or adoption of new models of care—additional occupations may emerge as high priority.

The Role of AWIB:

Endorsement by the Alaska Workforce Investment Board (AWIB) of this health workforce plan is essential for assuring a coordinated approach to implementation. Representatives of the three key state departments involved in delivering plan elements—Health and Social Services, Labor and Workforce Development and Education and Early Development—sit on the Board as do representatives from health industry employers. The University of Alaska, the major training provider for health care careers, is also a member. This mix of government agencies, industry and training institutions provides a mechanism for collaborative efforts in addressing the workforce strategies outlined in the plan. In addition, AWIB's stewardship responsibilities for federal and state workforce development funds can direct needed resources to support the plan. Data collected from public and private training providers as part of the Board's oversight duties will allow for annual checks of progress toward meeting training goals and targets.

Purpose:

The heath care plan is anchored in collaboration and builds on earlier successful cooperative efforts, such as the expansion of the UA nursing program, the addition of slots at the University of Washington Medical School through WWAMI, participation in the National Health Service Corps and Indian Health Service loan repayment programs

and the creation of a Health Care Commission. Under the governance structure that is being developed to oversee plan implementation and monitoring, these collaborations will be made more formal through memoranda of understanding among stakeholders.

The Alaska Health Workforce Development Plan is indeed a call for action: a call that has already been heeded by industry, education and training institutions, state government and professional organizations. Successfully directing the energies and resources of these stakeholders through the steps outlined in the plan will not only increase the size and quality of the health care workforce but will be reflected in a higher standard of health for all Alaskans.

Table of Contents

Steering Committee Members

Industry Members

Kitty Farnham
Regional Director Strategic Planning
Providence Health and Services
(907) 212-8423
Katherine.Farnham@providence.org

Jim Lynch
Chief Financial Officer, Chair, Alaska Workforce Investment Board
Fairbanks Memorial Hospital
(907) 458-5305
jim.lynch@bannerhealth.com

Dennis Murray
Director of Long Term Care and Workforce Development
Alaska State Hospital and Nursing Home Association
(907) 646-1444
dennis@ashnha.com

Ellen Maling
Manager, Regional Grants Program
Providence Health and Services
(907) 212-8386
Ellen.Maling@providence.org

Training & Education Members

Karen Perdue
Associate Vice President for Health
University of Alaska
(907) 450-8017
karen.perdue@alaska.edu

Jan Harris
Vice Provost for Health Programs
University of Alaska Anchorage
(907) 786-4595
anjch1@uaa.alaska.edu

Rick Rios
Coordinator, Office of Career & Technology Education
Anchorage School District
(907) 742-8942
Rios_Rick@asdk12.org

State Agency Members

Helen Mehrkens
Administrator of Career and Technical Education
Department of Education & Early Development
(907) 465-8730
helen.mehrke0ns@alaska.gov

Patricia Carr
Section Chief, Health Planning & Systems Dev.
Dept. of Health and Social Services
(907) 465-8618
PCarr@health.state.ak.us

Kathryn Craft
Workforce Development Coordinator; Alaska Workforce Investment Board
Dept. of Health and Social Services
(907) 450-8048
kathryn.craft@alaska.gov

Louise Dean
Program Coordinator
Alaska Workforce Investment Board
(907) 269-7487
louise.dean@alaska.gov

Consultant/Writer

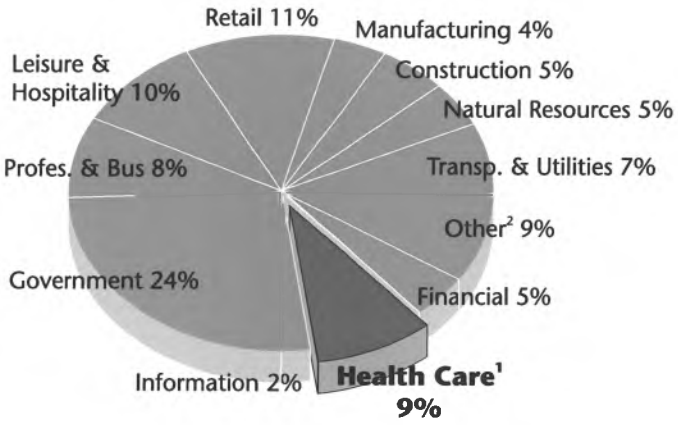
Mary Lou Madden
President
Madden Associates
(907) 523-7783
madden@alaska.com

Introduction

The health care industry is important to Alaska and Alaskans

Health care is one of the largest and most dynamic industries in Alaska, accounting for eight percent of total employment and around 16 percent of the value produced by the state's economy. One out of every 12 employed Alaskans works in the industry; one out of every six dollars spent in Alaska is spent on health care. The industry also accounts for a significant portion of economic growth. Between 2000 and 2009, health care employment increased 46 percent, about five times as fast as the state's population and three times as fast as all other sectors of the economy. With a payroll of more than $1.4 billion in 2008, it employed more people than state government, oil industry or most other industries.[1]

Health Care: One of the Biggest Players in Alaska's Labor Market



[1]Includes the private and public sectors, 2008
[2]Includes other services, private education services, social assistance and wholesale trade
Source: Alaska Department of Labor and Workforce Development, Research and Analysis

This growth is estimated to continue. Department of Labor and Workforce Development (DOLWD) data indicate a 30 percent growth rate between 2004 and 2014, twice that of the overall economy. Around 15 percent of the state's new jobs in that period will come from health care; currently, 11 of the top 15 fastest growing jobs in Alaska are in this sector.

While job growth is good news for the economy, it also place heavy strains on an industry already burdened by unacceptably high vacancy rates in key occupations. For example, state rates for primary care occupations as reported by 747 surveyed employers for a 2009 University of Alaska study[2] range from 12.9 percent (community health aide/practitioner) to 37.4 percent (pediatric nurse practitioner). Other troubling rates include occupational therapist and physical therapist at 22.8 and 15.8 percent respectively. Though registered nurses had a comparatively moderate vacancy rate at 10.1 percent, this relatively large profession was calculated to have over 320 vacant positions. These rates indicate a significant skills gap in the health care workforce at the present time, a gap that without increased attention can only worsen.

Recognizing these conditions, the Alaska Workforce Investment Board (AWIB) has targeted health care as one of the industries critical to Alaska's workforce and economic needs. The Alaska Health Care Commission and many other agencies and groups, such as the Department of Health and Social Services, The Alaska Mental Health Trust and the Alaska State Hospital and Nursing Home Association (ASHNHA), have identified health care workforce development is one of the most critical priorities in assuring health care access in Alaska.

The health care industry has unique features

Health care has unique features that distinguish it from other industries—features of Impact, breadth, scope and outlook. These characteristics add to the urgency of assuring that Alaska has a well prepared and sufficient health care work force.

Impact—The health care industry touches almost every Alaskan, from the newborn infant in Ketchikan General Hospital to the elder in Barrow's assisted living facility. The overall health of the state's citizenry is intimately tied to the adequacy and competence of the health care workforce. Meeting Alaska's targets for improved health as envisioned in Healthy Alaskans 2010[3] in the areas of health promotion, health protection, preventative services and access to health care requires attention to the development, upgrading and retention of workers who can address these targets.

Breadth—Health care industry employment can be found in almost every location in the state.

[1] Alaska Department of Labor and Workforce Development, *Alaska's Health Care Industry*, Alaska Economic Trends, March 2010, p.
[2] Alaska Center for Rural Health, University of Alaska Anchorage, *2009 Alaska Health Workforce Vacancy Study (Draft)*, January 2010.
[3] Alaska Department of Health and Social Services, Division of Public Health, *Healthy Alaskans 2010, Targets and Strategies for Improved Health*, November 2005

Although about half of the jobs are in hospitals and nursing homes, the other half are with small health care provider offices, outpatient and community health centers and home health care. The State of Alaska also provides many career opportunities in the health care field. This breadth indicates that job opportunities are available close to home for many Alaskans.

Scope—Perhaps no other industry employs front-line workers with such a wide range of educational backgrounds, from high school diploma or GED through post-doctoral specialization. Although the industry utilizes many highly-skilled professionals, a large portion of health care is provided by direct service workers, who assist Alaskans dealing with mental health problems, substance abuse, medical illnesses, developmental delays and disabilities, elder care and social stressors. Career ladders and lattices exist that can move workers to higher-level positions. This wide scope of employment allows many Alaskans to access the industry through entry-level jobs and to construct meaningful, life-long careers.

Outlook—Demand for health care is not cyclical, unlike that for most Alaskan industries. This has distinct advantages. As reported by DOLWD, health care is one of a handful of industries expected to grow in 2010—adding about 500 jobs—while most other sectors will continue to experience a decline.[4] Because it is not subject to sudden downward shifts in demand, the output from training programs can more easily be matched to current and future industry needs.

While health care is relatively free from the effects of economic fluctuations, it is highly susceptible to other influences. At least four factors are currently driving higher demand for health care services and therefore increasing the need for workforce development: reform efforts, demographics, changes in care models and technology.

Health care reform will greatly expand demand for care, adding coverage for tens of thousands of Alaskans who were previously un- or underserved. The increased demand from this population is likely to be in areas such as primary care, therapies and behavioral health that currently experience high job vacancy rates throughout the state. Reforms will also spur the growth of new classes of health care positions such as continuum of care managers and health information technicians.

An aging Alaskan population also contributes to increased demand for services. In the decade between 1996 and 2006, the number of Alaskans 65 years and older increased 50 percent, from 30,440 to 45,489. In the latter year, older Alaskans accounted for 6 percent of the total population. DOLWD estimates indicate that this age segment will reach around 134,400 persons by 2030, or about 16 percent of the population. This demographic shift has tremendous implications for workforce development, not only in numbers but also in types of workers needed, such as geriatric nurses, nurse practitioners, psychiatrists, licensed practical nurses (LPNs) and certified nursing assistants (CNAs).

Changes in care models and care objectives will also change the face of the workforce. For example, the move to more outpatient services increases the demand for home health care workers. An emphasis on prevention requires increases in occupations such as health educator and wellness trainer.

Technology influences the health care workforce in many ways. First, access to higher levels of medical technology within the state has an "import substitution" effect on demand as an increasing share of Alaskans can meet their health care needs locally rather than going out of state. Generally, this effect heightens the need for highly-trained specialists. Increasing uses of technology in all areas of care also require continuing skill attainment and development on the part of the existing workforce at all levels, from direct service worker through specialist. Implementation of electronic health records will require the creation of new job classes and related training. Finally, technology—in particular simulation and the Internet—can vastly increase access to health care career education and training.

Because of the above factors, several of the strategies identified for successful workforce development in health care will differ from those in other industries. Recruitment of health care providers that cannot be trained or trained in adequate numbers in the state will remain a central activity. Retention, while a significant concern in all industries, assumes greater importance when high turnover can affect Alaskans' access to critical medical and therapeutic services.

The health care workforce planning process is collaborative

To begin to address these workforce issues and to craft a statewide plan for workforce development, a Health Care Workforce Coalition made up of health care providers, agencies, educators and associations was formed in August, 2009. A steering team from the larger coalition, comprised of

[4] Alaska Department of Labor and Workforce Development, *Employment Forecast for 2010*, Alaska Economic Trends, January 2010, p. 11

representatives from industry, state government and the University of Alaska met regularly to work on the plan. The basic plan strategies were presented to the larger provider community for discussion and further refinement at the ASHNHA Health Care Workforce Summit in November, the Alaska Public Health Association Health Summit in December, 2009, and to various smaller groups. Audio-conferences with the Coalition allowed member input throughout plan development.

The planning group early on agreed on several underlying principles. First, although health care workforce development is a statewide issue, the need is especially acute in rural Alaska. The difficulties involved in training, recruiting and retaining health care workers in the more remote parts of the state require increased attention to distance education that trains people to work in their home community, financial and other incentives for attracting needed specialists, community involvement in recruitment and retention and opportunities for professional growth.

Second, because the training needs of the health care industry are substantial and relatively costly, the planning group recognized that particular care must be taken to assure that resources—both public and private—are allocated to areas of highest need, avoid needless duplication and utilize existing institutions wherever possible. The priority occupations treated in Section 4 of the plan have been identified as needing immediate attention for one or more of the following reasons: high vacancy rate, high number of vacancies or criticality to health care delivery. The governance structure that will be developed to oversee plan implementation will be a major tool for assuring coordinated, effective and efficient resource use.

Finally, the group agreed that all training under the plan must be directed at meeting industry standards, state and national licensing requirements and the quality benchmarks established by educational program accreditation agencies. These principles of access, efficiency and quality permeate the plan document.

Because the health care industry in the state is so diverse and covers so many disparate occupations, many of the overall strategies in the following plan are broad and general in nature. Several of the strategies and many of the action steps echo those in other industry plans, particularly the call for broad public awareness and support for developing a pipeline of new workers through the revitalization of K-12 career awareness and technical education programs. To achieve these goals will require a cooperative, coordinated effort by many industries and agencies.

Health care workforce planning builds on successful partnerships

The planning group acknowledged the considerable cooperative effort that has already been made in developing the health care workforce. For example, a strong partnership between industry and the University of Alaska School of Nursing succeeded in doubling the number of nursing graduates between 2003 and 2007. Industry/university collaboration has also led to the introduction, expansion or revision of more than 80 health care-related UA certificates and degrees over the past ten years. New UA programs such as the bachelor degree in nutrition are coming on line to address emerging critical needs.

A coordinated effort by industry resulted in a doubling of medical school slots for Alaska students at the University of Washington through the WWAMI program. Combined industry, government and association advocacy has also spurred the creation of a Health Care Commission and the introduction of several pieces of legislation to provide loan repayment and other financial incentives for health care professionals practicing in Alaska. The Behavioral Health Initiative partnered the University of Alaska, the Alaska Mental Health Trust Authority and the Department of Health and Social Services to address the severe workforce shortages experienced in the behavioral health field at all levels of licensure and credentialing.

