

Alaska Primary Care Association – EDA Good Jobs Challenge Project Narrative

Section 1. Executive Summary

Healthcare is Alaska's fastest growing industry and largest economic sector. COVID-19 has stressed the healthcare system, caused labor shortages, and damaged the economy. **Alaska's Healthcare Workforce Pipeline Project** will address these challenges through a sectoral partnership of employers, industry associations, healthcare providers, educators, apprentice employer partners, and government agencies collaborating to train 3,260 and employ 2,270 new workers. Alaska Primary Care Association (APCA) is an industry non-profit that will be the System Lead Entity and Backbone Organization. APCA has employer members from every region of Alaska and is an experienced and reputable workforce intermediary.

The project will build upon Alaska's current healthcare training system and increase capacity to deliver training models including quality pre-apprentice and registered apprenticeship programs (RAP) and industry certifications to every geographic region. A new healthcare career pathway will be made available to every high school, providing an on-ramp for students to local jobs and careers. Partners will recruit unemployed, underemployed, and incumbent workers, persons with disabilities, Veterans, military spouses, and persons from underrepresented populations. Training and wrap-around services will be delivered in a culturally relevant manner with a focus on assisting Alaska Native people. The project will leverage over \$3.9 M in public and private resources and result in a sustainable employer-led workforce system.

Strategic partners include Alaska's State Hospital and Nursing Home Association, Alaska Pacific University, Providence Alaska, Foundation Health Partners, school districts, unions representing healthcare employees, Alaska's Departments of Labor and Education, and Alaska Workforce Investment Board. The region served is the entire state.

System Lead Entity & Backbone Organization. Alaska Primary Care Association (APCA) is the System Lead Entity and the Backbone for **Alaska's Healthcare Workforce Pipeline Project**. APCA has over 60 employer members, including Alaska's 29 urban, rural, tribal and non-tribal Community Health Centers (CHC) and Look-Alikes (LAL), and it receives funding from the Bureau of Primary Health Care to provide support to CHCs in several focus areas including workforce development. CHCs offer comprehensive primary medical, dental, and behavioral healthcare, care coordination, and pharmacy services, and they provide care to anyone regardless of ability to pay. In 2020, CHCs served one in seven Alaskans (106,000 patients) at over 200 clinic sites and employed 2,600 health professionals for an economic impact of \$523 million (\$304 million in direct healthcare spending and \$219 in community spending)¹. APCA has over 25 years of experience developing and delivering training programs for healthcare professionals employed by CHCs and dozens of primary care providers. On a statewide level, APCA convenes legislative and advocacy efforts, CHC learning collaboratives, behavioral health meetings, national oral health meetings, CHC staff training opportunities, monthly meetings for data warehouse user groups, and two annual summits for healthcare providers and stakeholders.

In 2017, APCA partnered with the Alaska Department of Labor and Workforce Development (ADOLWD) to increase utilization of Registered Apprenticeship as a training model for in-demand healthcare occupations. All apprenticeship courses are distance delivered to provide opportunities for rural Alaskans. APCA and Alaska Job Centers collaborated to create a new workforce pipeline for qualified entry-level healthcare workers, the Quality Pre-

¹ Alaska Primary Care Association Annual Report, 2021. See Attachment #13

Apprenticeship Training in Healthcare (PATH) Academy. It is the state's largest industry training program for entry-level and mid-level professions and recruits and trains over 250 participants annually. PATH training leads to direct employment or entry to a registered apprenticeship. APCA is the sponsor for multiple employers in eight high-demand occupations: Direct Support Professional (DSP), Clinical Medical Assistant (CMA), Medical Administrative Assistant (MAA), Billing and Coding Specialist (BCS), Electronic Health Records Specialist (EHRS), Pharmacy Technician (PhT), and Community Health Worker (CHW). In addition, APCA serves over 200 participants each year in other programs including WIOA Youth, Health Career Camps, credential trainings, and Registered Apprenticeship. APCA hosts the Southcentral Alaska Area Health Education Center (SCAHEC) in cooperation with the University of Alaska and provides workforce intermediary services through federal WIOA and US Department of Health and Human Services pass-through, and US Department of Education pass-through grants to build Alaska's urban and rural industry workforce.

