

# Southeast Alaska Health Care Workforce Analysis

December 2019



**SOUTHEAST  
CONFERENCE**

Prepared by  
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ALASKA STATE HOSPITAL &  
NURSING HOME ASSOCIATION

**Bartlett**  
Regional Hospital



**SEARHC**  
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM



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# Southeast Health Care Jobs

In 2018, there were 3,990 annual average (year-round equivalent) health care jobs in Southeast Alaska, comprising 9% of the total regional workforce. From 2016 to 2018, total health care employment increased by 12.5%, for a gain of more than 450 jobs.

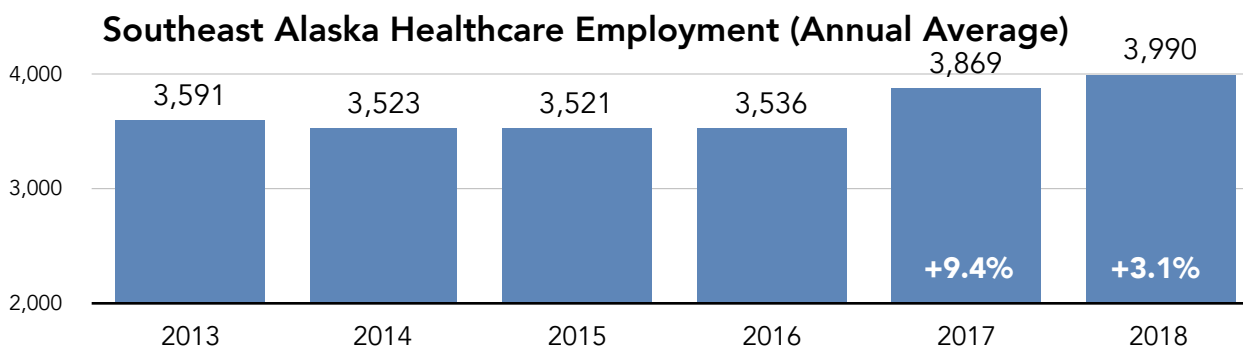
The top health care employers in the region are Southeast Alaska Regional Health Consortium (SEARHC) with nearly 1,200 staff, Juneau's Bartlett Regional Hospital with approximately 650 employees, and PeaceHealth Ketchikan Medical Center with nearly 500 workers. Just over a quarter (28%) of health care jobs (1,130) are government jobs, including municipal hospital staff and Alaska Pioneer home workers.

**12.5%**  
job growth in  
2 years

In 2017 and 2018, regional healthcare jobs grew after four years of remaining essentially flat. While health care needs in the region had been increasing due to an aging populace and growing patient volumes, employment expansion had been on hold amid state and national political uncertainty. Once that uncertainty appeared to be resolved, hiring increased significantly.

The total number of people working in the regional health care industry is much larger than the annual average job number. High worker replacement rates, partly due to the extensive use of traveling health care workers, means that total workers significantly exceed total jobs. More than 5,000 workers participated in the Southeast Alaska's health care industry in 2018.

The Spring 2018 Southeast Alaska Business Confidence survey showed that the health care sector was the most optimistic among all regional sectors. However, in December 2018 the governor proposed steep cuts to health care and Medicaid spending across the State of Alaska. This proposed reduction coupled with the loss of federal matching funds has contributed to a sharp decline in confidence. Health care sector leaders polled in the annual confidence survey showed they were the least optimistic - a significant decline in optimism in the span of just one year.



Source: Combination of Alaska Department of Labor 2018 Employment and Wage data and 2016 US Census Nonemployer (self-employment)

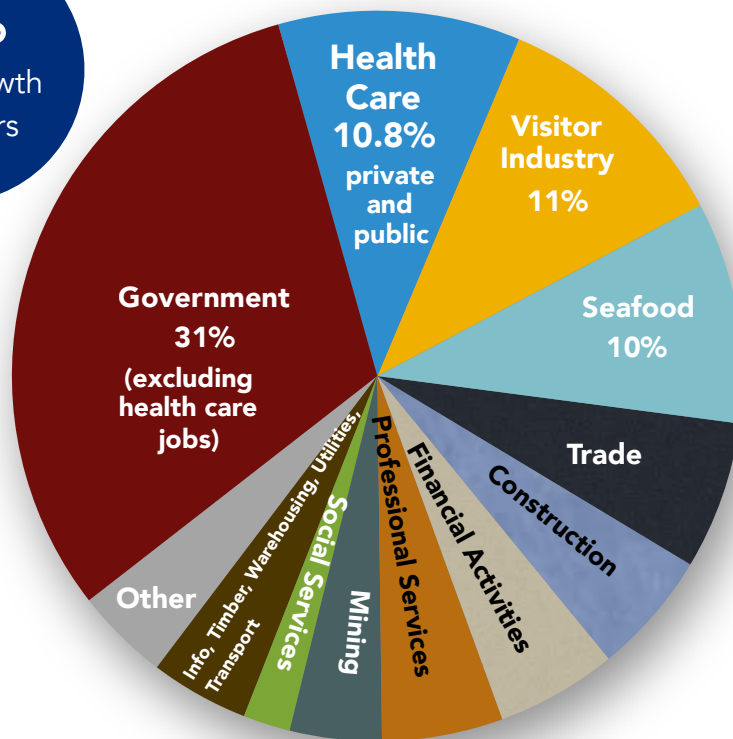
# Southeast Health Care Earnings

Southeast Alaska's health care workers earned \$243 million in 2018, which was 11% of all regional wages. This includes \$75 million in health care wages from government hospitals and facilities.

**24%**  
wage growth  
in 3 years

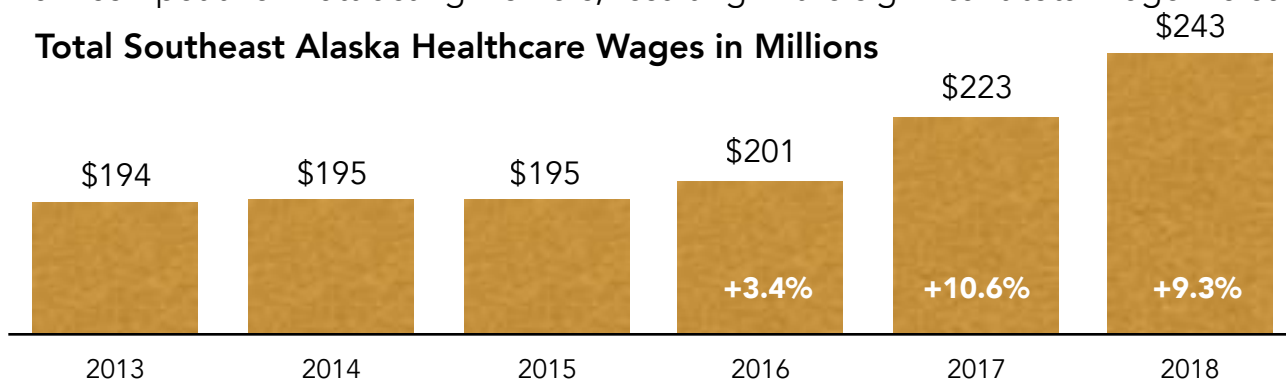
Regional health care wages have increased considerably in recent years, growing by \$47 million, or 24%, over the past three years, from \$195 million in 2015 to \$243 million in 2018. The health care sector is one of the top wage providers in the region. Government and the visitor industry pay more in total wages, while the seafood workforce had lower total earnings last year.

**Southeast Alaska Wages 2018**



Health care wages, like employment, had previously been relatively flat amid uncertainty over national health care policy, proposed Medicare cuts, and cuts to state Medicaid. The regional industry also sought efficiencies by consolidating shared services. However, with the growth in the aging American population, and a greater portion of the US population accessing healthcare following passage of the Affordable Care Act, more health care workers and physicians are needed, and there are simply not enough entering the workforce. Medical and nursing schools still graduate a similar number of students as they did two decades ago and baby boomers are leaving the work force. Southeast Alaska providers had to adjust wages up to remain competitive in attracting workers, resulting in the significant total wage increase.