Implementing the health care-specific strategies and action steps in the plan will require the continued participation and coordination of many partners: industry/employers, education and training providers, government and professional associations. Each group contains many stakeholders.

Industry/employers include the broad range of health care providers—public, private and nonprofit—that extend health care services to Alaska's residents. Among these are hospitals, health clinics, tribal health organizations, private practice offices, state and local public health agencies and mental/behavioral health programs and treatment centers.

Education and training providers include the University of Alaska, Alaska Pacific University, the Alaska Vocational Technical Center (AVTEC), the Alaska Technical Center (ATC), Yuut Elitnaurviat and other regional training centers, private training providers and out-of-state institutions that have partnered with an Alaskan institution to offer a specific program within the state.

Government agencies involved in health care workforce development include the state departments of Health and Social Services, Labor and Workforce Development, Education and Early Development and Commerce, Community and Economic Development (Licensing), the Alaska Mental Health Trust Authority and local government public health offices. With the passage of health care reform, the federal government is also assuming a larger role in supporting health workforce planning and training.

Professional organizations encompass a variety of groups such as the Alaska Public Health Association, the Alaska Primary Care Association, the Alaska Nurses Association and other health care membership organizations such as ASHNHA.

In addition to the above groups, health care is served by the Alaska Area Health Education Center (AHEC) network—a university-industry partnership directed at strengthening Alaska's health workforce serving rural and other underserved populations. The AHEC network plays an important role in encouraging Alaskans to pursue careers in health and behavioral health care, providing clinical rotation sites and delivering continuing education to health care practitioners.

In the following plan, the first partner category listed under "Responsible Parties" in any sub-strategy is assumed to be the prime mover for that particular strategy, although the support and involvement of other listed partner groups is essential for success.

Health care workforce planning is on-going

The plan is intended to encompass rather than replace the workforce development efforts of other professional groups and health care organizations. The strategies outlined in the plan become real through application to a specific occupation, as can be seen in Section 4 that links strategies to the top priority occupations identified by vacancy data and other information.

The plan is not complete; rather it is a work-in-progress that will be revisited and revised over time as occupation-specific action plans are developed, successes are achieved and circumstances change.

The health care workforce development plan embraces AWIB principles

In preparing the plan, the steering group was cognizant of the need to address the following principles found in Alaska's Future Workforce Strategic Policies and Investment Blueprint, which was adopted by AWIB in 2000 to serve as the comprehensive guide for alignment of public policy and resource investments in vocational and technical education and training programs statewide.[5]

The plan is needs driven, based on data provided by the Research and Analysis Section of DOLWD, the Alaska Center for Rural Health, the Office of the Associate Vice Provost for Health Programs, University of Alaska Anchorage and DHSS Health Planning and Systems Development Section. Occupational supply and demand data were distributed to participants of the ASHNHA, Alaska Public Health and Behavioral Health conferences and to members of the Alaska Medical Group Management Association and the Alaska Native Tribal Health Consortium to gain consensus on the priority occupations detailed in Section 4. Strong industry leadership and involvement in the planning process assured that both current and emerging workforce needs would be addressed.

The plan extends access to health care occupations by creating awareness of career opportunities, utilizing distance delivery and simulation in health workforce education and training programs and increasing financial support for pursing health care careers. As mentioned above, the need to strengthen training, recruitment and retention of health care workers in rural Alaska was at the forefront of the planning effort.

The plan is interconnected, extending the use of career pathways to link secondary and post-secondary education and expanding post-employment training and advancement. It incorporates the state's job center system both to advertise job openings and to counsel job-seekers into training for health care positions.

The plan is accountable. All of the training and education under the plan is based on industry standards and most programs lead to state or national certification. Programs offered under the plan that utilize state or federal workforce development funds will report annually on the outcomes of the training in terms of number of participants and completers, placement of graduates and gains in income.

The plan will be collaboratively governed. The governance structure to be developed in a sustainability plan will include industry, tribal health organizations, appropriate government agencies, the University of Alaska and other training partners. The plan closely aligns with the AWIB emphasis on training Alaskans for high demand, high wage jobs.

[5] Alaska Workforce Investment Board, *Alaska's Future Workforce: Strategic Policies and Investment Blueprint, 2002, p. 1*

The plan will be sustained. The sustainability plan will detail the linkages between plan strategies and the mission and operational responsibilities of the involved partners. These linkages will be made concrete through memoranda of understanding outlining such activities as shared staffing, joint grant applications and other mechanisms to assure that parties carry through with assigned responsibilities for implementing the plan. The sustainability plan will call for an annual review of accomplishments and modifications to the plan as new opportunities and challenges arise.

Endorsement by AWIB is a critical step in moving the plan forward and securing the financial and other support necessary to assure that plan strategies are actualized.

Overall Health Workforce Development Strategies

Strategy 1

Engage Alaskans in health care workforce development

Alaskans need information about career opportunities afforded by the health care industry in the state—careers that are in demand in all regions, provide stable employment and encompass all educational levels, from on-the-job training through postgraduate programs. Alaskans also should be aware of the link between a well-trained, sufficient health care workforce and the overall health of the state's citizenry. Finally, voters and policy makers need reliable information about public policy and financing options that can impact health care work force development.

This strategy can be implemented by:

- Conducting public awareness campaigns on general workforce development issues and the full continuum of jobs available
- Expanding career awareness and counseling that highlight health career pathways in Alaskan schools
- Developing targeted marketing for high need professions
- Utilizing the existing one-stop information system to disseminate information on training opportunities and job openings in Alaska to job seekers

Funding

- Industry/employers
- Private foundations (e.g., the Robert Wood Johnson nationwide nursing career promotion)
- Alaska School Foundation funding
- State General Fund
- Youth Workforce Development funds
- Alaska Native Health Corporations
- Alaska Mental Health Trust Authority (AMHTA)

Strategy 1.1 Create public awareness

Rationale: Health occupations comprise 11 of the 15 fastest growing occupations in the state and employers report difficulty in attracting qualified workers. The most recent Alaska Health Workforce Vacancy Study[6] identified a range of vacancy rates in various occupations, with generally higher rates in rural Alaska. The demand is expected to increase as a result of health care reform, changes in care models, demographic shifts and retirement of older workers. Alaskans need accurate and timely information not only for career counseling and planning but also to develop and support the policy and funding initiatives needed to address critical health care workforce shortages.

Action Steps

- Develop a consistent, multi-faceted public awareness campaign that highlights the link between an adequate health care workforce and the overall health of Alaskans
- Implement communication strategies for the full continuum of job opportunities, with particular emphasis on reaching rural, Alaskan Native and minority residents
- Provide opportunities for public dialog on policy and funding issues around health care workforce development

Timeline

- Short term

Responsible Parties

- Industry/employers
- Government (DHSS)
- Education and training providers
- Professional organizations and boards
- AHEC

Resources

- Publications and data
  - *Healthy Alaskans 2010*
  - *Alaska Health Care Data Book*
  - *Alaska Health Workforce Vacancy Study 2007 and 2009 update*
  - Alaska DOLWD employment projections

[4] Alaska Center for Rural Health, *2009 Alaska Health Workforce Vacancy Study*, (Draft) January 2010.

- Alaska Center for Rural Health studies and publications
- Securing an Adequate Number of Physicians for Alaska's Need, Physicians Task Force Report

- Funding
  - Industry
  - Private Foundations
  - State General Fund
  - State and federal grant funds
  - University of Alaska general funds
  - Alaska Native Health Corporations
- People
  - State and industry public information staff

Evaluation: Public awareness/communications plan is in place and being implemented as planned

Strategy 1.2 Expand career awareness and counseling

Rationale: Career decision-making begins early in a child's educational career. Research indicates that students begin to rule out certain career options as early as the third grade. Often career choices are guided by what a student is familiar with rather than a careful consideration of alternatives. Many health careers require substantial preparation at the secondary level in math and science. In addition, choices made while still in school, such as teenage drinking and drug use, are not only dangerous in themselves but can be lifelong barriers to entry into careers that require extensive background checks. A sound career awareness and guidance program beginning in early elementary grades can open up many more career options to Alaskan students and can assist them in developing both their secondary and postsecondary academic plans.

Action Steps

- Reinforce job readiness skills through the use of WorkKeys™, Youth Employability Skills (YES) or other programs that develop the soft skills necessary for success in the workplace
- Expand the use of health career pathways and DOLWD Health Career Guides in local school districts and for postsecondary academic counseling
- Identify "best practices" for use in elementary and middle schools to introduce students to careers in health care
- Establish an incentive program to encourage schools to adopt these practices
- Provide training for high school counselors and postsecondary academic advisors in using health care career pathways to advise students into health care occupations
- Secure sustainable state and industry funding for the Alaska AHEC network

Timeline

- Short term

Responsible Parties

- Government (DEED, K-12 districts)
- Industry/Employers
- AHEC
- Education and training providers

Resources

- Models
  - Best practices from Alaskan school districts
  - Alaska Career Information System (AKSIS)
  - Hot Jobs in Health Care (DOLWD) publications and teacher guides
  - State and national health career pathway models
- Funding
  - Alaska School Foundation Program (for K-12 district programs)
  - State and federal grant funds
  - Industry
  - Private Foundations
- People
  - K-12 and postsecondary career and academic advisors

Evaluation: By 2012, 50 percent of all Alaskan school districts will have incorporated healthcare career pathways into a career awareness/counseling program that begins in elementary school and continues through high school with demonstrated connections/transitions to postsecondary programs.

Strategy 1.3 Market high need professions

Rationale: There are several occupations in the health care industry that are in constant and high demand and that can be prepared for in Alaska. A full-scale media campaign, modeled after such nationwide efforts as the successful Robert Wood Johnson (RWJ) Nursing campaign, could attract considerable numbers of Alaskans into these careers.

Action Steps

- Identify two top priority, high demand professions across the full continuum, from direct service workers to doctors
- Prepare and widely disseminate ads, TV spots and other materials to encourage Alaskans to prepare for these professions
- Target under-represented minorities and populations for recruitment

Timeline

- Mid-term

Responsible Parties

- Industry/Employers
- Government (DHSS, DOLWD)
- Education and training providers
- Professional organizations
- AHEC

Resources

- Models
  - RWJ Nurse Campaign
  - The Alaska Mental Health Trust You Know Me anti-stigma campaign
- Publications
  - *Securing an Adequate Number of Physicians for Alaska's Need*, Alaska Physician Supply Task Force, August 2007
- Funding
  - Industry
  - Private Foundations

Evaluation: Enrollment in preparation programs for the selected occupations will double by 2015. Recruitment and enrollment of Alaskan Natives and underserved minorities will reflect the make-up of the total population.

Strategy 1.4 Attract Alaskan job seekers into health careers

Rationale: The health care industry offers many opportunities for job-seekers such as retiring active duty military, underemployed individuals, persons undergoing job loss/transitions, out-of-school youth and women returning to the workforce to prepare for and secure entry-level employment in a relatively short period of time. Many of these jobs are the first step in a career ladder than leads to long-term, stable and well-paid employment.

Action Steps

- Utilize the existing one-stop information system to disseminate information on health care training opportunities and job openings in Alaska
- Encourage health care providers to utilize the Alaska Labor Exchange System (ALEXsys) and 3RNet (Rural Recruitment and Retention Network) to post job openings
- Establish mechanisms for networking between DOLWD job counselors and local health care provider human resources offices
- Target market to persons who are undergoing transition due to economic downturn and/or job losses
- Increase coordination among vacancy posting services to disseminate information to a broad array of potential applicants

Timeline

- Short term

Responsible Parties

- Government (DHSS, DOLWD)
- Industry/Employers

Resources

- Information Systems
  - ALEXsys
  - AKCIS
  - EarnAndLearnAK.org
  - 3RNet (national)
  - Alaska Alliance for Direct Service Careers
- Funding
  - State and Federal Employment Security funds
  - Workforce Investment Act (WIA) Youth funds
  - Industry
  - Alaska Native Tribal Health Corporations
- People
  - DOLWD employment counselors

Evaluation: Health care job openings are posted in ALEXsys and 3RNet. Employment security counselors are aware of health care training and employment opportunities.

Strategy 2

Train Alaskans for health care employment

Almost three-quarters of the fifteen fastest growing occupations in Alaska are in the health care field. Taken as a group, these occupations are estimated to account for over 6,000 job openings between now and 2016[7]. These projections are based on the current level of health care provision and do not take into account the increased demand for health care workers that will result with the aging of the Alaskan population or from expansion of health care access. Filling these positions with Alaskans requires creating a pipeline for people seeking the necessary credentials, providing appropriate training and educational opportunities and allowing for those already employed to upgrade their skills and to advance professionally. Delivering training as close to home as possible through expanded distance education is essential to assuring that rural workforce development needs are addressed.

This strategy can be implemented by

- Strengthening secondary school offerings in mathematics, sciences, communications, job readiness and entry-level training in health care occupations
- Providing postsecondary health care occupational training and education programs that are effective, cost-efficient and lead to employment in Alaska
- Delivering post-employment training opportunities that allow practitioners to gain new skills and advance in their profession
- Developing the faculty needed at the secondary, postsecondary and continuing education levels to deliver education and training programs

Funding

- Alaska Public School Foundation Program
- University of Alaska general funds
- DOLWD
- State of Alaska General Fund
- Industry
- State and federal grants
- Private foundations
- The Alaska Mental Health Trust
- Alaska Native Tribal Health Consortium

[7] DOLWD, *Alaska's 10-year Occupational Forecast*, Alaska Economic Trends, January 2009, p. 22

Strategy 2.1 Strengthen secondary school offerings and programs

Rationale: Preparation for many health care careers begins at the secondary level, where fundamental academic and job readiness skills are acquired. Ideally, students with knowledge of what is required in their fields of interest will select the appropriate math, science and other high school courses that support their career interests. Individual learning plans based on career pathways greatly assist secondary students to easily transition to postsecondary education and training. Applied academics—where the student experiences real-life applications of math, science and communications—improve student success in these subjects. Training programs that lead to national certification can provide an avenue to post-high school employment and onto a career ladder.