APCA's workforce development department has 14 full time staff and manages the SCAHEC, which serves the largest economic region and most populated areas (65%) of the state. The region includes the Municipality of Anchorage, Matanuska-Susitna Borough, Kenai Peninsula Borough, Kodiak Island Borough, and the Valdez/Cordova coastal region. APCA's ability to raise and leverage funding and drive system change have made it the industry's "go to" organization for recruiting and training new workers. In the past four years, APCA has received funding from the Centers for Disease Control and Prevention and HRSA Bureau of Workforce Development to train Community Health Workers, a US DOL H-1B Rural Healthcare Apprenticeship grant to train more Alaska Natives for healthcare careers, two pass-through grants from Alaska's DOLWD for US DOL Apprenticeship Expansion in Healthcare Occupations, and a WIOA Youth Healthcare Pre-Apprentice grant.

APCA has a proven track record of coordinating across the healthcare sector and driving stakeholders to successful action, including as a leading and founding member of the Alaska Health Workforce Coalition (AHWC), a public-private partnership created to convene public and private sector stakeholders to develop, facilitate, implement, and support a statewide industry workforce development system to ensure Alaska has a well-qualified and sustainable workforce to meet current and future healthcare needs. AHWC's Action Agenda (Attachment #11), is updated every five years and provides employer-led strategic goals and action steps that guide investments to develop workers that meet the needs of employers. APCA works closely with the Alaska Mental Health Trust Authority, which leads AHWC efforts and is a committed strategic partner in this project.

Section 2: Employers and Other Stakeholders and Partnerships

The Alaska Healthcare Workforce Pipeline Project has employer leadership and commitment from Alaska's largest industry employers and associations, which include Alaska's hospitals, long-term care facilities, community health centers, and other primary and ambulatory health care providers. Each entity will have a leadership role in developing and implementing this project that will place 2,270 new workers in quality healthcare jobs. The training models include quality pre-apprenticeship, registered apprenticeship, and high school health Career and Technical Education Programs of Study. Employer partners will provide data on the skills needed for in-demand jobs, input on program design and implementation, assistance with participant outreach and recruitment, and job placements. Benefits for employers include access to a pool of skilled and qualified workers from underserved populations who have industry-

recognized credentials, education in supporting employee advancement in healthcare career channels, and trainings in skills-based and predictive index methods of hiring. Engagement of additional employers will occur throughout the project. (See Attachment #4: Employer Letters.)

Employer Partners: *Providence Alaska*, the state's largest private employer with more than 4,000 employees, has committed to 150 job placements. *Foundation Health Partners* (FHP), the largest private sector employer in Alaska's Interior region, providing healthcare for 45,000 community members, has committed to hire over 200 employees from the project. *Alaska Native Medical Center* (ANMC), which is jointly administered by the Alaska Native Tribal Health Consortium and Southcentral Foundation, employs more than 5,000 healthcare and support services employees, and serves over 180,000 Alaska Natives across the entire state. ANMC is an employer apprenticeship partner and has committed to hire persons trained through this project. *Alaska Regional Hospital* (ARH) in Anchorage has more than 1,000 employees and a medical staff of over 550 independent practitioners and is committed to employing people trained through this project. *Southeast Alaska Regional Health Consortium* (SEARHC), an Alaska Native healthcare provider with 27 clinics in Alaska's Southeast region, 100 providers, and 1,400 employees, is committed to hire persons trained through this project. *Seward Community Health Center* has a service area of 40 square miles and 6,000 residents and has committed to hiring six employees. *Dahl Memorial Clinic* serves Skagway, a remote community of 1,240 residents, employs 15-17 healthcare workers, and is committed to hiring persons trained through this project. *Camai Community Health Center* in the Bristol Bay region serves 1,400 patients and will hire four employees. *SVT Health & Wellness*, a branch of Seldovia Village Tribe, is a tribally operated CHC serving 3,000 residents in the lower Kenai Peninsula. They will hire four employees. *Interior Community Health Center* in Fairbanks and Healy serves over 4,100 patients and will hire six employees. *Council of Athabascan Tribal Governments* is the tribal health organization for the Yukon Flats region, and they will hire one employee. *Kodiak Area Native Association* (KANA) serves the residents of the Kodiak Island Archipelago, which includes the City of Kodiak and six additional small regional communities that can only be reached by aircraft or boat. KANA will hire a minimum of eight healthcare positions. *Wildflower Court* in Juneau is a non-profit, long-term care facility with 61 skilled beds. They will hire 10 employees. *Hope Community Resources*, a nonprofit that provides support to people with intellectual and developmental disabilities, will hire 30 employees.