**Total Southeast Alaska Healthcare Wages in Millions**



Source: Combination of Alaska Department of Labor 2018 Employment and Wage data and 2016 US Census Nonemployer (self-employment) Statistics

# Southeast Health Care Wages

Another way to understand earnings is through comparative hourly pay. The State of Alaska provided wage data for health care positions in Southeast Alaska on an annual basis through 2017. The Occupational Employment Statistics (OES) data set measures gross pay, and includes cost-of-living allowances, guaranteed pay, hazardous-duty pay, incentive pay, bonuses, tips, and on-call pay. Private and public employers are represented in the data, while self-employed workers are excluded. Among the health care positions listed in the OES report, physicians and surgeons have the highest average hourly wage, while home health aides are paid the least. Registered nurses were paid significantly more for the same position (+22%) in Southeast Alaska than in the state as a whole, on average; while massage therapists were paid significantly less (-22%) in 2017. (Wages increased statewide in the 2018 report, but the analysis no longer includes a Southeast specific breakout).

Southeast Alaska Health Care Wages, by Position 2017			
SOC	Occupation Title	Average Hourly Wage	Difference from AK Averages for Same Position
11-1011	Chief Executives	\$78.67	-5%
11-3021	Computer and Information Systems Managers	\$52.67	0%
11-9111	Medical and Health Services Managers	\$54.12	-8%
29-2021	Dental Hygienists	\$52.61	2%
29-2041	Emergency Medical Technicians and Paramedics	\$24.50	5%
29-1062	Family and General Practitioners	\$120.02	12%
29-2099	Health Technologists and Technicians, All Other	\$26.65	-11%
29-2061	Licensed Practical and Licensed Vocational Nurses	\$28.12	3%
29-2071	Medical Records and Health Information Technicians	\$25.77	-1%
29-1171	Nurse Practitioners	\$63.04	5%
29-9011	Occupational Health and Safety Specialists	\$34.19	-17%
29-1051	Pharmacists	\$68.11	3%
29-2052	Pharmacy Technicians	\$19.13	0%
29-1123	Physical Therapists	\$50.03	7%
29-1069	Physicians and Surgeons, All Other	\$132.20	7%
29-1141	Registered Nurses	\$43.12	22%
31-9091	Dental Assistants	\$22.68	3%
31-1011	Home Health Aides	\$15.22	-2%
31-9011	Massage Therapists	\$32.66	-22%
31-9092	Medical Assistants	\$20.52	1%
31-9094	Medical Transcriptionists	\$17.52	-20%
31-1014	Nursing Assistants	\$19.39	6%

Source: Alaska Department of Labor 2017 Occupational Employment Statistics.

# Health Care Institutions Economic Impact

Health care is important to the Southeast Alaska economy for several critical reasons. In 2018, the region's health care institutions spent an estimated \$573 million, of which 73% — or \$419 million — was spent directly in the region. To put this figure into context, in 2018 the value of all seafood caught in the region was \$247 million. The multiplier effect of local health care expenditures is also significant — creating 2,193 jobs and \$53 million in wages, *in addition* to the 3,990 direct health care industry jobs and \$243 in direct earnings. The total economic impact of the health care industry in Southeast Alaska in 2018 was \$569 million.

TOTAL ANNUAL SOUTHEAST ALASKA HEALTH CARE IMPACTS INCLUDING MULTIPLIER EFFECT		2018
<b>Earnings</b>		
Total direct health care employment earnings in Southeast Alaska		<b>\$243 million</b>
Total direct and secondary employment earnings in region		<b>\$318 million</b>
<b>Jobs</b>		
Total direct year-round equivalent health jobs in Southeast Alaska		<b>3,990</b>
Total direct health care jobs, and jobs created through multiplier effect		<b>6,183</b>
<b>Other Spending</b>		
Total direct spending in region by health care industry (in addition to wages)		<b>\$175 million</b>
Total direct and secondary spending by health care industry		<b>\$150 million</b>
<b>Total estimated 2018 impact of health care in Southeast Alaska</b>		<b>\$569 million</b>

**\$569 Million** = Total estimated economic impact of the Southeast Alaska health care industry in 2018.

**73%** = Percentage of total health care expenditures spent directly in Southeast Alaska.



Apart from the direct and indirect economic impacts of health care sector spending, the health care system provides intangible social and economic benefits to the region. Experts note that health performance and economic performance are interlinked, and health care is a critical quality of life factor impacting the retention and attraction of high-wage jobs in other industries. Availability of health care also means older residents are more likely to “age in place” and remain in the region after retirement. Quality health care supports a productive workforce, as well as longer, healthier, happier lives of local community residents.

# Southeast Health Care Survey

In 2019, the University of Alaska Southeast, University of Alaska Anchorage, Bartlett Regional Hospital, the Southeast Alaska Regional Health Consortium (SEARHC), and Alaska State Hospital and Nursing Home Association (ASHNHA) partnered with Southeast Conference to conduct a Southeast Alaska health care workforce survey.



The purpose of the survey was to measure the future workforce needs of regional health care providers along with the obstacles to meeting those needs; and to understand the trends and economic value of health care in the region. Combining this information with existing data will allow health care partners to develop better regional health care recruitment, retention and training strategies, and forecast future health care workforce needs so they can more effectively plan to fill those gaps.

The web-based survey was administered electronically from April through June 2019. The survey consisted of 43 questions regarding worker recruitment strategies, key turnover and retention factors, ease or difficulty filling positions by type, projected growth rates by position category, financial information, capacity, opportunities and initiatives, among others.

Top management from 22 regional health care organizations completed the survey, representing 3,161 health care workers, or 80% all health care staff.

The survey was developed by Rain Coast Data in conjunction with a steering committee consisting of the following members: **University of Alaska:** Rick Caulfield, UAS Chancellor; Jeff Jessee, UAA College of Health Dean; Kathryn Craft, UAA Senior Director of Statewide Health Programs and Development; and Karen Carey, UAS Provost. **Bartlett Regional Hospital:** Charles Bill, CEO; Dallas Hargrave, Human Resources Director. **SEARHC:** Dan Neumeister, Senior Executive Vice President; Alexa Koontz, Vice President Chief Human Resources Officer. **Alaska State Hospital & Nursing Home Association:** Jeannie Monk, Senior Vice President. **PeaceHealth Ketchikan:** Matt Eisenhower, Executive Director of Community Health Development and Foundation. **Petersburg Medical Center:** Phil Hofstetter CEO. **Senior Citizen Support Services, Inc:** Sioux Douglas President. **Ketchikan Pioneer Home:** Julie Sande Administrator. **Southeast Alaska Area Health Education Center:** Joan Pardes, Center Director.

The following pages summarize survey findings.

# Recruitment, Retention and Turnover

Part of the survey focused on ranking the most effective recruitment strategies, and understanding the key factors that drive turnover and retention of staff.

Unsurprisingly, the **most** effective way to improve recruitment of new workforce candidates is to increase the size of the compensation package that is being offered — 88% of health care leaders in the region find offering higher wages to be an effective recruitment tool, including 44% who say it is very effective.

The next best recruitment tools include offering more flexible work arrangements and paying for moving expenses. This was followed by on-the-job-training: both offering training to new hires to expand their areas of expertise, and training existing staff for new positions.

On the other end of the spectrum, the **least** effective recruitment strategy, according to health care leaders, is participation in job fairs. Only 8% of participants found job fairs to be effective, and no one rates job fairs as “very effective” in recruiting candidates. More than half of respondents (54%) had not used job fairs (or did not have an opinion on their effectiveness), while 38% called job fairs “ineffective”.

Other recruitment tools that fail to produce quality candidates include seeking talent from nontraditional sources (like veterans and retirees) and use of recruitment agencies. Expanding advertising efforts also ranked poorly in comparison to other strategies. Use of social media to attract new workers had mixed reviews. While 48% found it a very effective tool, another 20% called social media ineffective.