Action Steps

- Encourage Alaska's secondary schools to develop and deliver foundation programs that support health career pathways, include advanced math, science and communications courses and articulate to postsecondary certificates and degrees (Career and Technical Education Programs of Study)
- Develop a framework to provide Work-based Learning Experiences (WBLEs) in health care settings that clearly delineates the responsibilities of the educational and health care provider and supports the interests of all parties in the health care setting
- Develop short-term exploratory programs in health care sciences that spark student interest in pursuing careers in the industry and that can be conducted with local resources in rural as well as urban settings
- Expand the use of health career academies modeled on the construction academies conducted throughout the state
- Deliver high school programs that lead to entry-level employment such as CNA and EMT or to certificates that are widely accepted, such as First Aid, CPR and OSHA Safety
- Expand the use of dual credit/Tech Prep/School-to-Apprenticeship/Early College programs that provide secondary students the opportunity to earn university credit
- Establish four additional career/technical magnet high schools that deliver training in health occupations and other careers
- Utilize distance education to expand access to students in small, rural high schools
- Work with health care providers and organizations to secure on-going support through scholarships, internships and mentoring programs

Timeline

- Short term

Responsible Parties

- Government (DEED, K-12 districts, DHSS)
- Education and training providers
- Industry/Employers
- AHEC

Resources

- Models
  - National health career pathways
  - Alaska-specific health career pathways
  - Tech Prep, early college and dual enrollment programs
  - Existing secondary career high schools and centers: Mat-Su Career and Technical High School, King Career Center, Hutchison Career Center
  - Construction academies
- Funding
  - Alaska State Foundation Program
  - Federal Perkins IV funding
  - Industry

Evaluation: Alaska's secondary schools have programs of study based on health career pathways. Four career/technical high schools are established and operational.

Strategy 2.2 Provide health care occupational training and education programs

Rationale: Between 2001 and 2009, aggressive program development at the University of Alaska added instruction and training in a variety of health occupations resulting in more than 80 certificates/degrees in primary care, nursing, and allied, behavioral and public health. The UA system now serves around 4,200 Alaskans each year who are preparing for and enrolled in health care training and education programs. Half of the programs are accessed by students via distance education technology. APU provides undergraduate degrees in behavioral health and health administration. AVTEC, regional training centers and several private training providers serve additional students, generally with entry-level training. Meeting the anticipated workforce needs, however, will require additional effort—to expand access to existing programs particularly to rural sites, to develop new programs where demand and cost-considerations dictate and to partner with out-of-state institutions when programming by an Alaskan institution is not feasible.

Action Steps

- Develop and deliver occupation specific training at all levels (work-based, certificate, Associate, Bachelor and graduate) for occupations that are high demand and/or are critical to health care delivery, as indicated in Section 4
- Continue to refine and develop the UA academic plan for health care occupation certificates and degrees
- Provide adequate financial support for training and education programs
- Increase access through program expansion, distance delivery and simulation
- Expand the capacity of community campuses of the UA system to support local students in health care programs
- Strengthen the dialog among employers, labor and education/training institutions concerning registered apprenticeship and other work-based learning opportunities in health care, create and evaluate pilot apprenticeship projects and disseminate the results
- Explore credit-for-experience or other mechanisms that allow practitioners to challenge introductory and lower level coursework in a certificate/degree program
- Develop partnerships with institutions in other states to provide certificate and degree programs in Alaska that cannot be cost-effectively delivered by in-state institutions
- Assure that all health care training and education programs delivered by any institution in Alaska meet industry standards, are accredited by a regional or national body and lead to certification or licensure as required for employment
- Periodically assess Alaska's capacity to deliver high need/high cost programs in-state and initiate programs that are deemed viable
- Research national and international best practices in health care professional training for possible adoption in Alaska

Timeline

- Short term for high priority occupations
- Mid and long term for other occupations

Responsible Parties

- Education and training providers (Alaska and elsewhere)
- Government
- Industry

Resources

- Programs
  - Existing health care occupational training programs at UA, APU, AVTEC, ATC, regional training centers and private training providers
  - Washington, Wyoming, Alaska, Montana and Idaho (WWAMI) regional school of medicine based at University of Washington
  - Western Interstate Commission on Higher Education (WICHE) and Western Undergraduate Exchange (WUE)
  - Distance delivered programs in Alaska and in other states
- Funding
  - UA general funds
  - Tuition and fees (UA, APU, AVTEC ATC, other)
  - Technical and Vocational Education Program (TVEP) state dollars
  - Scholarships and loan repayment programs
  - State and federal grant funds (STEP/WIA)
  - Industry

- People
  - UA, APU, technical center and private provider faculty

Evaluation: Programs are available in-state that train Alaskans for high need occupations in a cost-effective manner. Training is available as close to home as possible for most Alaskans.

Strategy 2.3 Deliver post-employment training opportunities

Rationale: Changes in health care access, care models and technology mandate that the workforce engage in continuing education and acquisition of new skills. Professional development is most effective when it is based on developing or strengthening commonly-accepted competencies and promotes career advancement. Adopting core competencies for various health care occupations and utilizing these competencies to build on-the-job training and career ladders are proven methods of assuring comparable skill levels around the state. Greater economies of scale can be achieved by sharing professional development programs and resources among health care providers.

Action Steps

- Define priority occupations for competencies and career ladders and lattices
- Develop and adopt standardized core competencies in critical health care occupational clusters
- Assist in developing and supporting occupation-specific industry/education consortia that will address the professional development needs within the occupation, including competencies and career ladders
- Encourage health care providers—including state and local governments—to establish professional development programs and career ladders/lattices based on competencies
- Extend the use of registered apprenticeships and other work-based post-employment training for career development
- Provide post-employment academies and other intensive training to accelerate skills and achieve advanced certifications, including nursing specialties
- Utilize the AHEC network to provide continuing education to practitioners in underserved areas
- Establish mechanisms for sharing high-cost, effective training tools such as simulation and distance delivery among health care institutions around the state
- Increase opportunities for health care professionals to obtain continuing education and continuing medical education credits (CEUs/CMEs)

Timeline

- Short term for competencies, career ladders, apprenticeships and continuing education
- Short/mid-term for expansion of simulation

Responsible Parties

- Industry/Employers
  - Education and training providers
  - Professional associations
  - Government (licensing boards)
  - AHEC

Resources

- Models
  - Alaska Coalition of Educators-Health Care (ACE-HC) Nurse Competencies
  - Alaska Mental Health Trust Authority (AMHTA) Credentialing and Quality Standards Subcommittee (CQSS) – Alaska Core Competencies for Direct Care Workers
  - Providence Hospital Academies to accelerate skills and advanced certifications
  - Registered Apprenticeships
- Facilities
  - Community and university-based simulation facilities
- Funding
  - Industry
  - AMHTA
  - UA general funds
  - State and federal grants
- People
  - Education personnel in health care facilities
  - Training program faculty

Evaluation: Core competencies are developed and adopted for the major occupational groups in the health care workforce. Employers conduct professional development programs based on competencies. Training programs and resources are shared among Alaskan health care providers in all areas of the state.

Strategy 2.4 Develop needed faculty

Rationale: High quality education and training programs are built on strong faculty who not only know the content but who also have practical experience in the field. Increasingly, faculty members need to be conversant with technology and distance-delivery methodologies. Because the demand for persons who are skilled health care program educators is high throughout the country, Alaska will need to consider "grow your own" strategies to develop this workforce internally.

Action Steps

- Provide opportunities for secondary academic and career/technical teachers to increase their understanding of how academic skills are applied in various health care occupations using the Teacher-Industry Externship (TIE) program or other successful models
- Develop additional secondary faculty from industry and elsewhere that can deliver heath career-related instruction
- Prepare/secure the necessary postsecondary faculty through better utilization of national health care educator loan repayment programs, sabbaticals/release time for faculty pursuing the necessary credentials and/or aggressive recruitment
- Assure salaries, benefits and other incentives for faculty that are comparable to practicing health care professionals in their area of instruction
- Increase opportunities for health care professionals to serve as adjunct or part-time faculty by identifying and addressing current workplace and training institution policy or practice barriers
- Establish training and incentives for practicing professionals to assume responsibility for continuing education in their facilities, for example, as nurse educators
- Assist health care faculty and educators to effectively utilize technology, including simulation, and distance methodologies in their instruction

Timeline

- Short term for programs such as faculty externships and adjuncts
- Mid-term for master/doctoral degree-prepared faculty development

Responsible Parties

- Education and training providers
- Industry/Employers
- Professional Associations

Resources

- Models
  - Alaska Process Industry Careers Consortium Teacher Industry Externships (TIE) programs
  - ACE-HC
- Funding
  - K-12 Foundation Program
  - UA general funds
  - Industry
  - State and federal grants

Evaluation: Alaska has skilled and well-prepared faculty at all levels to deliver the training, education and continuing skill development necessary to support the health care workforce. The health care industry supports a teacher in industry program modeled after APICC's TIE program.

Strategy 3

Recruit qualified candidates to fill health care positions

Even with expansion of programs through in-state training facilities and distance delivery, Alaska's population and resources alone will not be able to fill all of the health care workforce needs. In some cases—such as medical education—preparation program are prohibitively expensive; in others—such as pharmacy—positions are critical but needed in relatively small numbers. For the foreseeable future, therefore, Alaska will need to attract health care providers to the state.

This strategy can be implemented by

- Promoting health care employment opportunities in the state
- Expanding post-graduate programs, residencies and fellowships
- Establishing financial and other incentives to attract needed professionals
- Coordinating recruitment among health care providers
- Creating a positive community, policy and economic environment for health care providers

Funding

- Industry
- State and federal loan repayment/incentive dollars
- State marketing dollars
- Federal grants and programs that address recruitment

Strategy 3.1 Promote health care employment opportunities in Alaska

Rationale: A widespread campaign to advertise health care opportunities in Alaska can assist in developing a pool of qualified applicants for open positions. An untapped resource is Alaskan students who have gone out-of-state for education in health care fields and who may return if provided information about career opportunities. Identifying institutions that have a high number of graduates practicing in Alaska for targeted recruitment can also increase the applicant pool. Greater use of existing resources such as the ALEXsys system and state marketing efforts can be a cost-effective means of attracting needed expertise to the state.

Action Steps

- Refine the ALEXsys system to more accurately identify the occupations and specialties that are being recruited
- Partner with state marketing groups to advertise health care provider opportunities in Alaska
- Reach out to Alaskan students who are pursing health care education outside of Alaska to inform them of opportunities in Alaska and encourage them to return after graduation
- Develop partnerships with institutions in other states with strong health care preparation programs and/or which have a large number of graduates already practicing in Alaska to directly recruit program completers

Timeline

- Short term

Responsible Parties

- Industry/Employers
- Government (DOLWD, DHSS, DEED, Alaska Commission on Postsecondary Education)
- Professional Associations
- Education and training providers (Alaska and other states)

Resources

- Models
  - *Status of Recruitment Resources and Strategies 2005-06 (DHSS)*
  - Seafood Marketing Institute
  - Office of Tourism marketing materials
- Funding
  - State employment security dollars
  - State marketing dollars
  - Industry
  - National Health Service Corps (NHSC) and Indian Health Service (IHS) Loan Repayment programs

Evaluation: ALEXsys information accurately reflects the nature and qualifications of open positions. Alaska's health care system and workforce needs are highlighted in the state's promotional materials. Recruiting networks are established with select institutions in other states.

Strategy 3.2 Expand post-graduate opportunities

Rational: Research indicates that health care professionals frequently choose to practice in an area where they have completed a rotation, residency, internship, fellowship or other postgraduate experience. In Alaska, the rate of return on its one residency program—the Alaska Family Medicine Residency—is extremely high: 70 percent of the 55 graduates have remained in Alaska.[8] There is widespread agreement that Alaska has additional capacity for residencies and rotations; however, at the current time, there are policy and fiscal barriers to such expansion.

Action Steps

- Change Medicaid and Medicare policy to allow increased support for in-state teaching hospitals and the use of residents
- Increase funding for Alaskan and rural rotations through AHEC and other agencies that support rotations
- Develop an American Psychology Association (APA) approved residency in conjunction with the UA PhD in psychology
- Establish residencies in psychiatry, pediatrics and internal medicine
- Support the development of a plan to expand graduate medical education (GME) to additional specialties and regions
- Implement strategies to identify medical interns and residents working with Alaskan physicians and to encourage them to practice in the state upon graduation

Timeline

- Short term for APA, pediatric, internal medicine and psychiatry residencies
- Mid term for other specialties
- Short term for changes in Medicaid/Medicare reimbursement policies

Responsible Parties

- Industry/Employers
- Education and training providers
- Government (DHSS, state legislature for Medicaid/Medicare policy changes)
- AHEC

Resources

- Programs
  - NHSC Student/Resident Experiences and Rotations in Community Health
  - AHEC network
  - Alaska Family Practice Medical Residency
  - Alaska Center for Rural Health Rural/Underserved Opportunities Program
- Funding
  - Medicaid and Medicare Graduate Medical Education (GME) funds
  - NHSC and IHS federal funding
  - Federal Health Resources and Services Administration (HRSA) for AHEC, NHSC and IHS funding
  - Industry
  - State funds

Evaluation: Medicaid/Medicare policies support the use of residents in Alaskan hospitals. Residency opportunities are available in all regions of the state. Rural rotations are available at all rural hospitals, in most community health centers and tribal clinics and in a number of private practices.