To oversee registered apprenticeship activities, APCA relies on an advisory committee comprised of members of its Board of Directors, all of whom are leaders of CHCs, and other stakeholders including the Alaska Mental Health Trust Authority, Department of Health and Social Services, and DOLWD representatives. The advisory committee meets every other month and provides employers with a formal opportunity to weigh in on apprenticeship trainings, recruitment strategies, and participant requirements. APCA frequently communicates with employers informally as well. Over the past five years, APCA has worked with employer host sites to develop rigorous recruitment standards for RAP enrollment. Successful applicants have completed the required prerequisites demonstrating readiness and commitment. APCA works closely with each apprentice; those who fall behind in either the didactic portion or hands-on competencies are given an opportunity to pause, rather than drop out, and return to the program later. The certification pass rate was 100% in 2020 and 97% or higher in previous years.

Strategic Partners: *Alaska Department of Labor and Workforce Development* (ADOLWD) brings executive leadership from the state government and has committed to

leverage their extensive network of healthcare employers, unions, and community-based organizations to provide input on program design and implementation strategies and will assist this project in several ways. ADOLWD oversees the Alaska Jobs Center (AJC) Network regional offices, which offer links to healthcare jobs, industry training, and Labor Market Information that informs job seekers about earnings, careers, and resources to pursue healthcare as a career. AJCs employ Apprenticeship Specialists who share information with job seekers about apprenticeship and pre-apprentice training opportunities. ADOLWD's Research & Analysis Section will track industry labor market occupation supply and demand and provide project participant employment and earnings data for EDA reports and project improvement. In addition, ADOLWD houses the Division of Vocational Rehabilitation and will assist this project in increasing employment opportunities for people with disabilities.

Alaska Workforce Investment Board (AWIB), housed in the ADOLWD, is the state's lead workforce policy board authorized by the federal Workforce Innovation & Opportunity Act (WIOA). The AWIB provides guidance and oversight for all federal and state workforce investment programs, including WIOA, for Alaska's single statewide workforce investment area. The Board has 26 members, appointed by the Governor, including the Lt. Governor, the commissioners of Labor, Education, and Commerce, and the Director of the Division of Vocational Rehabilitation, as well as members representing secondary and postsecondary education, apprentice program sponsors, the University of Alaska and higher education, Alaska Natives, and labor organizations nominated by the Alaska AFL-CIO. The AWIB promotes developing Industry Sector Strategic Plans with workforce goals and objectives to meet the needs of employers, job seekers, and regional economies. The Board has an Executive Director and four staff that administer federal and state workforce grants.

Alaska State Hospital and Nursing Home Association (ASHNHA) is a nonprofit membership organization that represents 65 hospitals and long-term care facilities in Alaska. ASHNHA is a sub-awardee and will hire a Workforce Development Director to recruit hospitals and long-term care facilities to become apprentice employer partners; conduct job placement for qualified workers; assist with developing career pathways within facilities; develop specialty nursing training; and help expand RAPs to include LPN, CNA, and other hospital positions.

Alaska Center for Rural Health and Health Workforce - Area Health Education Centers (AHEC). AHECs are federally-funded, state-administered agencies that work to improve healthcare services across their respective states. Alaska's AHEC program office is located in Anchorage at the University of Alaska and supports six regional AHECs throughout Alaska, who are also project partners. Each AHEC will use APCA's quality pre-apprenticeship training model to create regional PATH Academies for rural job seekers. See Attachment #6 for a description of regional AHECs and a map showing their coverage area.