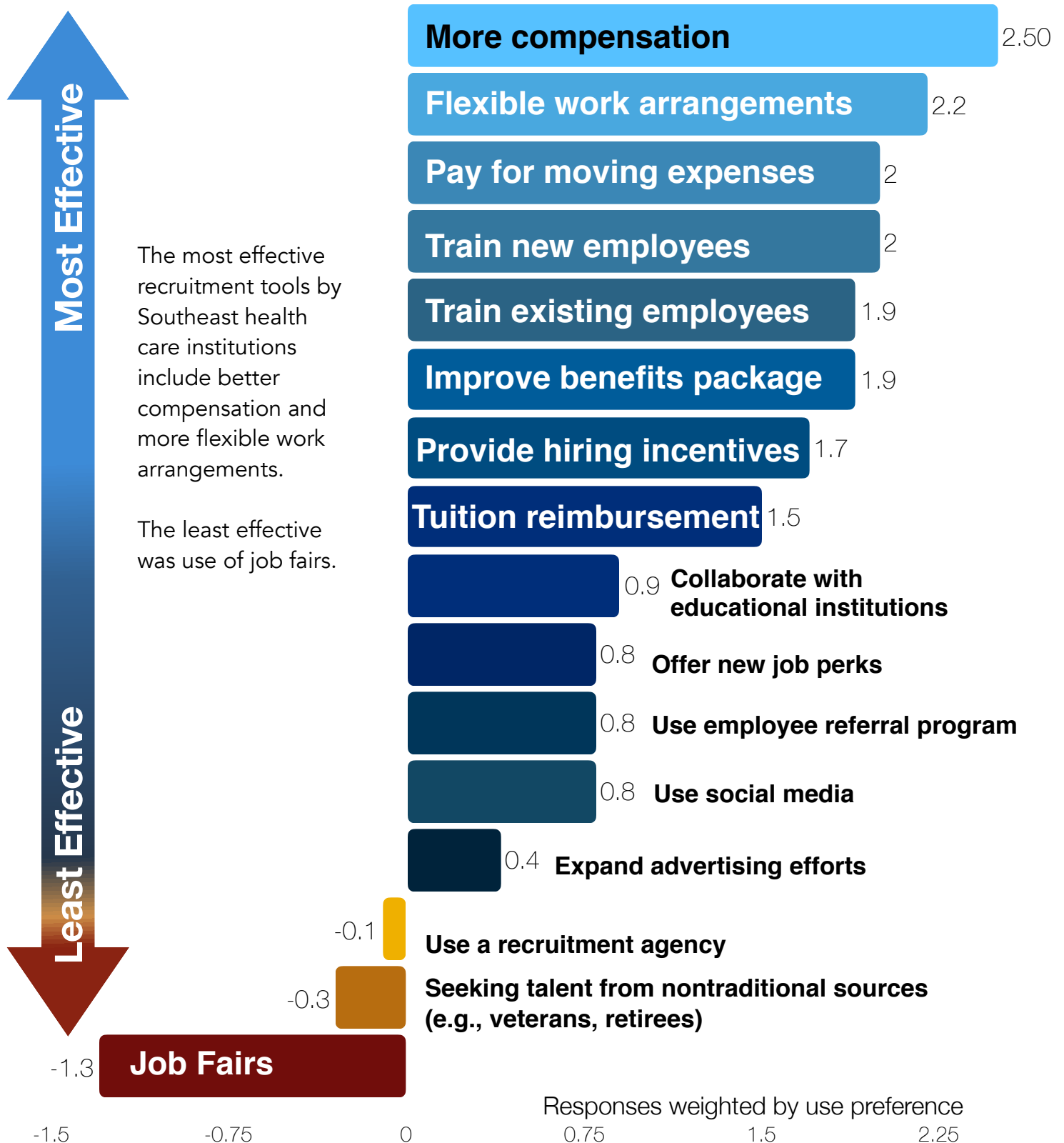
Health care leaders were also asked what factors were critical in keeping employees over the long term. The **three top reasons people stay** is for Southeast Alaska itself. Workers love the quality of life and recreation opportunities in the region; or they are from Alaska, with close ties to the region. The next four top reasons can be summarized as community and kids. People stay for the local community and culture, because the schools are (relatively) good, and their children have access to great activities.

The **top factors that drives employees away** include the higher cost of living, especially associated with housing, and the shortage of childcare in the region. Isolation is also deemed significant.

While some of these factors are not actionable, many are, and could result in new collaborative initiatives among the region’s medical providers.

# Effective Health Care Worker Recruitment Strategies

Southeast Alaska health care leaders were asked to rank the effectiveness of 16 recruitment strategies. This is a weighted ranking of their responses.

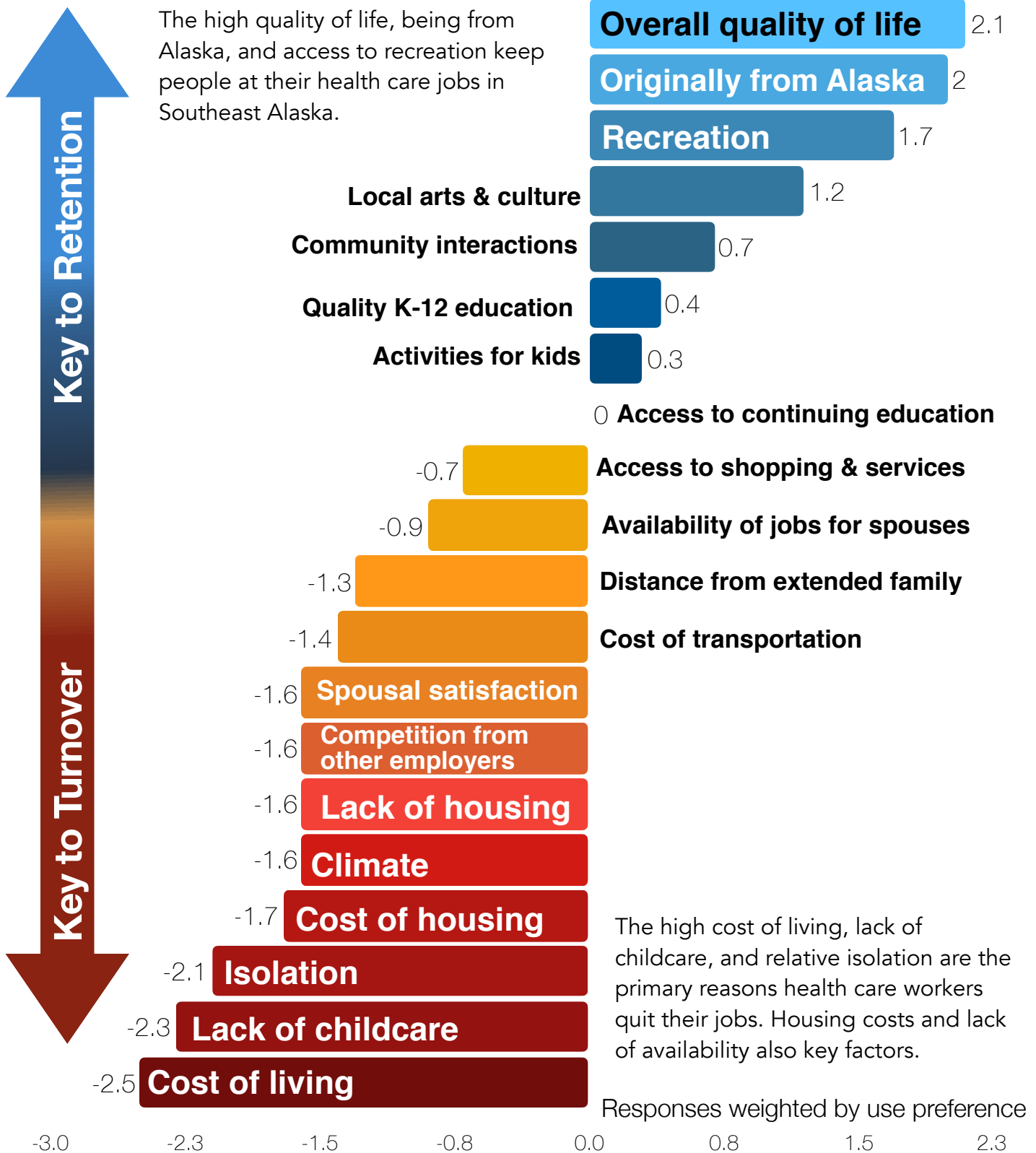


A detailed report of the responses to this question is below:

<b>How effective are each of the following health care worker recruiting strategies?</b>					
<b>Recruitment Strategies</b>	<b>Very effective</b>	<b>Somewhat effective</b>	<b>Somewhat ineffective</b>	<b>Very ineffective</b>	<b>Don't know/ Haven't tried</b>
Improving compensation	40%	44%	0%	0%	16%
Offering more flexible work arrangements	32%	52%	4%	0%	12%
Paying for moving expenses	36%	28%	0%	0%	36%
Expanding training programs to help improve skills of new hires	20%	60%	0%	0%	20%
Training existing employees	32%	44%	8%	0%	16%
Improving benefits package	32%	36%	4%	0%	28%
Providing monetary incentives to candidates (e.g., signing bonus)	24%	36%	4%	0%	36%
Tuition reimbursement	25%	25%	0%	0%	50%
Collaborating with educational institutions	16%	40%	12%	4%	28%
Offering new job perks	8%	32%	4%	0%	56%
Using/enhancing employee referral program	16%	28%	12%	0%	44%
Using social media	28%	20%	16%	4%	32%
Expanding advertising efforts	20%	28%	32%	0%	20%
Using a recruitment agency	0%	38%	13%	13%	38%
Seeking talent from nontraditional sources (e.g., veterans, retirees)	4%	8%	8%	4%	75%
Job fairs	0%	8%	21%	17%	54%

# Health Care Worker Retention & Turnover Factors

Southeast Alaska health care leaders were asked to rank the significance of 20 factors that result in long term retention, or in staff turnover. This is an overall ranking of their responses.



A detailed report of the responses to this question is below:

<b>Which items cause people to stay, or to leave, their jobs at your organization?</b>					
<b>Recruitment Strategies</b>	<b>Significant factor resulting in staff turnover</b>	<b>Moderate factor resulting in staff turnover</b>	<b>Moderate factor resulting in long term staff retention</b>	<b>Significant factor resulting in long term staff retention</b>	<b>Don't know/ Not a factor</b>
Overall quality of life	0%	17%	17%	35%	30%
Originally from Alaska	0%	22%	17%	35%	26%
Recreational opportunities	0%	13%	26%	22%	39%
Arts and cultural opportunities	0%	9%	22%	13%	57%
Social interactions in community	0%	17%	30%	4%	48%
Quality of K-12 education (or lack thereof)	0%	17%	22%	4%	57%
Activities for older children	0%	13%	13%	4%	70%
Access to continuing education	5%	18%	9%	9%	59%
Access to shopping and other services	4%	22%	9%	0%	65%
Availability of jobs for spouses	13%	30%	9%	9%	39%
Distance from extended family	13%	48%	4%	13%	22%
Cost of transportation	17%	26%	4%	4%	48%
Spousal satisfaction	22%	26%	9%	4%	39%
Competition for a worker from another employer (staff getting hired away)	17%	26%	0%	4%	52%
Housing availability (or lack of)	32%	18%	0%	14%	36%
Climate	23%	23%	14%	0%	41%
Cost of housing	22%	30%	9%	4%	35%
Isolation/lack of access to a larger community	17%	43%	9%	0%	30%
Childcare availability (or lack thereof)	39%	17%	9%	4%	30%
Cost of living	35%	26%	4%	4%	30%

# Hiring, Growth Outlook and Annual Job Churn

At the heart of the survey were two key questions: how difficult is it to recruit for specific positions; and what is the growth outlook by position in Southeast Alaska.

The five **most difficult positions to fill** (in order) are Physicians and surgeons, psychiatric technicians, family and general practitioners, physician assistants, and surgical technologists. Between 71% to 100% of health care leaders across the region called these positions “very difficult to fill.”

The **easiest positions to fill** include emergency medical technicians (EMTs) and paramedics, administrative positions, IT or computer specialists, medical and clinical laboratory technicians, and home health aides. Home health aides had the highest percent of those calling the position “**very** easy to fill,” while medical record and health information technicians had the lowest percentage of respondents saying the position was “**very** difficult to fill.”

Registered nurses have by far the highest **total annual worker count** for all health care professions — with 824 people in 2018. This is followed by 476 nursing assistants, 340 health care support workers, and 176 dental assistants. These are also the positions that will require the most new workers over the next five years, calculated by combining worker churn and projected job growth figures.

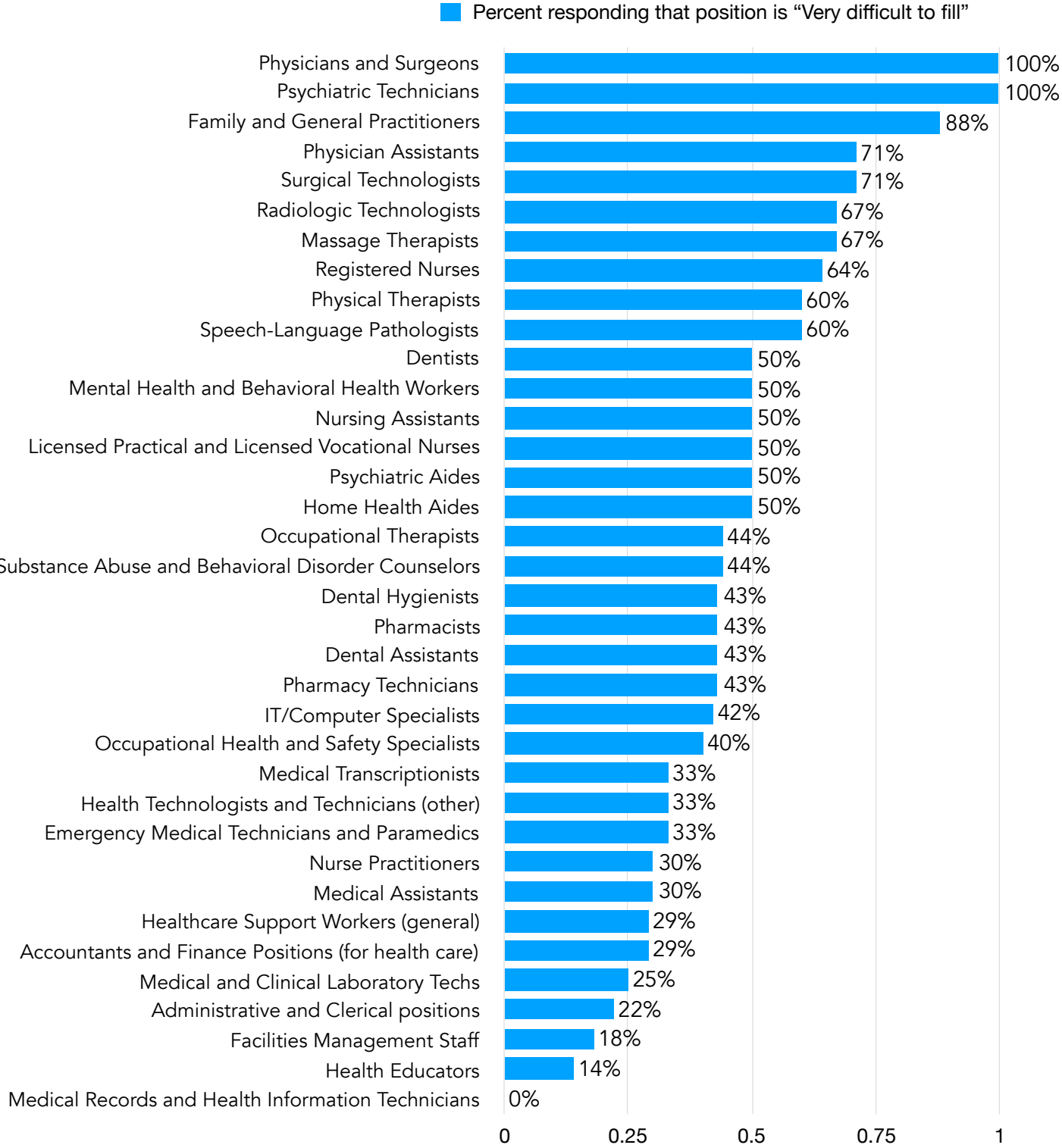
In terms of **projected growth**, over the next five years home health aide positions are expected to increase the most, nearly doubling over that period. Other positions with strong expected growth include physician assistants, health technicians, and personal care aides (expected growth between 41% and 54%). EMTs have the lowest projected growth, with no new EMT jobs anticipated over that period. Growth projections only tell part of the story when it comes to understanding future workforce development needs.