[8] DHSS, *Securing an Adequate Number of Physicians for Alaska's Need*, Report of the Alaska Physician Supply Task Force, August 2006, p. 42

Strategy 3.3 Improve coordination in recruitment among health care providers

Rationale: Recruitment in the health care industry is an expensive business. According to a 2005 study, state health care facilities—hospitals, community health centers and rural mental health centers—spent over $24 million on recruitment in the prior year. Many times, more than one institution is recruiting for a similar skill set. Often searches at one institution yield multiple qualified candidates, some of whom at least could be good fits for other open positions in the state. A more coordinated recruitment system would allow hiring agencies to spread the costs of recruitment, share promising recruitment practices and develop a pool of applicants that are interested in relocating to Alaska in general and rural Alaska in particular.[9]

Action Steps

- Inventory existing recruiting practices among health care providers and facilities to identify "best practices"
- Create and maintain a single website that links health care organizations and is a repository for open positions
- Actively market Alaska health care employment opportunities in selected regions and with selected institutions in other states
- Explore a coordinated recruitment consortium that can serve multiple agencies and can share applicant information/applicant pools
- Pilot the use of non-traditional recruitment strategies such as posting on Craig's List and other web sites

Timeline

- Short term

Responsible Parties

- Industry/Employers
- Government (DHSS)
- Professional associations and membership organizations

Resources

- Programs
  - 3RNET technical assistance and web page
  - DHSS Alaska Primary Care Office and State Office of Rural Health
  - ASHNHA
- Funding
  - Industry

Evaluation: A coordinated recruitment effort exists that shares information and recruiting resources.

Strategy 3.4 Establish incentives to attract needed professionals

Rationale: Financial incentives of various types—loan repayment, moving costs, housing assistance and tax breaks—can influence a provider's decision to practice in Alaska. Research on support-for-service programs indicates that these programs bring health care providers to needy communities where they remain in practice for many years. Of all types of programs, loan repayment and direct financial incentives that target the practitioner after training show the broadest success.[10] Currently, a small number of health care providers—primarily physicians—who locate to Alaska are eligible for a variety of federal loan repayment programs, but these programs have limited slots and are generally targeted at underserved areas of the state. Incentives are needed for additional categories of high-need health care professionals, for all areas of the state and for those for whom loan repayment is not appropriate.

Action Steps

- Maximize use of federal loan repayment programs through dissemination of information and application assistance to health care providers and potential applicants
- Continue to submit the Health Professional Shortage Area (HPSA) designation application to HRSA to assure that sites are eligible to have loan repayors through HRSA-funded National Health Service Corps and State Loan Repayment programs
- Create and fund a state-supported loan repayment program
- Provide funds for non-loan incentives
- Explore federal tax breaks and other economic incentives to practice in underserved areas

[9] Alaska DHSS, *Status of Recruitment Resources and Strategies 2005-06*, p. iii and Recommendations, pp. 40-41

[10] Donald E. Pathman, M.D., et al. *Outcomes of States' Scholarship, Loan Repayment, and Related Programs for Physicians*. Medical Care. Vo. 42, No. 6, p. 567

Timeline
- Short term for state loan repayment and incentive program
- Mid-term for tax incentives

Responsible Parties
- Government (DHSS, State Legislature, Alaska Congressional delegation)
- Industry/Employers

Resources
- Programs
  - HRSA NHSC Loan Repayment
  - National Institutes of Health loan repayment programs
  - Military LR
  - HRSA State Loan Repayment Program
  - HRSA Nursing Faculty Loan Repayment
  - IHS Loan Repayment Program
  - Alaska Mental Health Trust Authority
- Funding
  - Federal loan repayment, including stimulus funds
  - State dollars
  - Industry
- People
  - DHSS health Planning and Systems Development Section staff, including the Alaska Primary Care Office and the State Office of Rural Health
  - Alaska Native Tribal Health Consortium staff for IHS loan repayment

Evaluation: State loan repayment and incentive program is in place and funded. Federal loan repayment programs are utilized to maximum effect. Support system for non-loan incentives is in place.

Strategy 3.5 Create a positive environment for health care providers

Rationale: While financial considerations can greatly influence the success of recruiting efforts, other factors can also come into play. The ease with which a relocating professional can become licensed or certified in Alaska can significantly affect a successful placement. Hurdles such as multiple background checks for the same position and with the same state agency can sour an applicant. Community amenities such as quality schools, housing and opportunities for spousal employment are important, particularly when a family is relocating.

Action Steps
- Align state regulations and licensure requirements with clinical workforce needs
- Develop and support the utilization of tools that promote community-based approaches to recruitment and retention
- Create Alaskan-specific practice environment assessments and comparison tools for selected profession

Timeline
- Short term for alignment of licensure and regulatory requirements
- Mid-term for community-based approaches and practice environment assessments

Responsible Parties
- Government (DCCED, Division of Corporate, Business and Professional Licensing, DHSS Criminal Background Check Unit)
- Industry/Employers
- Professional organizations

Resources
- Models
  - National Health Service Corps Site Development Manual
  - Examples from other states, such as the Massachusetts Medical Society index for physicians
- Funding
  - State GF and professional fees for licensing
  - Industry/state funds for community grants
  - Professional organizations
  - Federal/state grant funds
  - Private foundations

Evaluation: State licensure requirements are in line with national standards and reflect the needs of the health care workplace. Communities are involved in and take appropriate responsibility for the recruitment of needed health care professionals.

Strategy 4

Retain a skilled health care workforce

While recruiting skilled health care workers is a major task, keeping this workforce is even more critical. Some health care occupations and some locations report annual double-digit turnover rates. A 2006 study by DHSS found that the average cost for a physician hire was $126,782. Urban costs for recruiting registered nurses were $10,527 per hire; rural costs for the same position topped $42,500.[11] Clearly, replacement of lost workers represents huge costs in terms of both recruitment and retraining—costs that can be avoided by better retention.

This strategy can be implemented by

- Supporting and disseminating effective orientation and on-boarding programs for new employees
- Providing opportunities for professional development and advancement
- Promoting positive work environments

Funding

- Industry
- Private Foundations
- State/federal grants

Strategy 4.1 Support and disseminate effective orientation programs for new employees

Rationale: Much of the turnover in the health care workforce occurs during the first year of employment, particularly among new graduates who are entering the profession. As health care worker shortages in Alaska and the nation continue to grow, the state's health care employers are hiring and are willing to hire newly-trained workers in ever higher numbers.[12] Even seasoned professionals who are new to Alaska or to more rural conditions require assistance to be successful in their positions. Both health care organizations and the wider community have a responsibility for assuring that entering employees receive the support they require to succeed.

Action Steps

- Assist employers to implement preceptorship/mentorship programs based on standardized core competencies
- Encourage employers to provide cultural awareness/competencies training
- Establish industry/education consortia to share competencies, models and best practices in inducting new employees
- Identify community support initiatives

Timeline

- Short term for competency-based preceptorship programs
- Mid-term for community-based initiatives

Responsible Parties

- Industry/Employers
- Professional Organizations

Resources

- Models
  - ACE-HC competency-based nurse preceptorship programs
  - AMHTA – Alaska Core Competencies for Direct Service Workers
  - AHEC network
- Funding
  - Industry
  - AMHTA
  - Professional organizations

Evaluation: Competency-based preceptorship/mentorship/apprenticeship programs are established in all health care facilities and available to new employees.

[11] DHSS, *Status of Recruitment Resources and Strategies 2005-2006*, June 2006, pp. 31-32

[12] Alaska Center for Rural Health, *2007 Alaska Health Workforce Vacancy Study Research Summary*, August 2007, p. 4

Strategy 4.2 Provide opportunities for professional development and advancement

Rationale: The health care industry provides many career pathways both for those who come to the industry with entry-level skills and for those with more advanced training who wish to specialize. Work-based training directed at competencies and tied to career ladders is an effective method for retaining employees and for developing an increasingly-skilled workforce. Sharing training and continuing education opportunities among health care facilities through state/regional workshops or distance delivery can increase the reach of limited resources. Professional networking opportunities can assist with on-going skill development, encourage collaboration and lessen the sense of isolation that frequently occurs in Alaska among health care professionals, particularly those serving in rural areas.

Action Steps

- Share existing competency-based career ladders among employers
- Identify emerging roles and competencies resulting from health care reform and changes in care models
- Encourage apprenticeships and work-based experiences tied to career ladders and lattices
- Sponsor in-state professional development events
- Expand access to continuing education coursework through the UA system
- Assist with networking among health care occupational groups

Timeline

- Short term

Responsible Parties

- Industry/Employers
- Education and training providers
- Professional organizations

Resources

- Models
  - ACE-HC nursing group
  - Alaska Primary Care Association
- Funding
  - Industry
  - State/federal grants
  - Private foundations

Evaluation: Competency-based career ladders are established for high demand occupational groupings. Appropriate work-based and credit-bearing training opportunities support the career ladders. Professional workshops and networking opportunities are available to practitioners throughout the state.

Strategy 4.3 Promote positive work environments

Rationale: Health care positions place a high degree of responsibility on individual workers and often demand long hours and non-standard shifts. A major cause of turnover among direct care workers is the lack of appropriate supervision that supports and develops the employee. For all health care providers, changes in care models, technology and record-keeping systems can increase stress levels if adequate information and training is not provided. Finally, although compensation is usually not at the top of the list of reasons for leaving the industry, salary and benefits for the entry-level workforce need to recognize the importance of these positions and their contributions to the quality of health care in Alaska.

Action Steps

- Strengthen supervisory and leadership skills in health care occupations and facilities
- Assure competitive salary rates and employee benefits for health care workers, particularly those in entry-level and direct care positions
- Provide training in supervision and leadership to front-line supervisory personnel
- Inventory and disseminate best practices such as flexible schedules
- Establish organizational models that reflect changes in care management and that utilize technology to improve patient care and employee effectiveness
- Explore cross-industry leadership training programs that can be delivered collaboratively to both urban and rural site

Timeline

- Short term for supervisory and leadership training
- Mid-term for new organizational models

Responsible Parties

- Industry/Employers
- Professional organizations
- Education and training providers

Resources

- Programs
  - ACE-HC Nurse leadership competencies
  - UA/APU management/supervisory training programs
  - State of Alaska supervisory training
  - Private sector consultants/training
- Funding
  - Industry
  - UA general funds
  - Fees and tuition for management/supervisory training courses and programs

Evaluation: Turn-over in Alaskan health care facilities is reduced to at least the national average. Employees receive appropriate supervision and competitive wages and benefits.

Occupation-Specific Strategies for Priority Occupations

The health workforce is exceedingly complex to describe, evaluate and project. While overarching strategies to engage, train, recruit and retain health care workers are useful—even essential—to address the overall workforce picture, individual occupations and professions require their own detailed action plans comprised of strategies tailored to their unique needs.

In order to begin to develop these action plans, the health workforce planning process included an initial assessment of occupational priorities for Alaska, utilizing data and information from a variety of sources including the following:

DOLWD

Ten-Year Projections

Industry-Specific Studies

Occupational Information, Ranking and Demographics

DHSS

Health Professional Shortage Area (HPSA) Analysis

Physician Task Force Report

Special Topics (e.g. dental, pharmacy, licenseholders, loan repayment/

employee incentives options)

University of Alaska (Alaska Center for Rural Health/Alaska's AHEC and Office of Health Programs Development)

Vacancy Studies

Recruitment Studies

Special Topics (e.g. rural allied health, CHA/P, nursing, health information technology, pharmacy, geriatric education)

On the basis of the above information, which is compiled in the Occupational Forecast (Section 5), the planning group initially identified 35 occupations that appeared to be in most critical need of attention because of high vacancy rates, high number of vacancies and/or criticality to health care delivery. This initial listing was then distributed to various health-related groups either in a conference setting—Behavioral Health, Alaska State Hospital and Nursing Home Association (ASHNHA) and Alaska Public Health Association (ALPHA)—or through surveys to the participants/members of those groups as well as to the Alaska Medical Group Management Association (which represents many doctor's offices and clinics) and the Alaska Native Tribal Health Consortium. In all, 151 Alaskans participated in the survey prioritization process.

Conference and survey respondents were asked to select their top five from the list of priority occupations and to add occupations that they felt should be on the list. Results were reviewed by the coalition's Assessment and Priorities Committee. From these processes, occupations/occupational groupings were identified as those most in need of immediate attention. The 15 top priority groupings listed below include a total of 26 occupations and professions:

Behavioral Health Aide/Village Counselor

Primary Care Physician

Advanced Nurse Practitioner

Substance Abuse Counselor

Registered Nurse

Community Health Aide/Practitioner

Social Worker

Oral Health Practitioner

Psychiatrist

Human Services Worker

Pharmacist

Therapist and Therapist Assistant (Physical, Occupational, Speech-Language)

Nurse Educator

Health Informatics Staff

Direct Care Worker

Once priorities were identified, an initial set of strategies for each occupation on the list was developed. These strategies were then circulated to educators and practitioners in the occupation for review, verification and revision.

The revised strategies for each of the 15 priorities, together with descriptions of the occupations and pertinent data, make up the remainder of this section. The format used is similar to that found in the Physician Supply Task Force report cited elsewhere in this plan. An estimated time frame for the strategies is provided: Short Term (within the next two years), Medium Term (within three to

five years) and Long Term (five years or more in the future).

Priority strategies will be identified in the next step of the planning process and action plans utilizing these strategies will be drafted in the coming months for each of the identified priority occupations. These plans will include the following sections: Strategy, Problem Statement, Action Steps, Target Outcomes, Timeframe, Benefits, Costs, Responsibility, Area of Impact, and Rationale. During action planning, budget projections will be made for each strategy.

It is anticipated that those responsible for working on strategies for a particular health occupation will maintain regular communication, collaborate, and share ideas, information and results. Also, it is expected that work will continue on occupations beyond those included in the plan until a full set of health occupations strategies is completed.