**Worker churn** (similar to turnover, but based on different data points) is the highest in the occupations of health techs (41%), mental health and behavioral health workers (28%), substance abuse and behavioral disorder counselors (also 28%), and physical therapists (26%). The lowest worker churn is seen in the fields of medical and clinical lab techs (7%), and physician assistants (9%).

Although registered nurses have a low projected rate of growth (5% over 5 years), because of a high annual “worker churn rate” of 20% (peak quarterly workers divided by total annual workers) coupled with the highest annual worker count of any health care occupation (824 registered nurses in 2018), the highest future workforce need in health care is for registered nurses. Between 2019 and 2023, a total of 543 new registered nursing workers are projected to be needed.

# Ease of Filling Health Care Vacancies

Southeast Alaska health care leaders were asked how difficult it is to fill 36 health care positions across the region. Physicians, surgeons, and psychiatric technicians are the hardest positions to fill, while Medical Records and Health Information Technicians are the least difficult.



A detailed report of the responses to this question is below:

<b>How difficult are each of the following health care related positions to fill?</b>				
<b>Position</b>	<b>Very difficult to fill</b>	<b>Somewhat difficult to fill</b>	<b>Somewhat easy to fill</b>	<b>Very easy to fill</b>
Physicians and Surgeons	100%	0%	0%	0%
Psychiatric Technicians	100%	0%	0%	0%
Family and General Practitioners	88%	13%	0%	0%
Physician Assistants	71%	29%	0%	0%
Surgical Technologists	71%	29%	0%	0%
Radiologic Technologists	67%	22%	11%	0%
Massage Therapists	67%	0%	33%	0%
Registered Nurses	64%	18%	18%	0%
Physical Therapists	60%	40%	0%	0%
Speech-Language Pathologists	60%	40%	0%	0%
Dentists	50%	50%	0%	0%
Mental Health and Behavioral Health Workers	50%	40%	10%	0%
Nursing Assistants	50%	38%	13%	0%
Licensed Practical and Licensed Vocational Nurses	50%	25%	25%	0%
Psychiatric Aides	50%	25%	25%	0%
Home Health Aides	50%	17%	17%	17%
Occupational Therapists	44%	56%	0%	0%
Substance Abuse and Behavioral Disorder Counselors	44%	44%	11%	0%
Dental Hygienists	43%	57%	0%	0%
Pharmacists	43%	57%	0%	0%
Dental Assistants	43%	29%	14%	14%
Pharmacy Technicians	43%	29%	29%	0%
IT/Computer Specialists	42%	17%	42%	0%
Occupational Health and Safety Specialists	40%	40%	20%	0%
Medical Transcriptionists	33%	33%	33%	0%
Health Technologists and Technicians (other)	33%	33%	33%	0%
Emergency Medical Technicians and Paramedics	33%	0%	67%	0%
Nurse Practitioners	30%	50%	20%	0%
Medical Assistants	30%	50%	20%	0%
Healthcare Support Workers (general)	29%	43%	29%	0%
Accountants and Finance Positions (for health care)	29%	43%	29%	0%
Medical and Clinical Laboratory Techs	25%	38%	38%	0%
Administrative and Clerical positions	22%	22%	44%	11%
Facilities Management Staff	18%	64%	18%	0%
Health Educators	14%	71%	14%	0%
Medical Records and Health Information Technicians	0%	67%	33%	0%

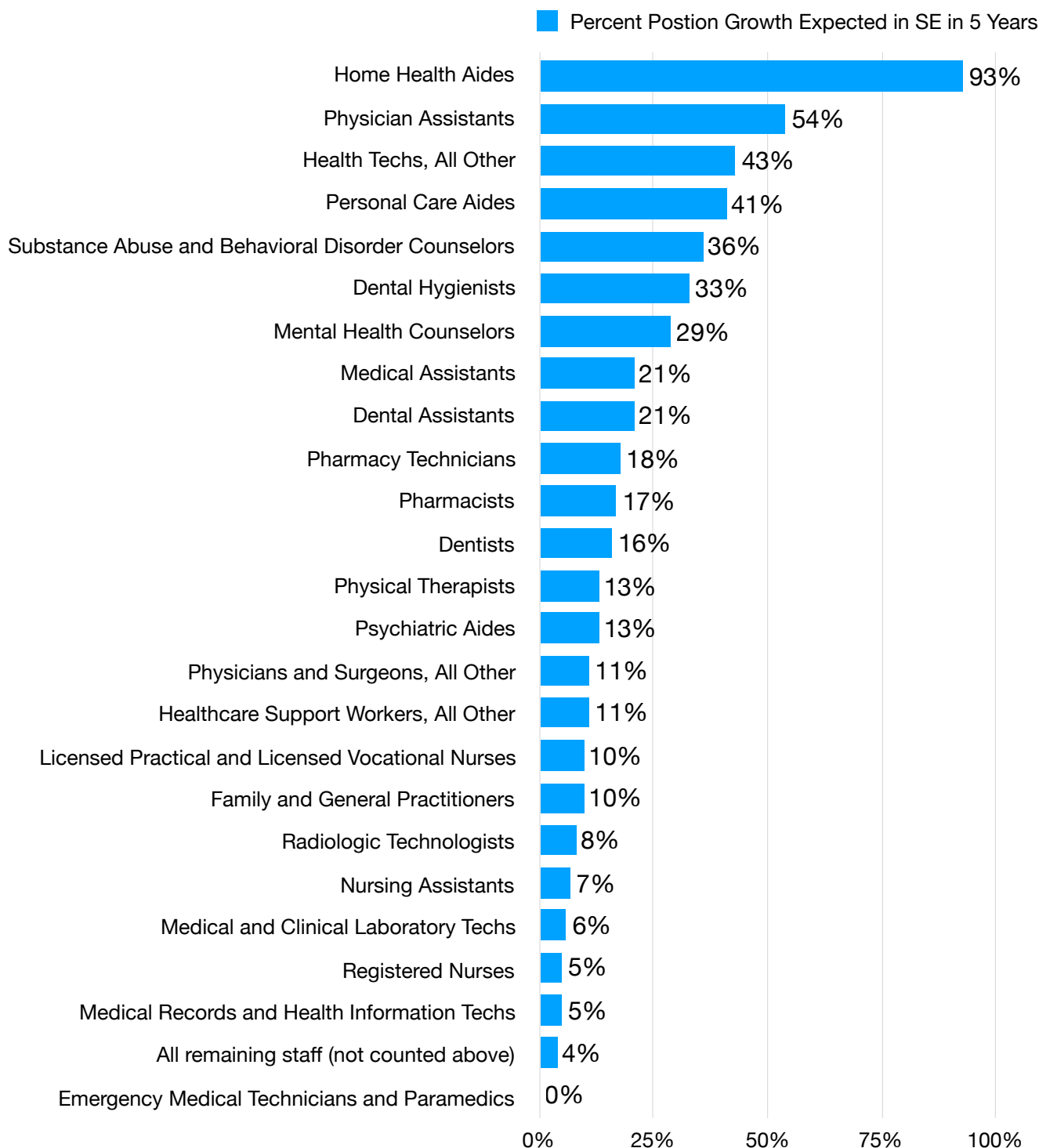
# Growth Outlook By Position

Health care operators were asked to project expected growth by position over the next 10 years for their own staff. Overall, health care administrators expect health care worker numbers to grow by 6% over this year, by 8% in five years, and by 10% over 10 years. Some positions are projected to grow at significantly faster rates.

Expected growth rate in 1 year, 5 years, and 10 years				
SOC Code	Occupational Title	Growth in 2019	Growth in 5 years	Growth in 10 years
29-1141	Registered Nurses	3%	5%	6%
31-1014	Nursing Assistants	3%	7%	8%
31-9092	Medical Assistants	13%	21%	27%
21-1014	Mental Health Counselors	21%	29%	31%
21-1011	Substance Abuse and Behavioral Disorder Counselors	12%	36%	42%
29-2041	Emergency Medical Technicians and Paramedics	0%	0%	0%
29-2061	Licensed Practical and Licensed Vocational Nurses	6%	10%	10%
29-1062	Family and General Practitioners	12%	10%	10%
29-1123	Physical Therapists	18%	13%	14%
31-1011	Home Health Aides	2%	93%	110%
31-1122	Personal Care Aides	13%	41%	51%
31-1133	Psychiatric Aides	11%	13%	13%
29-2071	Medical Records and Health Information Techs	3%	5%	5%
29-2012, 29-2011	Medical and Clinical Laboratory Techs	6%	6%	6%
29-2034	Radiologic Technologists	5%	8%	12%
29-1051	Pharmacists	15%	17%	17%
29-2052	Pharmacy Technicians	16%	18%	18%
29-1021	Dentists	9%	16%	26%
31-9091	Dental Assistants	12%	21%	30%
29-2021	Dental Hygienists	17%	33%	59%
29-1069, 1229	Physicians and Surgeons, All Other	17%	11%	11%
29-1071	Physician Assistants	16%	54%	66%
29-2099	Health Techs, All Other	7%	43%	43%
31-9099	Healthcare Support Workers, All Other	2%	11%	11%
Other	All remaining staff (not counted above)	4%	4%	5%
	<b>Totals</b>	<b>6%</b>	<b>8%</b>	<b>10%</b>

# Growth Outlook Over Five Years

Within the next five years, home health aides are projected to grow the most, with 93% more increases expected over that time period. More than 40% five-year growth is also expected in the fields of physician assistant and health technicians. Total emergency medical technician job numbers are not expected to grow at all.



# New Workers Needed By Position

To understand total workforce needs, it is important to understand annual worker churn, the total numbers of workers in 2018, and total projected growth. The table below combines Alaska Department of Labor (ADOL) Southeast health care worker counts (average quarterly employment 2018), worker churn (peak quarterly employment divided by total annual workers in an occupation), and estimated growth for specific position counts based on survey data.

<b>New Workers Needed in 5 Years Based on Turnover &amp; Growth</b>				
<b>Position</b>	<b>New workers needed by 2023</b>	<b>Estimated Annual Worker Churn*</b>	<b>Estimated 5 year growth^</b>	<b>2018 Avg. Quart. Worker Count*</b>
Registered Nurses	543	20%	5%	628
Nursing Assistants	312	19%	7%	376
Healthcare Support Workers (general)	181	22%	11%	183
Dental Assistants	133	18%	21%	141
Physical Therapists	98	26%	13%	85
Medical Assistants	86	14%	21%	109
Pharmacy Technicians	82	19%	18%	88
Health Technologists and Technicians (other)	81	41%	43%	48
Home Health Aides	67	18%	93%	41
Family and General Practitioners	66	21%	10%	71
Licensed Practical and Licensed Vocational Nurses	55	21%	10%	58
Dental Hygienists	54	13%	33%	64
Physician Assistants	48	9%	54%	53
Pharmacists	40	15%	17%	52
Mental Health and Behavioral Health Workers	40	28%	29%	28
Substance Abuse and Behavioral Disorder Counselors	39	28%	36%	26
Radiologic Technologists	38	14%	8%	61
Psychiatric Aides	32	18%	13%	37
Medical and Clinical Laboratory Techs	31	7%	6%	87
Dentists	26	16%	16%	33
Physicians and Surgeons	25	15%	20%	32
Psychiatric Technicians	24	24%	13%	22
Medical Transcriptionists	14	13%	5%	24
Emergency Medical Technicians and Paramedics	12	13%	0%	23
Medical Records and Health Information Technicians	6	15%	5%	10

Sources: \* ADOL.; ^ Survey data. "worker churn" is peak quarterly employment divided by total worker count.

# Total Health Care Workers By Count

The Alaska Department of Labor (ADOL) provided 2018 position counts for the health care position it tracks annually. Below is a subset of the positions with higher employment levels. Quarterly employment figures are below, along with an annual count of total workers hired to fill those positions. ADOL also tracks total earnings by occupational title, which are presented below.

New Worked Needed in 5 Years Based on Turnover & Growth								
SOC	Occupational Title	Q 1	Q 2	Q 3	Q 4	2018 Annual Count	Average Quarterly Count	(\$) Total Wages
195011	Occupational Health and Safety Specialists	28	31	32	31	34	31	2,552,027
211011	Substance Abuse and Behavioral Disorder Counselors	27	24	25	28	39	26	1,223,418
211091	Health Education Specialists	37	38	39	46	50	40	1,523,139
291021	Dentists, General	26	30	38	37	45	33	N/D
291051	Pharmacists	46	48	57	56	67	52	5,346,681
291071	Physician Assistants	54	59	58	41	65	53	6,066,196
291122	Occupational Therapists	18	22	20	21	28	20	1,252,764
291123	Physical Therapists	75	82	93	89	125	85	4,965,277
291127	Speech-Language Pathologists	14	15	24	23	26	19	1,144,751
291141	Registered Nurses	609	656	621	627	824	628	41,132,400
291171	Nurse Practitioners	18	23	21	22	28	21	2,044,766
291215	Family Medicine Physicians	73	69	69	72	92	71	N/D
291229	Physicians, All Other	20	26	34	46	54	32	N/D
291292	Dental Hygienists	65	67	62	63	77	64	3,235,671
292011	Medical and Clinical Laboratory Technologists	37	44	43	43	46	42	3,467,337
292012	Medical and Clinical Laboratory Technicians	52	44	43	41	58	45	2,158,499
292034	Radiologic Technologists and Technicians	69	64	54	55	80	61	4,208,354
292042	Emergency Medical Technicians	19	19	20	19	23	19	N/D
292052	Pharmacy Technicians	91	91	88	83	112	88	2,880,981
292053	Psychiatric Technicians	19	22	21	26	34	22	N/D
292055	Surgical Technologists	17	17	13	14	20	15	805,316
292061	Licensed Practical and Licensed Vocational Nurses	56	60	60	57	76	58	2,910,000
292072	Medical Records Specialists	8	10	9	11	13	10	491,078
292099	Health Technologists and Technicians, All Other	43	54	49	44	67	48	2,086,561
311121	Home Health Aides	51	51	32	30	62	41	1,233,470
311131	Nursing Assistants	364	384	385	371	476	376	11,839,776
311133	Psychiatric Aides	40	38	34	36	49	37	N/D
319011	Massage Therapists	47	60	59	59	77	56	1,506,565
319091	Dental Assistants	141	144	140	140	176	141	4,638,396
319092	Medical Assistants	89	114	118	113	138	109	3,734,989
319094	Medical Transcriptionists	23	21	26	24	30	24	N/D
319099	Healthcare Support Workers, Other	265	143	155	170	340	183	5,628,443

# Health Care Workforce Development Needs

One of the benefits of this analysis is that survey data provided by the health care sector can be coupled with data collected and provided by the Alaska Department of Labor, allowing annual worker churn and projected worker growth to be combined in order to calculate total future worker demand by occupation. This data can then be analyzed by annual estimated earnings by position, along with how easy (or difficult) each position is to fill across the region.

The bubble chart on the following page cross-tabulates these data inputs and charts them into a single picture of the region's future health care workforce needs. It provides a visual blueprint as to where the most resources should be focused when attracting workers to the region, or for "growing our own" workforce.

Registered nurses have the highest workforce development need of all health care position categories. There are more registered nurses than any other health position category. Last year 824 registered nurses worked in the region, although the average quarterly worker count was 628, meaning there was significant worker churn in that position. Moreover, it is relatively difficult to fill registered nurse positions, 82% say it is a difficult position to fill, including 64% who say it is very difficult. While the position is not growing as fast as others — the projected growth for this position is 5% in five years — combined growth and turnover rates mean that an additional 543 registered nurses will be needed in the region over the next five years, assuming nothing is done to stem the high rate of turnover. This includes 31 new registered nurse positions.