Industry Occupations by Priority

Priority 1 *Most critical; requires immediate attention*

Behavioral Health Aide/Village Counselor
Certified Nurse Assistant
Community Health Aide/Practitioner
Dental Health Aide/Therapist
Dental Hygienist
Dietitian/Nutritionist
Disabilities Specialist/Worker
Family Nurse Practitioner/Advanced FNP
Family Physician (M.D., D.O.)
General Internal Medicine Physician/Internist
Health Educator
Health Informatics Staff
Healthcare Managers/Supervisors
Home Health Aide
Human Services Worker
Medical Assistant
Nurse Educator
Nurse Manager/Executive
Nurse Specialist (e.g. Critical Care, ER, OB)
Occupational Therapist
Personal Care Assistant
Pharmacist
Pharmacy Technician
Physical Therapist
Physical Therapy Assistant
Physician Assistant
Psychiatric Nurse
Psychiatric Nurse Practitioner
Psychiatrist
Public Health Nurse
Registered Nurse
Social Worker (BSW, MSW, LCSW)
Sonographer
Speech-Language Pathologist
Substance Abuse Counselor

Priority 2

Accountant (Health Care)
Behavioral Health Case Manager
Behavioral Health Clinician
Billing/Coding Clerk/Technician/Specialist
Clinical Psychologist/Psychologist
Community Health Representative
Community Wellness Advocate
Compliance Officer/Auditor
Dental Assistant
Dentist
Geriatrician
Gerontologist
Health Information Administrator/Manager
Healthcare Quality Professional
Hospital Administrator
Licensed Practical Nurse
Limited Radiographer
Mammographer
Marital/Family Therapist
Medical Director
Medical Laboratory Technician
Medical Technologist
Nuclear Medicine Technologist
Nurse Case Manager
Nurse Midwife/Women's Health Nurse Practitioner
Nursing Home Manager
Occupational Therapy Assistant
Optician
Pediatric Nurse Practitioner
Pediatrician
Physician Specialist
Radiation Therapist
Radiographer/Radiologic Technician
Rehabilitation Counselor
Residential Aide
Safety Officer
Sanitarian
Speech Therapist
Surgical Technologist
Veterinary Technologist/Technician
Village Health Educator

Priority 3

Anesthesia Technologist/Technician
Anesthesiologist Assistant
Art Therapist
Athletic Trainer
Audiologist
Billing Supervisor
Biomedical/Health Researcher
Blood Bank Technology Specialist
Cardiovascular Technologist
Chaplain
Clinical Assistant (Lab)
Cytogenic Technologist
Cytotechnologist
Dance/Movement Therapist
Dental Laboratory Technician
Diagnostic Molecular Scientist
Echocardiography Technician
Electrocardiography Technician (EKG)
Electroencenphalography Technician (EEG)
Electroneurodiagnostic Technologist
Emergency Medical Services Technician (EMT/ETT)
Epidemiologist
Exercise Physiologist
Exercise Science Professional
Genetic Counselor
Health Advocate
Health Care Manager/Supervisor
Health Information Clerk/Technician
Histotechnologist
Horticultural Therapist
Kinesiotherapist
Low Vision Therapist
Magnetic Resonance Technologist (MRI/CT)
Massage Therapist
Medical Biller/Billing Clerk
Medical Coding Clerk/Specialist/Certified Coder
Medical/Dental Receptionist
Medical Dosimetrist
Medical Illustrator
Medical Librarian
Medical Transcriptionist
Music Therapist
Nurse Anesthetist
Orientation and Mobility Specialist
Ophthalmic Assistant
Ophthalmic Dispensing Optician
Ophthalmic Medical Technician/Technologist
Optometric Technician
Optometrist
Orthoptist
Orthotist and Prosthetist
Paramedic
Pathologist's Assistant
Perfusionist
Personal Fitness Trainer
Phlebotomist
Podiatrist
Polysomnographic Technologist
Privacy Officer/Specialist
Professional Counselor
Psychiatric Aide/Technician
Public Health Administrator
Respiratory Therapist
Surgical Assistant
Sterile Processing Technician
Therapeutic Recreation Specialist
Teacher of the Visually Impaired
Veterinarian
Veterinary Assistant/Lab Animal Caretaker
Vision Rehabilitation Therapist

Behavioral Health Aide/Village Counselor

Description:

Behavioral Health Aides/Practitioners are employed by Alaska tribal health organizations to address local mental health and substance abuse issues and to promote healthy individuals, families and communities in rural and remote Alaska Native Villages. Behavioral health aides work under the supervision of licensed professionals.

Overview:

Programs are in place to train behavioral health workers for rural and urban Alaska, and there is an articulated behavioral health pathway available through distance delivery. Attracting individuals to these demanding positions and retaining them is challenging.

Workforce Data:

There were an estimated 39 vacancies in 2009 (15% vacancy rate).[13]

Education and Training:

UAF Rural Human Services; Regional Alcohol and Drug Abuse Counselor Training (RADACT), Alaska Native Tribal Health Consortium (ANTHC) Behavioral Health Aide Training; certification by Community Health Aide Program Certification Board; behavioral health career ladder (BHA I, II, III and BHA Practitioner) with participation by many UA campuses and tribal health organizations; courses are a combination of distance delivered and in person.

Strategies	Timescale
Engage	
Develop awareness of behavioral health occupations, especially in rural Alaska, using public service announcements on radio and television and other methods.	Short
Conduct culturally appropriate anti-stigma campaigns.	Medium
Engage local elders and leaders in introducing children and adults to the role of a village counselor.	Short
Provide information about, access to and funding for training and career opportunities in behavioral health.	Medium
Support continued ANTHC/University of Alaska/Alaska Mental Health Trust Authority cooperative efforts on the further development of BHA training opportunities and outreach.	Short
Train	
Enlist the help of local Alaska Native elders and leaders to assist with teaching healthy lifestyles and coping skills development in elementary schools.	Short
Continue to provide competency-based, culturally sensitive education for behavioral health workers at the village level; expand as needed. Ensure local Alaska Native elders and leaders co-teach and story-tell.	Medium
Expand access to continuing education for the village behavioral health workforce by promoting UA cross-campus coordination.	Medium
Consider strengthening work-based learning approaches to BHA education.	Medium
Present training materials and information at the Annual BHA Forum.	Short
Recruit	
Identify youth with peer helping skills and abilities in consultation with Native elders and community leaders, and support and nurture their growth.	Medium
Educate the legislature and advocate for increases in funding for sustaining these positions across the state.	Medium
Ensure that BHA certifications and endorsements are reciprocal and can be used at all levels of the career ladder in all rural areas.	Medium

[13] Unless otherwise noted, vacancy data are taken from the *2009 Alaska Health Workforce Vacancy Study*, conducted by the Alaska Center for Rural Health at the University of Alaska Anchorage. Licensing data have been provided by the Division of Occupational Licensing at the Department of Commerce, Community and Economic Development and by Department of Health and Social Services. Non-resident and age data for the current workforce are from Department of Labor and Workforce Development studies and projections.

Provide support to the Tribal BHA Training Academy to recruit and support training staff.	Short
Provide recruitment materials through tribal health organization communication channels and at tribal events around the state	Short

Retain

Ensure Native elder and community leader support for behavioral health workers through mentoring, guidance and leadership.	Short
Make general and targeted skills enhancement available for village behavioral health workforce.	Medium
Improve supervision of village workers.	Medium
Develop community understanding of and support for behavioral health workers in local areas, including personal expressions of appreciation.	Short

Primary Care Physician

Description:

Primary Care Physicians diagnose, treat, and help prevent diseases and injuries that commonly occur in the general population and may be trained as either Doctors of Medicine (MD) or Doctors of Osteopathy (DO). Areas of practice include Family Practice, General Internal Medicine, and Pediatrics. Obstetricians/Gynecologists are sometimes includec in this group, as are General Surgeons.

Overview:

In 2005 a task force was convened to analyze and provide recommendations regarding Alaska's physician workforce. These recommendations included expanding the size of the WWAMI medical school class, considering establishment of a medical school in Alaska, and various recruitment and retention measure. Several of these strategies, and some others represented in this section, have already commenced. Further planning is needed to develop strategies specific to each type of primary care physician.

Workforce Data:

In 2009, there were an estimated 67 family practice vacancies (11% vacancy rate) and 1,583 licensees, up 2% from 2007; 24% of the workforce is non-resident, 41% over age 50.

Education and Training:

Alaska WWAMI program (20 graduates per year); Alaska Family Medicine Residency (10 completers per year).

Strategies	Timescale
Engage	
Strengthen pipeline programs to medical and other health professions, particularly for minority and disadvantaged/under-represented populations.	Short
Support school districts in offering health occupations awareness and exploration activities.	Short
Incentivize consideration of family rather than specialty practice.	Medium
Engage hospitals/physicians in the community to help develop student awareness and interest.	Short
Train	
Expand the WWAMI program to include the second year in Alaska and additional students as resources allow.	Medium
Remove requirement to repay the public fund portion of medical education.	Short
Increase the use of distance delivery, simulation and other technologies to strengthen medical education in Alaska.	Medium
Implement a post-baccalaureate program to prepare college graduates and mid-career individuals for successful application to medical school.	Short

Provide excellent continuing medical education opportunities for family physicians throughout the state.	Medium
Develop a plan for Graduate Medical Education (GME) across the state that includes reducing barriers to financing GME.	Short
Explore community partnerships for GME programs, DO rotations, etc.	Medium
In conjunction with nurse practitioner and physician assistant programs, work to expand clinical practice opportunities for medical students and residents.	Short-Medium
Consider development of a medical school in Alaska.	Long
Infuse interdisciplinary teamwork, quality improvement and evidence-based practice concepts and applications in all health programs including medical.	Medium

Recruit

Work collaboratively to recruit primary care physicians to Alaska.	Short
Offer information and incentives to attract physicians to Alaska, particularly to areas of shortage.	Medium
Establish a robust loan repayment and employment incentives program that rewards physicians in family practice.	Long

Retain

Sustain and improve the practice environment in Alaskan communities.	Long
Assess and meet market wages and benefits for employed staff physicians.	Medium
Offer incentives for physicians and their families to remain in Alaskan communities.	Long

Advanced Nurse Practitioner (Family, Psychiatric/Mental Health)

Description:

Advanced nurse practitioners (ANPs) are Registered Nurses who have specialized formal, post-basic education and who function in highly autonomous and specialized roles working with all ages of patients.

Overview:

Nurse practitioner programs in the state have been in existence for many years. There is growing interest in these programs and class size in the UAA Family NP program has increased. Maintaining current enrollment and evolving the programs will require additional faculty. Recruitment, especially for other specialties, will continue to be required.

Workforce Data:

In 2009, there were an estimated 58 vacancies for Family Nurse Practitioners (17% vacancy rate) and 490 licensees, 9% increase from 2007. In that same survey, there were 2 vacancies (18% vacancy rate) reported for Psychiatric/Mental Health Nurse Practitioners.

Education and Training:

UAA Master of Science in Nursing Science, Family Nurse Practitioner track (15 graduates per year); Psychiatric/ Mental Health Nurse Practitioner Track (6 graduates every other year); these programs are offered primarily through distance delivery with some clnical intensives.

Strategies	Timescale
Engage	
Inform the public and prospective students about advanced practice nursing and the need for primary care providers in Alaska through media, role modeling, job shadows, and other means.	Short
Target nurses from minority and disadvantaged/underrepresented groups for encouragement and assistance in becoming advanced practice nurses.	Medium

Train

Hire more faculty for the UAA SON Advanced Nurse Practitioner programs.	Short
Identify additional practice sites for the education of advanced nurse practitioners in Alaska; consider innovative solutions such as offering a business tax credit to practices that agree to serve as a training site.	Short
Allow for evolution of advanced nursing practice education in Alaska toward national norms to ensure continued graduation and certification of Alaska ANPs, including the development of a Doctorate in Nursing Practice (DNP) program.	Medium
Provide continuing education in essential and advanced skills and knowledge for nurse practitioners across the state.	Medium
Update audio/video equipment to improve program delivery; add capacity for clinical simulation throughout the state.	Short

Recruit

Include advanced nurse practitioners in the professions eligible for loan repayment and other employment incentives.	Short
Examine the feasibility of subsidies for establishing advanced nursing practices in communities experiencing a primary care shortage; consider housing support.	Medium
Identify other strategies for external recruitment of ANPs through consortia of providers.	Medium

Retain

Sustain and improve the practice environment in Alaskan communities.	Medium
Ensure continuation of a robust scope of practice for advanced nurse practitioners in Alaska.	Short
Subsidize continuing education offerings by providing financial support for continuing education conferences to keep attendee costs affordable.	Medium

Substance Abuse/Behavioral Health Counselor

Description:

These positions counsel and advise individuals, families or groups with alcohol, tobacco, drug, or other co-occurring mental health and associated problems, such as domestic violence, criminal justice involvement, gambling, eating disorders, etc. Counselors may also provide life skills development and engage in education, harm reduction and prevention programs.

Overview:

There is an established process in Alaska for training and certifying these workers . As with other behavioral health fields, attracting and retaining individuals as substance abuse counselors is challenging.

Workforce Data:

There were an estimated 48 vacancies (15% vacancy rate) in 2009. An additional 110 positions are expected to be created in the ten-year period ending 2016. Currently, 8% of the workforce is non-resident; 39% is over 50 years of age.

Education and Training:

Alaska certifications and continuing education in the chemical dependency field; pertinent content included in behavioral health degree programs such as social work, psychology and human services. (Behavioral Health Technicians - 151 contact hours; Behavioral Health Counselor I - 304 contact hours; BH Counselor II - 6 years of work in chemical dependency or a bachelor's in human services or a minimum of 436 contact hours. An advanced BH Counselor II must have 6 years of full time work and experience supervised by a chemical dependency supervisor.)