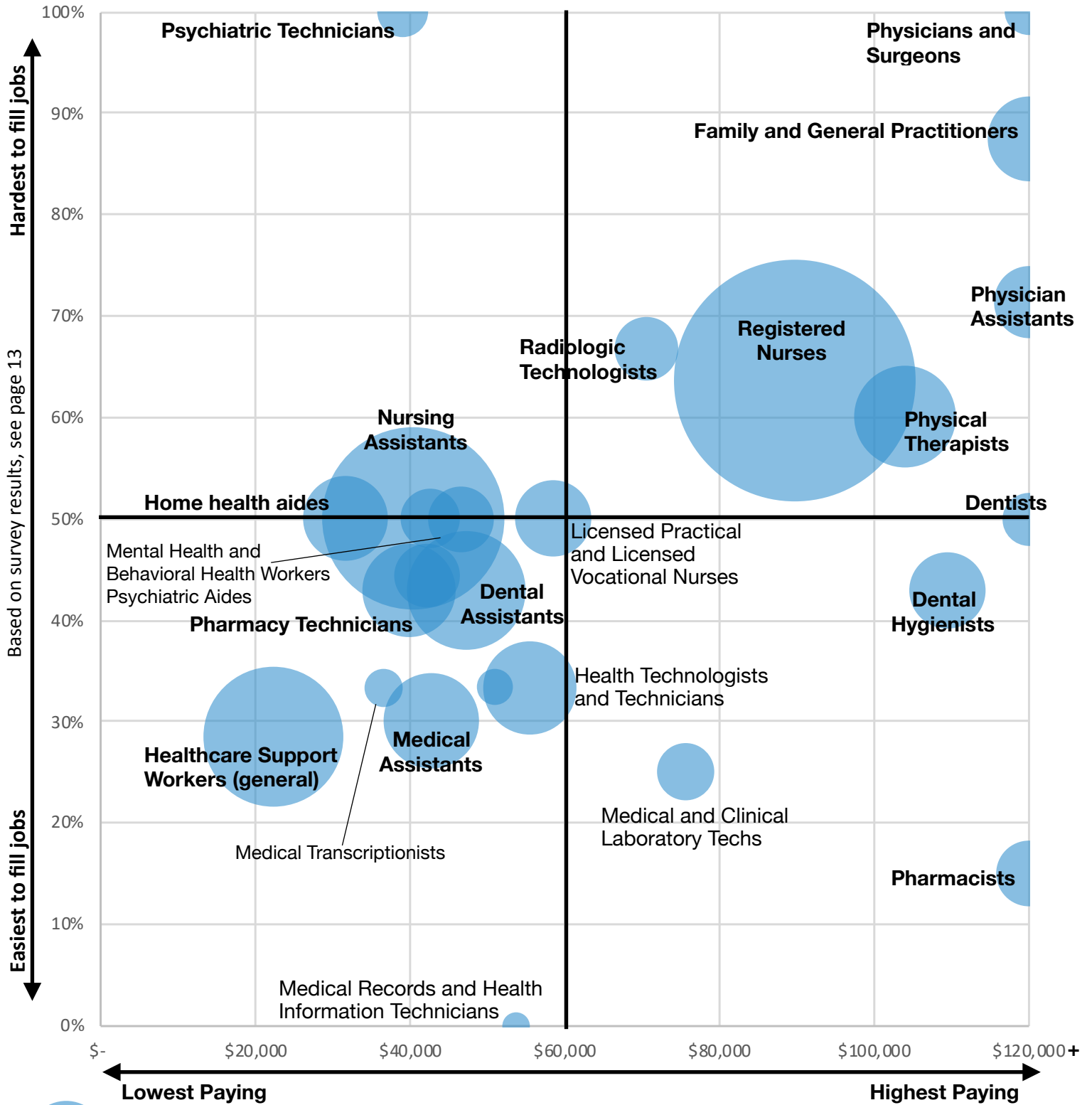
Nursing assistants will also be in high demand, with 312 new positions in need of filling by 2023. However, these positions are slightly easier to fill with lower comparative pay.

Conversely, this chart shows little need for developing more medical record and health information technicians. Only six new workers will be needed over the next five years in this occupation, these positions are among the easiest to fill, and wages are relatively low, compared to other positions.

While physicians, surgeons, and psychiatric technicians are the hardest positions to fill, the total number of positions forecast to be in need of filling over the next five years is comparatively smaller at 49 combined positions.

See chart on the following page.

# Graphic of Health Care Workforce 5 Year Development Needs



Size of bubble = total workers needed over the next 5 years to account for worker churn and job growth

# Traveling Health Care Workers

Use of traveling health care workers is another important tool that the regional health care industry can use to recruit staff. Last year, nearly 350 traveling health care workers came to Southeast Alaska. Travelers are both positive and problematic for the Southeast Alaska health care industry. While each of those traveling health care workers represents additional capacity, they also represent additional costs.

According to survey analysis, it costs 30% to 250% more to engage a traveling health care worker than it would to hire a permanent employee, depending on the organization. When these costs are weighed by organization size, the average cost to employ a traveler, compared to a traditional employee, is 64% more.

For every 10 traditional staff members, Southeast health care facilities hired one traveling worker last year, on average. Among those facilities that use them, traveling health care workers make up 2% to 30% of all staff.



The demand for health care is such that temporary workers fill an extremely important role in ensuring that the Southeast Alaska health care industry runs smoothly without undo staffing gaps. However, these short-term gains can come at a steep cost.

# Southeast Alaska Health Care Strategic Direction Action Planning

The following priorities were developed by the health care working group during a facilitated planning session on October 9, 2019:

- Increase health care training within the state and region
- Reduce barriers to hiring outside workers
- Improve recruitment strategies
- Retain Alaska trained health care students
- Meet the health care needs of an aging population
- Enhance regional health care partnerships

## ❖ Increase health care training within the region/state

### ▶ Build UAS and UAA programming to be responsive to the critical health care workforce needs identified by the Southeast Alaska Health Care Workforce Analysis.

As health care needs in the region grow, so does the need for a larger highly capable, trained workforce. Our analysis shows that being from Alaska is one of the most critical factors determining whether or not an employee will stay in the job over the long term. There is a clear demand for “growing our own” workforce. Expanding the programming available within our university to build this workforce is imperative.

## ❖ Reduce barriers to hiring outside workers.

Work with State of Alaska to reduce the time it takes for physicians and nurses moving to the region from out of state to get Alaska licenses. The process takes too long, resulting in the loss of high-quality professionals to more timely opportunities in other states.

## ❖ Improve Recruitment Strategies

### ▶ Look for creative solutions in finding different ways to recruit new talent.

▶ **Create a coordinated employment pool.** Rather than going through a recruitment agency, develop our own for the recruitment resources for the region. Create a catalogue of jobs we are recruiting for, and share. This will help us better understand what other are doing, and if recruiting for same jobs.

### ▶ Continue recruitment partnerships

- **University system.** UA, UAS, UAA, etc.
- **Job center network.** Provides training to youth, adults, etc.
- **Alaska Department of Labor.** Better understanding funding opportunities
- **Alaska Workforce Investment Board**

### ▶ Work to eliminate barriers to recruitment/retention presented in the Health Care Workforce Analysis.

- Provide more information for out of state recruits about the region
- Increase reimbursement rates and reduce unfunded mandates
- Develop a better variety of rental units and homes to buy
- Assist in brainstorming ideas to increase reliable childcare

## ❖ **Retain Alaska Trained Health Care Students**

- ▶ **Achieve high graduation rates.** Work to retain students in health care related programs, and support them through graduation.
- ▶ **Hire students right out of school.** Once students are trained, they will they get hired and are likely to settle in the community that provides that first opportunity. How can we remove the barriers to have those first jobs be in some of our more rural communities where they will be most valuable in the long term?
  - *Rural Immersion Pilot Program:* Six sites were targeted in SE AK. The program made money and those dollars were reinvested in the program. Can we build out this health care provider recruitment concept?
- ▶ **Coordinate with potential employers early on.** Providers need an opportunity to help students stay in SE. Some potential benefits of early recruitment access could include the following:
  - Employers could help pay for instructors from the lower-48.
  - Perks could be provided to university or to students.