Strategies	Timescale
Engage	
Develop awareness and educate the public about occupations and professions dedicated to decreasing the effects of alcohol, tobacco, substance use, eating disorders, and gambling in Alaska.	Short
Engage in a dialog with elders, local community leaders, businesses and civic organizations, as well as prospective students, about these roles.	Short
Train	
Inform practitioners at all levels about certification requirements and training opportunities such as Regional Alcohol and Drug Abuse Counselor Training (RADACT) and university programs.	Short
Encourage and assist substance abuse staff to receive required levels of training in the field.	Short
Ensure that Behavioral Health Technicians through Advanced Behavioral Health Counselors have access to the hours needed for training to keep their certification; provide financial assistance as necessary.	Short
Recruit	
Identify with community elders and leaders youth that show helping skills and abilities; ensure they have access to further their interest through formal education; support them as necessary to complete their training.	Medium
Work with all post secondary and vocational training programs to disseminate information to students who may be interested in an addiction treatment professional career.	Short
Partner with regional Native corporations to provide scholarships targeted to the addiction treatment field.	Medium
Create a Tech Prep pathway for high school students interested in this career area, allowing them to take one or more courses from the university as a way to build toward a career and future training.	Medium
Retain	
Create opportunities for certified Behavioral Health Technicians through Advanced Behavioral Health counselors to have daily access to not only a clinical supervisor but also to community leaders and advisors.	Short
Support the development and delivery of evidence-based continuing education critical to the professional development of counselors in the areas of substance abuse and related disorders, such as specific assessment tools, interventions and treatment modalities.	Short
Institute a loan repayment program for paraprofessionals in the addiction treatment field to enable them to seek postsecondary education that will allow them to assume leadership positions in their agencies.	Medium
Facilitate the development of a rural substance abuse and behavioral health counselor network to connect these individuals through video or live web-conferencing on a regular basis.	Medium
Ensure individuals just entering the behavioral health field have regular and consistent access to a clinical supervisor for support, using distance delivery as a prime method for education and/or transitioning into private practice.	Medium

Registered Nurse (RN)

Description:

RNs assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. They administer nursing care to ill, injured, convalescent, or disabled patients in many venues and may advise patients on health maintenance and disease prevention or provide case management. Licensing or registration is required in order to practice. DOLWD data include advance practice nurses in this category.

Overview:

Progress has been made on increasing the number of new graduate registered nurses in Alaska. Over time, the extension of the associate's degree program to many locations across the state, and improvement of the distance delivered RN-to-bachelor's degree, will allow for significant headway in most regions. Distribution remains a challenge—though less than in the past—and should improve further as new training sites are added. A continuing challenge is the process of orienting new graduates into their workplace roles and augmenting their skills in specialty areas. Considering the size of this workforce, it is anticipated that recruitment from outside the state will continue to be a factor, especially for nurse specialists.

Workforce Data:

There were 307 estimated vacancies (10% vacancy rate) in 2009 with only 63 vacancies for new graduates. By 2016 DOLWD estimates that the state will have 6,328 nursing positions, up from 4,817 in 2006. There were 6,334 licensees in 2009, a 9% increase from 2007; 16% of the current workforce is non-resident, 40% over age 50.

Education and Training:

AAS and BS nursing degrees at UAA SON (180-200 graduates per year); currently 12 locations in Alaska, 2 more to be added in 2011.

Strategies	Timescale
Engage	
Inform the public about nursing as a career, including K-12 awareness activities and working with AHEC Centers.	Short
Expand awareness of nursing opportunities to include specialty, rural and long-term care areas, as well as advanced practice.	Short
Educate the public about career lattice opportunities, including the ability to grow into the profession from a direct services background. Include information to those with other bachelor's degrees.	Short-Mediun
Broaden the field of nursing applicants, reaching out to students with degrees in other fields.	Short
Train	
Encourage relevant knowledge and skills development during K-12 education.	Short
Sustain and improve UA School of Nursing basic programs; solidify AAS program at the community level; strengthen and market advanced and specialty education, including the nurse educator distance-delivered master's program.	Short-Medium
Identify specialty priories; achieve statewide process for specialty training.	Medium
Continue development and support for accelerated specialty and rural generalist preceptorships and other post-employment continuing education opportunities; fund coordinating/development consortium; find funding for coordination/development consortium.	Medium
Engage all levels of nursing students in interdisciplinary teamwork and quality improvement/evidence-based practice education and clinical opportunities.	Short

Recruit	
Identify nursing specialists and nurse educators as beneficiaries of loan repayment and employment incentives programs.	Short
Use a coordinated approach to developing a strong pool of nursing candidates in the state.	Medium
Develop a comprehensive plan including financial incentives to attract nursing faculty to Alaska and engage local nurses in educational roles as preceptors and faculty members.	Medium
Retain	
Structure the workplace environment to maximize retention of incumbent nurses; consider factors such as shared governance, fair salary/benefits, highest attention to patient care quality and safety, reasonable and flexible workloads and schedules, etc.	Medium
Incentivize nursing staff to welcome and mentor new graduates and employees.	Short
Identify methods of attracting and retaining nurses later in their careers as productive members of the workforce.	Short
Encourage the delivery of continuing education that is financially feasible and readily available to nurses residing in rural settings.	Short

Community Health Aide/Practitioner (CHA/Ps)

Description:

A profession unique to Alaska, Community Health Aides and Practitioners provide preventive, primary and emergency care to rural Alaskans. CHA/Ps work under the supervision of licensed physicians employed by one of the tribally-managed hospitals or clinics and communicate regularly with these providers by telemedicine, telephone, email and other means.

Overview:

CHA/Ps are employed by the tribal system in Alaska. Certification is provided by the Community Health Aide Program Certification Board. Village councils typically participate in selection of individuals for CHA/P training.

Workforce Data:

In 2009, there were an estimated 43 vacancies (12.9% vacancy rate). Quarterly program surveys most recently revealed 103 vacancies out of 583 positions, for a 17.6% vacancy rate.

Education and Training:

Tribal Training Centers provide required session training, with field experience between sessions. UAF assists with advanced courses and provision of credits and degree progression for those interested in academic credentials.

Strategies	Timescale
Engage	
Include CHA/Ps in career awareness activities for K-12 and the public, especially in rural Alaska.	Short
Engage local elders and leaders in introducing children and adults to the role of health aides.	Short
Provide job shadowing and basic skills strengthening for those interested in these occupations; work with AHECs on this strategy.	Short
Train	
Continue to assess and seek support for provision of sufficient sessions to meet needs in the state.	Medium
Provide continuing education opportunities on a variety of pertinent topics.	Short
Provide smooth and subsidized access to university credits and relevant degrees, including a career ladder to the physician assistant program and other health professions.	Medium

Recruit	
Seek and encourage likely candidates for CHA/P positions to apply and proceed through levels of session training.	Short
Retain	
Provide respite for those working with little assistance in small villages.	Short
Ensure reasonable wages, benefits, and schedules.	Medium
Work to provide adequate supervision and support.	Medium
Consider housing stipends for community health aides and practitioners.	Short

Social Worker

Description:

Social workers provide services to improve client well-being and functioning. Particular focus is placed on assisting bulnerable populations and providing psycho-social supports to help clients cope with health/public health, behavioral health, abuse and neglect, education and basic need-related issues. Interventions may include individual, family and group therapy, crisis intervention, case management, advocacy, prevention and education.

Overview:

While the overall vacancy rate for social workers in the 2009 study was very low, there are critical pockets of vacancies, particularly in rural areas, that seriously affect critical functions. In some organizations, the inability to find social workers has resulted in positions being discontinued and filled by other types of workers. There may also be a need to provide additional resources to increase numbers of positions.

Workforce Data:

The 2009 vacancy rate was 3%, with 5 estimated vacancies. DOLWD data indicate a need for an additional 70 positions by 2016. Of the current workforce, 3% is non-resident, 33% is over age 50.

Education and Training:

Social work bachelor's degrees are delivered by UAA and UAF (distance), master's in social work at UAA (distance). Graduate about 58 per year (35 bachelors and 23 masters). Career pathway from rural human services certificate through associates in human services, bachelor's in social work, human services or psychology, master's in social work, now PhD in psychology.

Strategies	Timescale
Engage	
Include behavioral/mental health occupations in career awareness activities for K-12 students and educate the public on the role of the clinical social worker.	Short
Train	
Continue to develop and maintain a smoothly articulated career pathway in social work.	Short
Recruit	
Include clinical social workers in loan repayment and employment incentives programs, especially for Alaskan students.	Medium
Retain	
Increase numbers of positions in social work to lessen workload burden and associated burn out, decision errors and other problems.	Medium
Provide continuing education for social workers.	Short-Medium
Provide respite to decrease burn out.	Medium
Improve salary/benefits for social workers, as well as supervision and support.	Medium

Oral Health Practitioner

Description:

Dental Hygienists – The role of the dental hygienist is to assist members of the dental profession in providing oral health to the public. A person licensed in this profession may clean and remove stains from teeth, apply topical preventive agents (i.e. fluoride and sealants), and examine oral areas, head and neck for signs of oral disease. They may educate patients on oral hygiene and take and develop x-rays.

Dental Health Aides and Therapists (DHA/Ts) are only employed by Alaska's tribal organizations. They provide oral health care to individuals in remote communities without regular access to dentists. DHAs provide dental disease prevention and education services. Depending on level of training, DHAs may also provide additional basic level dental services. DHA Therapists are advanced practitioners who provide prevention services and a limited scope of basic restorative dental procedures such as cavity removal, fillings and simple extractions. DHATs practice under the direct, indirect or general supervision of a dentist.

Overview:

Dental Hygienists - Program expansions have recently been implemented in the UA system. The University will assess the effect in next few years and consider if additional changes are necessary. Recruitment to rural areas needs considerable attention.

DHA/T – The several levels of DHAs function similarly to dental assistants and dental health educators in non-tribal organizations. In many other developed nations, there is a tradition of a DHAT mid-level role, similar to physician assistants and nurse practitioners.

Workforce Data:

Dental Hygienists: In 2009, there were an estimated 41 vacancies statewide (8% vacancy rate); 16 (4.6%) urban and 24 (15.8%) rural. According to DOLWD estimates, an additional 210 will be needed over the 10-year period ending 2016. There were 444 licensees in 2009, up 4% from 2007. The current workforce is 7.5% non-resident, 26% over age 50.

DHA/T s: The DHA/T roles have only recently been developed in Alaska and their potential employment opportunities are evolving. The 2009 vacancy study, which included all tribal organizations except one small one, found an estimated 48 positions statewide, with 2 vacancies, a 4.2% rate.

Education and Training:

Dental Hygienists - Dental hygiene programs exist in Anchorage and Fairbanks; combined 17-20 graduates per year.

DHA/T - Training sessions for DHAs are organized by tribal health organizations. DHATs are educated in Anchorage and Bethel, in a partnership between ANTHC and the University of Washington MEDEX program. Formerly DHATs were educated in New Zealand. DHA/Ts receive certification from the Community Health Aide Program Certification Board.

Strategies	Timescale
Engage	
Include oral health practitioner occupations (Dental Hygienists and Dental Health Aides/Therapists, as well as Dentists) in career awareness activities with K-12 students and the public.	Short
Work with high schools, especially in rural areas, to provide adequate science education supportive of careers in oral health.	Medium-
Inform public about new expanded functions role for dental hygienists.	Short
Train	
Evolve educational programs for DHA/Ts.	Medium
Develop crosswalk of training in hygiene and dental assisting with that for dental health aides; collaborate where feasible.	Medium
Ensure continued funding for the cost intensive DHA/T program.	Short
Provide training in expanded dental hygiene functions.	Medium
Explore ways to give college credit for DHA/T program work.	Medium

Continue dental hygiene programs in Anchorage and Fairbanks; expand when resources and space permit; offer a Bachelor of Science in Dental Hygiene (BSDH) degree to prepare dental hygienists for entry into ADHP programs.	Medium
Recruit	
Identify and encourage likely candidates for DHA/T positions.	Short
Educate tribal dental directors about employment of DHAs and encourage appropriate support of training.	Short
Include dental hygiene in loan repayment and employment incentives programs, especially for Alaskan students.	Short
Include dental hygiene in efforts to recruit collaboratively, especially to rural Alaska.	Short
Retain	
Provide adequate compensation for oral health practitioners.	Medium
Improve supervision of village-based DHAs, including training for the dental team.	Medium
Provide meaningful, appropriate continuing education for Dental Hygienists and DHA/Ts.	Short
Improve workplace conditions and compensation and exercise other retention strategies for oral health practitioners.	Medium

Psychiatrist

Description:

A psychiatrist is a physician who specializes in the prevention, diagnosis, and treatment of mental, emotional and addictive disorders.

Overview:

While the total number of vacancies was fairly low in the 2009 study, the population of psychiatrists in Alaska over age 50 is quite high. Considering the extent of behavioral health issues in the state, it is important to address this medical specialty.

Workforce Data:

The 2009 vacancy study estimated 11 vacancies (13% vacancy rate); 16% of current practitioners are non-resident, 57% over age 50.

Education and Training:

A psychiatry residency being worked on at this time with the University of Washington.

Strategies	Timescale
Engage	
Include behavioral/mental health occupations in career awareness activities for K-12 students and the public.	Short
Train	
Develop psychiatric residency in Alaska.	Medium
Expand the third year WWAMI psychiatry clerkship for medical students.	Medium
Create and maintain a robust psychiatry resident elective until a psychiatry residency is operational; add matriculating psychiatrists to the workforce.	Medium
Recruit	
Cover psychiatrists in loan repayment and employment incentives programs.	Medium
Include psychiatrists in efforts to recruit collaboratively for physicians.	Short

Retain	
Develop and deliver continuing education opportunities for psychiatrists, particularly those in more rural areas of the state.	Shortt
Create supportive practice environments; assist in establishing practices and transitioning into the workforce.	Short

Human Service Worker

Description:

The primary purpose of the human service worker is to assist individuals and communities to function as effectively as possible in the major domains of living.

Overview:

Human service workers hold jobs with many titles. Examples include: Case Worker, Family Support Worker, Life Skills Instructor, Probation Officer, Group Home Worker, Mental Health Worker, Community Outreach Worker, Residential Manager, and Care Coordinator. Human service workers are found in diverse settings such as group homes, correctional facilities, community mental health centers, and a wide variety of other social service programs. In rural Alaska, employment opportunities include regional health corporations and federal, state and local governmental agencies.

Workforce Data:

In a large workforce of about 1,000, the number of vacancies among human service workers was 176 in 2009 (12% vacancy rate). Non-residents made up 11% of the workforce in 2006; 26% of workers were over age 50. DOLWD projects a need for about 250 additional workers in the period from 2006-2016.

Education and Training:

Some human service workers require only a high school education. The University of Alaska provides various levels of human service education, from certificate to graduate coursework. Several campuses provide education in human services, and it is possible to access programs in this field via in distance education.

Strategies	Timescale
Engage	
Include behavioral/mental health occupations in career awareness activities for K-12 students and the public.	Short
Target under-represented and other non-traditional students for human services occupations.	Short
Train	
Develop and maintain a smoothly articulated career pathways in human services across UA campuses.	Short
Seek improvements in educational programs, including complying with national standards and trends, meeting accreditation requirements, and providing access via distance education.	Short
Recruit	
Provide incentives for students to enroll in human services programs, including financial aid and scholarships for part-time, working students, workplace learning and distance education.	Medium
Retain	
Deliver continuing education for human service workers.	Short
Provide respite and sufficient staffing to decrease burn out.	Medium
Strengthen supervision through education and incentives.	Medium
Improve salary/benefits for human service workers.	Medium

Pharmacist

Description:

Pharmacists dispense drugs prescribed by physicians and other health practitioners and provide information to patients about medications and their use. Pharmacists may advise physicians and other health practitioners on the selection, dosage, interactions, and side effects of medications.

Overview:

The demand for pharmacists in Alaska has diminished somewhat in the past two years, probably helped by the recession and the recent increase in the number of pharmacy schools in the rest of the country. With anticipated retirements and potential expanded functions for pharmacists, it is expected that attention will need to be paid to ensuring that the number and distribution of this profession are adequate to meet state needs. Recruitment and retention will be important, as well as expanding viable options for educating pharmacists in state.

Workforce Data:

There were an estimated 37 vacancies (8.6% vacancy rate) in 2009 and 471 licensees, up 12% from 2007. Of the current workforce, 26% is non-resident and 34% over age 50.

Education and Training:

Currently there is no program in Alaska. Several options for pharmacy education recommended by a consultant are being discussed. An average of fewer than 10 Alaskans enroll in pharmacy schools in other states each year. The Creighton University distance delivered pharmacy program is available for those who want to stay in state for school.

Strategies	Timescale
Engage	
Inform the public about pharmacy as a career; include in K-12 career awareness activities.	Short
Target college majors in chemistry, biology and biochemistry for information about opportunities in pharmacy.	Short
Consider pharmacy technology program at the high school level.	Medium
Train	
Develop a strategy for pharmacy education for Alaska.	Short
Explore partnership options through an RFP process.	Medium
Develop a clear pre-pharmacy track at all three UA Major Administrative Units (MAUs).	Short
Work with Creighton University to set aside slots and provide tuition discount for Alaska students.	Short
Recruit	
Continue successful recruitment efforts; target new schools for information about Alaska.	Medium
Include pharmacists in loan repayment and employment incentives programs.	Short
Retain	
Creative attractive workplaces and exercise other retention strategies.	Long
Assure continuing education opportunities for pharmacists, especially in rural areas.	Medium

Therapists

Description:

A Physical Therapist assesses, treats, plans, organizes, and participates in developmental, restorative, and rehabilitative programs that improve mobility, relieve pain, increase strength, and decrease or prevent deformity of patients suffering from disease or injury.

An Occupational Therapist assesses, treats, plans, organizes, and participates in developmental, restorative and rehabilitative programs that help restore vocational, homemaking, and daily living skills, as well as general independence, to disabled persons.

A Speech-Language Pathologist assesses and treats persons with speech, language, cognition, voice, and fluency disorders to develop or regain the ability to communicate. The therapist may select alternative communication systems and teach their use and work with those with swallowing disorders to optimize nutritional intake and decrease risk of aspiration.

A Physical Therapist Assistant assists physical therapists in providing physical therapy treatments and procedures. The PT Assistant may, in accordance with State laws, assist in the development of treatment plans, carry out routine functions, document the progress of treatment, and modify specific treatments in accordance with patient status and within the scope of treatment plans established by a physical therapist.

An Occupational Therapist Assistant assists occupational therapists in providing occupational therapy treatments and procedures. The OT Assistant may, in accordance with State laws, assist in development of treatment plans, carry out routine functions, direct activity programs, and document the progress of treatments.

A Speech Therapy Assistant assists speech-language pathologists in carrying out services for individuals requiring these services.

Overview

Therapist professions in Alaska are in short supply, and pressures will continue to grow on this workforce as the population continues to rapidly age. Training for these professions tends to be expensive and complex to deliver. At present, programs in two critical therapy professions (OT and Speech-Language) are offered in Alaska through partnership arrangements and partners are being sought for physical therapy. There is some need to expand the use of occupational therapists across the state, as well as assistants in both PT and OT. That has not been the typical practice pattern to date but could serve the state well. Local development of the assistant occupations is being considered, but will require resources. There will be a continued need for recruitment into the state and for attention to distribution within Alaska.

Workforce Data:

The 2009 vacancy study estimates the following for the various therapies: PT: 45 (rate 16%), OT: 29 (rate 23%), Speech-Language Pathologists: 16 (rate 10%), PTA: 17 (rate 28%). The current workforce has considerable non-resident and older workers: OT: 17% out-of-state workers; 32% age 50+; PT: 22% out-of-state, 22% age 50+; Speech-Language: 18% out-of-state, 44% age 50+; PTA: 11% out-of-state, 19% age 50+.

Education and Training:

There is an OTD program at UAA with Creighton University, currently admitting up to ten per year in Anchorage. UA is exploring partnerships for an Alaska-offered DPT. The University is also looking into requirements for development of PTA and OTA programs. There is a speech-language master's program available in Alaska, a partnership with East Carolina University's distance program, with post-baccalaureate bridge courses offered by UAA. There is a speech pathology assistant distance option available through the UAA Center for Human Development.

Strategies	Timescale
Engage	
Elevate public awareness of therapies occupations and professions.	Medium
Provide information to K-12 students, including job shadows, role models, and mentors.	Short
Advise students on educational opportunities within and outside Alaska.	Medium
Raise awareness and acceptance of the use of mid-level PTAs and OTAs in the Alaska healthcare community.	Long

Train	
Maintain OT partnership with Creighton University and Speech-Language partnership with East Carolina University; develop PT partnership with an external institution.	Medium
Seek expanded/alternate approaches to therapies education in Alaska over time, where feasible and needed.	Long
Assist UA to move aggressively to develop programs for both PTA and OTA, with a goal of admitting a cohort of PTA students in the fall of 2011.	Short-Mediu
Consider potential for the speech therapy assistant program to be developed as an apprenticeship (may be registered or non-registered).	Short
Assist non-traditional students to enter professional programs; give credit for relevant past experience; provide mentors.	Medium
Recruit	
Address wage disparity for mid-levels (PTAs and OTAs).	Medium
Identify schools in the Lower 48 that would like to offer clinical rotations in Alaska facilities and develop relationships, after giving first preference to students in programs in Alaska.	Medium
Include PTs, OTs and Speech Pathologists in loan repayment/employment incentive programs and recruitment collaborations.	Medium
Consider industry provision of financial assistance in exchange for service.	Medium
Develop additional appropriate clinical rotations for therapy students.	Medium
Retain	
Assess retention factors for therapy professionals in Alaska; plan retention strategies.	Medium
Work on a re-entry strategy for those who have left the profession to raise children, etc.	Long
Provide affordable, high quality and pertinent continuing education in a format easily accessed by therapists, especially those in rural Alaska.	Medium

Nurse Educator

Description:

Nurse educators teach nursing students in basic and advanced nursing programs. They may also provide education to patients, families, communities and health care workers, in a variety of settings.

Overview

There is a national shortage of nurse educators and current faculty is older on average than the overall nursing workforce. Recruitment and retention require attention to salary/benefits issues. Accreditation standards are high for schools of nursing. Regular faculty are required to have earned master's or doctoral degrees. This is a challenging role, combining expertise in clinical skills and instruction. UAA established a master's track several years ago and interest is increasing. Sustaining and marketing this program is important to allow Alaska to grow its own nurse faculty and to also prepare nurse educators to work with patients and communities.

Workforce Data:

Currently there are 4 faculty vacancies in the UA SON AAS program (vacancy rate 16%) . The overall nursing faculty vacancy rate is 7.8%. One to two additional FTEs are needed for the MS program. The average age of current faculty is 54.9 years: 4% at 30-39, 17% at 40-49, 49% at 50-59, and 30% at 60-69 years.

Education and Training:

UAA has an online master's degree track for nursing education.

Strategies	Timescale
Engage	
Expand awareness of nursing opportunities in the education of students, patients, families, others.	Short
Engage local nurses in educational roles as preceptors and faculty members.	Short
Encourage health care providers to identify members of the workforce to serve as educators.	Short
Train	
Market nurse educator distance-delivered master's program at UAA.	Short
Provide scholarships and other incentives for nurses to achieve advanced education and to participate as educators of the next generation of nurses.	Medium
Encourage continued involvement of current nursing faculty as preceptors of graduate nurse educator students.	Short
Recruit	
Identify nursing specialists and nurse educators as beneficiaries of loan repayment and employment incentives programs.	Short
Develop a comprehensive plan and provide incentives to attract nursing faculty to Alaska.	Medium
Encourage and incentivize aspirations for advanced degrees in nursing, including master's and doctoral degrees.	Short
Assess salaries for nursing faculty and find ways to enhance salary/benefits to improve recruitment and retention.	Short
Retain	
Provide incentives to nursing staff to welcome and mentor student nurses, new graduates and employees.	Short
Ensure School of Nursing workplace is collegial and congenial place to work; provide resources, mentoring and support needed to become/be an effective faculty member.	Short
Identify methods of attracting and retaining nurses later in their careers as productive members of the nurse educator workforce.	Medium
Establish faculty compensation at levels found in the industry.	Medium

Health Informatics Staff

Description:

Modern definitions of Health Informatics encompass the two broad interrelated fields of Health Information Management (HIMS) and Clinical Informatics. Personnel operate at many levels to design, develop, implement, use and manage information technology in health care organizations. Related HIMS occupational titles include medical records technicians, medical coders, and medical and health services managers. In the evolving field of Clinical Informatics, occupational titles are not yet standardized but encompass the spectrum of information technology (IT) titles in a clinical setting: clinical informatics specialist, programmer, and analyst.

Overview

Health Informatics is a swiftly growing and evolving field in Alaska. A combination of education and on-the-job training is usually required for these occupations. IT professionals need an augmented health background, and health professionals require IT knowledge. Alaska is presently working to develop a Health Information Exchange to enable the electronic sharing of patient records between medical providers and all medical providers are working to implement or enhance electronic health record systems and interface them with point-of-care medical devices such as glucometers, ventilators, EKGs, etc.

Workforce Data:

There are many types of workers involved in health informatics, from administrative assistants and billing/coding staff to health care and IT professionals. The common denominator is that they function in support of health IT, inclu ing electronic medical records. The future growth in jobs in this broad and complex field is not yet accurately measured but it is expected to be dramatic due to the proliferation of hi-tech devices in direct patient care, and federal mandates t expand the meaningful use of electronic health records.

Education and Training:

The University of Alaska has several programs in billing, coding, health records and related topics. A work group is planning to add HIT components to these existing programs and to expand coursework in this area, especially at certificate and associate degree levels. Collaborations with other universities and colleges are being developed in this area, particularly to make graduate level education available to Alaskans. Charter College also offers health information technology programming.

Strategies	Timescale
Engage	
Include health informatics careers when providing career awareness to K-12 students.	Medium
Inform existing health care workers and administrative staff about health informatics.	Short
Advise current students in health programs and computer science/IT programs to study HIT.	Medium
Train	
Assess HIT training needs with industry.	Short
Develop a comprehensive plan for HIT education needed by the Alaska health care industry.	Short
Participate in consortia to develop curricula and share HIT courses at all levels.	Short
Provide HIT-related coursework in-state for health and IT staff pertinent to individual knowledge gaps.	Medium
Recruit	
Encourage interested employees to gain additional education and skills in the area of HIT.	Medium
Retain	
Provide sufficient support and continuing education to health care staff to allow them to be comfortable as health informatics evolves and becomes more prevalent in the workplace.	Medium

Direct Care Worker

Description:

Direct care workers are the backbone of the health care delivery system, providing routine, personal healthcare and assistance with daily living in a variety of settings. Common titles for these workers are Personal Care Assistant or Attendant, Home Health Aide, Nurse Aide or Certified Nurse Assistant (CNA), Disabilities Services Worker, Direct Support Professional, Direct Service Worker.

Overview

CNAs fall under the Board of Nursing in Alaska which ensures that educational standards are met by programs and that the CNA scope of practice is defined and enforced. In January 2010 a proposal was put forth by a collaborative Credentialing and Quality Standards group outlining core competencies for direct care workers in health and human services. These competencies are intended to be used to further educate and strengthen the direct care workforce in the state.

Workforce Data:

The direct care workforce in Alaska is quite large. In 2006, DOLWD identified 2,337 Personal and Home Care Aides, 1,859 Home Health Aides and 1,940 Nurses Aides, Orderlies and Attendants, for a total in these three occupations of 6,136 workers. 2009 vacancy data for Personal Care Attendants showed 33 positions (6%, vacancy rate) with 8% non-residents and 31% over 50 years of age. DOLWD projects a need for an additional 1,210 PCAs in the 2006-2016 timeframe. There were 12 vacancies for home health aides identified in 2009, a 16% vacancy rate. DOLWD projects needing an additional 830 HHAs by 2016. Certified Nurse Aides showed 116 vacancies, an 8% rate. DOLWD projects a need for 850 more nurse aides, orderlies and attendants by 2116. While only 6% of the current nurse aide workforce is non-residents, 21% is over 50 years of age. There is a high turnover in these entry-level occupations.

Education and Training:

There are a number of training providers for CNAs across the state, including university campuses, AVTEC and several hospitals (some in partnership with campuses and/or high schools). PCAs are required to have minimal training and, if hired directly by a consumer rather than an agency , there is very little required training or oversight. In part because home health aides do not have special certification in Alaska at this time, there is no specific training program for HHAs in the state.