## ❖ **Meet the health care needs of an aging population**

- Ensure there are sufficient resources for those who wish to “age in place” in Southeast Alaska can do so. Since 2010, the most pronounced demographic shift in SE has been aging of the population. During that period, the 60-plus population grew by 5,000 people, a 42% increase over 2010 due to aging in place. Nearly a quarter of people in the region are now age 60 or older. Ensure we can meet the following needs:
  - Home health care aides
  - Assisted living facilities
  - Health care needs met locally

## ❖ **Regional health care enhanced partnerships**

As resources become more scarce, it is more important than ever to collaborate across the region within the health care industry and coordinate more effectively.

### ▶ **Continue advisory group to promote regional health care solutions.**

- The 14-member steering committee for the process exists and can continue to work together to be proactive regarding the needs of the industry.

### ▶ **Collaborate on Grants/Funding**

- Explore grant funding for a regional collaborate to optimize care delivery.
- Work more closely with the statewide university for funding help. Are there grants to get health care worker training funded? Equipment grants? If we work in dental field, would need that equipment. UA, UAA. Partnership to access additional resources.
- Blend funding resources for workforce development. Industry support. Stretch dollars across more programs over time. Private industry and state. Philanthropic groups.

### ▶ **Eliminate Duplication in Regional Efforts**

- ▶ Work with regional training centers to insure that we are not duplicating programs etc.

### ▶ **Shared Technology Best Practices**

- A regional partnership should provide better access to care. Focus on technology to promote those services. Reduce redundancies

### ▶ **Shared Procurement**

- In order to have more negotiating power in terms of supply chain and shipping, regional providers could collaborate to reduce costs.

- ▶ **Coordinate Training of Existing Staff**

- **Management Training:** Health care management training is occurring across the region. Work together so that we can bring resources and training to the region.

- **Health Care Training:** Develop locally based training programs for staff, so that they don't have to leave Alaska for continued education.

## Health Care SWOT Analysis

**Strengths:** What does the Southeast Alaska health care industry do well?

What unique resources can we draw on? What are our strengths for attracting health care workers?

- **Diverse Services:** In Southeast Alaska we deliver a large array of health care services to nearly every community.

- **Personalized Care:** Because our communities are small – we deliver personalized care in smaller arenas.

- **Recreation:** Our unique environment and access to world class recreation is the basis for a high quality of life in the region, which is very attractive to our health care workforce.

- **Capacity:** Small communities have developed large-scale capacity in the summer months. Our summer tourist population is unique. We are able to accommodate health care needs of all tourists.

- **Health Care Access:** Overall, a high percentage of Southeast Alaska residents have access to health care, due to the fact that SEARHC receives some funding from the Indian Health Service to provide care to the Alaska Native community in the region (making up nearly a quarter of the regional population).

- **Collaboration:** Our many health care organizations across the region work well together in order to create more opportunities and better care for our residents. The recently developed Southeast Alaska Health Care Workforce Analysis developed in partnership with ten organizations is a testament to this.

- **Technology:** Alaska had been the leader in use of technology in health care. We are able to provide some services to our remote communities with smaller populations through telehealth connectivity.

- **Rural Services:** We are delivering care to communities that would not have health care due to their remote nature, and we are able to deliver a much broader level of health care services to our residents than communities of the size we have here would typically be able to access.

**Weaknesses:** What could our regional health care industry improve? Where do we have fewer resources than others? What are our weaknesses?

- **State Budget Cuts:** Deep budget cuts to the university system and health care related activities by the State of Alaska means that while our health care needs are growing (in order to serve an aging population and a growing visitor population), we do not have the funding to develop health care workforce training programs to be responsive the need for additional health care workers.

- **Transportation:** Our remoteness and lack of transportation access makes it hard to attract and retain workers from outside Alaska, and makes serving our communities more costly.

- **Higher Costs:** Developing the infrastructure needed to support health care is more expensive here. Facilities, care, and construction costs are all higher.
- **Lack of Efficiency:** Health care operations in Southeast can lack innovation, efficiency and effectiveness. There can be an unwillingness to look at doing things differently, especially in working with the State.
- **Lack of Specialty Care:** Difficulty in offering specialty services. Many health care dollars leave region – to access specialty services.
- **Substance Abuse:** Southeast Alaska has a high percentage of alcohol and drug abuse that requires health care resources.
- **Recruitment:** It is difficult to attract outside workers to our region. There has been a lack of creative solutions in finding different ways to recruit new talent.
- **Increased Costs:** Increasing costs associated with health care lead to growing financial pressures and new efforts to contain costs.
- **Technology:** We have not deployed technology as well as we could have, and there are better examples of success in technology use in the lower 48. Technology should play a much larger role in our current health care processes/ We are moving toward a model in which there will be more telehealth care services, which requires better technology integration.
- **Senior Care:** Our population is rapidly aging, and we do not currently have the capacity and diversity of services needed to offer sufficient services to seniors.
- **Lack of Collaboration:** We are not maximizing resources with other health care organizations across the region and creating an economy of scale.

**Opportunities:** What opportunities are open to the regional health care industry? What trends could we take advantage of? How can we turn our strengths into opportunities?

- **University Course Development:** Build UAS and UAA programming to be responsive to the critical health care workforce needs identified by the Southeast Alaska Health Care Workforce Analysis.
- **Strategic Investment:** The UAA college of health has received strategic investment funding from statewide UA to expand health workforce programs. They want to use that funding in Southeast immediately if concrete outcomes can be demonstrated.
- **Behavioral Health Curriculum Expansion:** Behavioral health training is ongoing in Southeast. The curriculum is in place for a 9-credit course work program, and the first entry level behavioral health aid classes started with 17 students in the class.
- **Health Care Career Pathways.** There are several programs and organizations that are working to place students in health care training camps and programs. There is room for these organizations to do a better job of working together and with the industry to connect the dots between programs.
- **Improved Technology Use:** There is an opportunity to expand the use of technology and telehealth around the use of specialty care, coordinating services, and education. Increased use of modeling and analytics will improve the delivery of health care access. Alaska was once ahead of the curve in terms of use of advanced technology in the early 2000's. We have lost that advantage, and we now need to work to catch back up.
- **Online Coursework:** Health care professionals wanting additional training, as well as a working student, find it difficult to take university classes during the day. A CNA course was developed with the inclusion of an online portion so that students can complete these requirements when is convenient for them. Three different distant sections have been

offered with a 100% completion rate. This successful model can be expanded to provide more access to health care training.

•**Follow Best Practices:** Other places in the US have similar challenges (aging population, remote care delivery, lack of workforce, etc.). Identify models that have worked so that we can apply solutions that have already been achieved elsewhere. We will match elements we have identified as weaknesses and threats, and find good models that can be applied to Southeast Alaska.

•**Build Regional Alliances:** We can and need to partner more within the regional health care industry. We want to understand the opportunities that we can extend to our patients by working together and creating an economy of scale. For example, the way the payment model occurs at the national level makes it difficult. We can't get buy in on telehealth payer models. An alliance is instrumental and can result in a number of unexplored opportunities.

**Threats:** What threats (from outside the sector or region) could harm the Southeast Alaska health care industry? What obstacles do we face? What threats do our weaknesses expose us to?

- State Medicaid budget reductions.
- There is a lack of vision as to where the state wants to be regarding health care services. Examples include nursing home locations and a critical access hospital. Without sufficient communication and direction from the state, an effective strategy cannot be deployed. This uncertainty leads to lack of investment, until such time that clarity can be provided.
- Unwillingness to provide services differently.
- High costs of health care.
- Competition with outside universities/training options/employers. We try to grow our own health care workforce, but in order to continue their training, or to get that first job, our Alaska trained workforce leaves and does not return.
- Our population has been shrinking for four years in a row.
- We have to compete for workers with other high paying occupations.
- Lack of education and understanding by potential grantor by the seriousness of the health care situation.
- Access to health care/insurance (less of a threat for SEARHC, which has a sliding scale).



ALASKA STATE HOSPITAL &  
NURSING HOME ASSOCIATION

**Bartlett**  
Regional Hospital



**SEARHC**  
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM



UAA College of Health  
UNIVERSITY of ALASKA ANCHORAGE



UNIVERSITY  
of ALASKA  
SOUTHEAST