Strategies	Timescale
Engage	
Encourage awareness of these entry-level careers, including providing programs at the high school level.	Short
Ensure potential and current workers understand this can be an entry point into a career ladder.	Short
Train	
Work with the Board of Nursing to remove barriers that impede the provision of CNA training programs in a large number of communities and in various training sites.	Short
Continue to work on common core curricula for PCA and CNA education, as well as advanced practice specialties with the Board of Nursing and others.	Short
Strengthen, support and expand the long-term care and direct/disabilities support apprenticeship programs, working with federal and state DOLWD staff.	Short
Continue work on standardization of occupational core competencies and strategies for implementation.	Medium
Recruit	
Increase efforts to attract underrepresented individuals to participate in the direct care workforce.	Short
Develop and support recruitment strategies that focus on the non-traditional and under-represented worker, i.e. retirees, family & friends, Alaskan Natives, etc.	Short
Retain	
Work on improving wages and benefits for direct care workers through a focus on credentialing.	Long
Provide continuing education to allow direct care workers to add to their competencies and advance in their field.	Medium
Increase skills of supervisors and ensure delivery of supervision of Direct Care Workers; integrate instruction on the supervision and support of direct care workers into the educational preparation for registered nurses or related occupations.	Medium
Seek opportunities to facilitate participation of direct care workers in educational programs and the annual conference to advance their credentials; augment career ladders.	Short

Notes

Notes

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Appendix

3RNET	Rural Recruitment and Retention Network
ACE-HC	Alaska Coalition of Educators in Health Care
AHEC	Area Health Education Center
AKCIS	Alaska Career Information System
ALEXsys	Alaska Labor Exchange System
AMHTA	Alaska Mental Health Trust Authority
ANTHC	Alaska Native Tribal Health Consortium
APICC	Alaska Process Industry Careers Consortium
APU	Alaska Pacifc University
ASHNHA	Alaska State Hospital and Nursing Home Association
AVTEC	Alaska Vocational Technical Center
AWIB	Alaska Workforce Investment Board
DCCED	Department of Commerce, Community and Economic Development
DEED	Department of Education and Early Development
DHSS	Department of Health and Social Services
DOLWD	Department of Labor and Workforce Development
HOSA	Health Occupations Student Association
HRSA	Health Resources and Services Administration
IHS	Institutes of Health
MAU	Major Administrative Unit
NHSC	National Health Service Corp
RWJ	Robert Wood Johnson Foundation
STEP	State Training and Employment Program
TIE	Teacher Industry Externships
UA	University of Alaska
VTEP	Technical Vocational Education Program (state funds)
WBLE	Work-based Learning Experiences
WIA	Workforce Investment Act
WICHE	Western Interstate Commission on Higher Education
WWAMI	Washington, Wyoming, Alaska, Montana and Idaho (regional school of medicine based at University of Washington)
YES	Youth Employment Skills

Alaska Occupational Forecast 2006 to 2016, Vacancy Rates and Supply Data–Health Occupations

DOL and UAA sources

SOC Code	Occupation	Employment			Openings			Alaska Mean Wage	Percent Non-Resident Workers
		2006	2016	Pct Chg	Growth	Replacement	Total for 10 Year Period		
	Healthcare Practitioners and Technical								
	Behavioral Health Aides/Village Counselors								
	Behavioral Health Case Managers								
	Behavioral Health Clinicians								
	Child, Family and School Social Workers	749	847	13.1	100	160	260	20.87	7.0%
	Community Health Aides/Practitioners								
	Community Health Representatives								
	Critical Care/Emergency Room/Intensive Care Unit Nurses								
29-2021	Dental Hygienists	532	643	20.9	111	99	210	$44.38	7.5%
29-1021	Dentists, General	121	135	11.6	14	16	30	$97.60	19.1%
29-1031	Dietitians and Nutritionists	100	118	18	18	32	50	$27.41	6.1%
29-2041	Emergency Medical Technicians and Paramedics	260	329	26.5	69	31	100	n/a	14.3%
	Family Nurse Practitioners								
	Family Physicians/General Practitioner							66.53	23.7%
29-1199	Health Diagnosing and Treating Practitioners, All Other	147	180	22.5	33	27	60	$37.88	
	Health Educator/Village Health Educator/Community Wellness Advocate	230	281	22.2	50	30	80	$19.84	5.0%
	Health Information Managers								
29-2099	Health Technologists and Technicians, All Other	477	581	21.8	104	36	140	$25.20	
29-9099	Healthcare Practitioners and Technical Workers, All Other	344	413	20.1	69	71	140	$24.39	
	internists, General							$68.25	41.7%
29-2061	Licensed Practical and Licensed Vocational Nurses	593	700	18	107	163	270	$23.01	15.5%
	Marital/Family Therapists							$28.54	
29-2012	Medical and Clinical Laboratory Technicians	272	336	23.5	64	36	100	$20.16	15.6%
29-2011	Medical and Clinical Laboratory Technologists	255	297	16.5	42	38	80	$30.23	17.9%
	Medical and Public Health Social Workers (BA/BSW, MSW, LCSW)	188	221	17.6	30	40	70	$24.92	3.2%
29-2071	Medical Records and Health Information Technicians	419	512	22.2	93	107	200	$18.41	9.4%
	Mental Health and Substance Abuse Social Workers	321	401	24.9	80	70	150	$22.47	8.9%
	Mental Health Counselors	232	287	24.8	60	30	90	$24.69	9.9%
	Nurse Case Managers								
	Nurse Managers/Executives								
	Nurse Midwives/Women's Health Nurse Practitioners								
29-9011	Occupational Health and Safety Specialists	200	221	10.5	21	39	60	$38.64	
29-1122	Occupational Therapists	142	180	26.8	38	22	60	$33.38	17.2%
29-2081	Opticians, Dispensing	126	145	15.1	19	41	60	$18.51	9.6%
	Optometrists							$55.02	15.2%
29-1051	Pharmacists	294	393	33.7	99	51	150	$53.18	26.1%
29-2052	Pharmacy Technicians	460	622	35.2	162	138	300	$17.42	11.6%
29-1123	Physical Therapists	307	410	33.6	103	37	140	$37.71	22.0%
29-1071	Physician Assistants	352	460	30.7	108	52	160	$46.99	22.8%
29-1060	Physicians and Surgeons	822	996	21.2	174	146	320	n/a	
	Psychiatric Nurses								
	Psychiatric Nurse Practitioners								
29-2053	Psychiatric Technicians	182	222	22	40	60	100	n/a	11.2%
	Psychiatrists							$ 94.09	15.5%
	Psychologists/Clinical Psychologists								
	Public Health Nurses								
29-2034	Radiologic Technologists and Technicians	400	501	25.3	101	49	150	$29.03	15.2%
29-1125	Recreational Therapists	141	184	30.5	43	17	60	$20.78	10.4%
29-1111	Registered Nurses	4,817	6,328	31.4	1,511	799	2,310	$35.01	16.0%
	Rehabilitation Counselors	402	499	24.1	100	80	180	$23.15	6.4%
29-1126	Respiratory Therapists	149	197	32.2	48	22	70	$28.75	19.1%
	Social and Human Services Assistants/Human Services Workers	989	1131	14.4	1240	110	250	$16.10	11.3%
	Sonographers							$35.23	32.6%
	Speech Therapists								
29-1127	Speech-Language Pathologists	164	181	10.4	17	33	50	$34.87	17.9%
	Sterile Processing Technician								
	Substance Abuse and Behavioral Disorder Counselors	259	320	23.6	60	50	110	$23.71	8.1%
	Surgical Technologist							$20.55	23.1%
29-2056	Veterinary Technologists and Technicians	119	135	13.5	16	44	60	$14.87	
	Healthcare Support								
31-9091	Dental Assistants	1,003	1,215	21.1	212	168	380	$20.11	11.5%
	Disabilities Services Workers								
31-9099	Healthcare Support Workers, All Other	1,933	2,217	14.7	284	236	520	$17.80	
31-1011	Home Health Aides	1,859	2,515	35.3	656	174	830	$13.58	8.9%
31-9011	Massage Therapists	181	221	22.1	40	20	60	$38.70	12.9%
31-9092	Medical Assistants	800	1,132	41.5	332	98	430	$16.95	8.3%
31-9094	Medical Transcriptionists	143	168	17.5	25	25	50	$19.43	9.8%
31-1012	Nursing Aides, Orderlies, and Attendants	1,940	2,629	35.5	689	171	860	$15.53	6.3%
	Pharmacy Aides							$15.17	15.0%
	Physical Therapist Aides							$15.67	8.60%
	Physical Therapy Assistants							$17.18	11.10%
31-1013	Psychiatric Aides	120	133	10.8	13	7	20	$17.58	90.00%
31-9096	Veterinary Assistants and Laboratory Animal Caretakers	195	219	12.3	24	16	40	$12.25	
	Personal Care and Service								
39-9021	Personal and Home Care Aides	2,337	3,146	34.6	809	401	1,210	n/a	8%
	Management								
11-9111	Medical and Health Services Managers	903	1,076	19.2	173	167	340	$41.33	5.8%
11-9151	Social and Community Service Managers	478	542	13.4	64	86	150	$29.15	7.5%
	Office and Administrative Support - Not Only Healthcare								
43-3021	Billing and Posting Clerks and Machine Operators	1,118	1,209	8.1	91	139	230	$17.88	11%
43-4199	Information and Record Clerks, All Other	1,808	1,722	-4.8	0	290	290	$19.51	
43-6013	Medical Secretaries	337	410	21.7	73	47	120	$15.76	10%

Note:

*All Nurse Practitioners

**All Physicians

***Physical and Occupational Therapists

Percent Residents Age 50+	Active Alaska Licensees August 2009	Percent Change in Licensees from 2007 to 2009	2009 Vacancies (Estimated)	2009 Vacancy Rate	2007 Vacancy Rate	Estimate # Graduates in AK in 10 Year Period	Comments
			39	15%	18%	?	Occupational endorsement in Rural Human Services
			49	6%			Human Services graduates often perform this function
			47	10%	0%		Social workers, psychologists, human services workers educated in AK
26.2%							See Medical and Public Health Social Workers
			44	13%	12%	40 AAS +	Tribal Training Centers provide Session Training - ? # per year
			7	10%	0%		
			42	15%	14%		
26.0%	444	4%	41	8%	13%	170-200	Anchorage and Fairbanks sites
43.3%	486	4%	15	3%	7%		Looking at options for education
27.3%			11	17%	33%	50	
14.3%			0 E/11 P	0%/4%	26%/14%	2330 E/400 P	Many EMTs needed as volunteers
	490*	9%	58	17%	14%	150	DOL data included in RNs
40.8%	1,583**	2%	67	11%	14%	~200	Alaska WWAMI program - see Physicians and Surgeons below
						na	
25.6%			10	5%	13%	20	Community Wellness Advocate program at Sitka; working on health education BSHS
			6	6%		80	
						na	
						na	
41.9%							
42.2%			67	12%	14%	200-400	AVTEC has 40 slots per year
			5	10%	0%		
30.4%			6	4%	8%	10-40	New lab in 2011 will allow expansion
42.5%			15	7%	12%	125	New lab in 2011 will allow expansion
33.1%			5	3%	12%	580	BA/BSW (35/year)and MSW (23/year) programs; available through distance delivery
24.9%			57	5%	9%	100	Billing/coding and health information management
37.0%							See Medical and Public Health Social Workers
36.7%	417	17%					See Psychologists, Medical and Public Health Social Workers, Social/Human Services Assistants
			31	11%	14%		DOL data included in RNs
			18	13%	13%		DOL data included in RNs
			21	22%	6%		DOL data included in RNs
						70	
31.9%			29	23%	28%	80	Creighton partnership - 10 slots per year if continues past 3rd cohort
30.9%					18%	0	No program in state
35.7%							
34.0%	471	12%	37	8%	11%	50	Looking at options with consultant
13.1%	1,246	30%	31	3%	6%	70	Unused program capacity - state does not require formal training
21.6%	607***	2%	45	16%	18%		Looking at options
43.8%	320	13%	42	13%	24%	200	Doubled program; all offered in Alaska
			102	10%	11%	250	Alaska WWAMI - see Family Physicians above
			10	13%	9%	See R.N.s	
			8	18%	27%	30	
28.9%			2	4%	6%		2009 number includes Psychiatric Aides
57.4%			11	13%	29%		Residency program being discussed
	132	-4%	18	12%	27%	100	Master's level education, will also have PhD graduates
			21	22%	9%	See R.N.s	
30.7%			7	4%	9%	260	In 6 locations
34.7%							
40.2%	6,334	9%	307	10%	9%	2000	New graduates; but many positions require experience/specialty training
27.3%							
39.5%			4	6%	4%	0	Considering this program
26.5%			176	12%	10%	1080	Certficate, AHS, BHS
46.9%			9	14%	13%		Program being planned
			10	16%	0%		
44.1%			16	10%	23%	65	Alaska cohort of 5-8 per year in East Carolina U distance program
			6	6%	7%		
39.4%			48	15%	13%		
23.0%			6	9%	14%		
						0	
13.8%			62	6%	11%	180	Formal training not required in Alaska; programs in Anchorage and Fairbanks
						110	
26.4%			12	16%	33%	ee Nursing Aide	Not distinguished from CNAs in Alaska by certification
19.2%			3	4%	0%		UAA has advanced CE only at present
13.8%			30	4%	14%	210	
38.8%			2	1%	7%	70	
21.3%	2,880	14%	116	8%	12%	870+	Certified Nursing Assistants - AVTEC and UA programs; ? counts from others
12.3%							
9.30%							
8.80%			17	28%	25%		Program being planned
9.90%			With Psych Techs		6%		
						100	New program at Mat-Su Community Campus
31%			33	6%	8%	30-110	Could train many more if state required
12.0%			86	5%	5%	?	APU and UA
38.3%			13	6%		30+	Graduate certificate in social work management
18%			58	5%	7%	40	The DOL occupational information is not just for health care
			37	6%	0%		The DOL occupational information is not just for health care
23%					13%		

Alaska Occupational Forecast

Fold-Out Chart