Alaska Department of Education and Early Development (DEED) oversees secondary Career and Technical Education (CTE) and will lead the development of a Health Career Technical Education Program of Study (CTEPS) available statewide. High school students will engage in coursework in health careers and can earn several occupational certificates. This will provide a pathway to direct entry employment or further training in a healthcare occupation. The healthcare CTEPS will be focused on school districts that do not have a healthcare CTE program of study and cannot afford to create one. DEED will work with a team of content experts to develop online or intensive courses and leverage staff and other resources through federal Carl D. Perkins CTE funding. Providing this CTE program for small and rural school districts will

help them achieve parity with other districts and give all Alaska secondary students a route to healthcare training, employment, and careers.

The three largest school districts in the state, *Anchorage, Matanuska-Susitna Borough, and Fairbanks North Star Borough*, are initial committed partners, with more school districts to be recruited as the project develops. See Attachment #6 for school district descriptions.

Alaska Pacific University (APU) has nursing, community health, and health sciences programs and will award undergraduate and college credits to all apprentices who complete training and enroll in degree programs. APU will leverage \$1.356 M in tuition support for apprentices through undergraduate degrees. APU is a US Department of Education designated minority-serving institution.²

Partners representing Alaska Native serving organizations include *Cook Inlet Tribal Council, Alaska Native Medical Center, Alaska Native Tribal Health Consortium, Council of Athabaskan Tribal Governments, Aleutian Pribilof Islands Association, Yukon Kuskokwim Health Corporation, SVT Health & Wellness, and Kodiak Area Native Association*.

The three largest cities in the state (Anchorage, Fairbanks, and Juneau) have committed the support of their economic development councils/corporations. See attached letters from *Anchorage Economic Development Corporation, Fairbanks Economic Development Corporation, and Juneau Economic Development Council* (See Attachment #5).

Partners representing organized labor include *Alaska AFL-CIO, Laborers Local #341, and IBEW Local #1547*. APCA and committed partners will support expansion of apprenticeships as a work-based training model to provide career paths to advance the underserved.

Partners representing community-based and human service organizations include: *Alaska Mental Health Trust Authority*, host organization for the Alaska Health Workforce Coalition; *Alaska Commission on Aging* (ACoA), part of the Alaska Department of Health and Social Services, which provides a comprehensive and integrated system of care for aging residents and oversees the regional commissions; *Juneau Commission on Aging* (JCOA), which advises the City and Borough of Juneau's Assembly on issues regarding the safety, wellbeing, and engagement of seniors and supports eldercare healthcare workforce training efforts in SE Alaska; *SAIL, Southeast Alaska Independent Living*, located in Juneau, an independent living center that relies upon Direct Support Professionals (DSPs) to empower seniors and people with disabilities to live independently; *Alaska Literacy Program*, the leading literacy service provider to English Language Learners around the state; *Alaska Works Partnership*, which provides job training that leads to employment and entry into registered apprenticeship programs; *Mature Alaskans Seeking Skills Training* (MASST), Alaska's Senior Community Service Employment Program under WIOA; and *United Way Southeast Alaska*. (See Attachment #5: Letters of Support and Attachment #3: Partner Diagram.)

Section 3: Regional Description and CEDS Alignment

The project's location, region, and service area is the entire state of Alaska, and its focus is the healthcare economic sector. The most significant and difficult-to-meet skills needs in the region are trained healthcare workers, including Licensed Practical Nurses (LPN) and Certified Nursing Assistants (CNA) who are residents of Alaska. APCA's proposal to strengthen the healthcare workforce system is consistent with the Alaska Comprehensive Economic Development Strategy. All six of Alaska's geographic economic and labor market regions will benefit from the coordination of strategic partnerships, training programs, and activities.

² 2020 Minority Serving Institutions (hhs.gov)

Geographically, Alaska is the largest state in the nation, with a population of 733,000, and with 1.2 persons per square mile, it has the lowest population density of any state.³ Demographically, 65% of residents identify as white, 16% Alaska Native or American Indian, 8% two or more races, 7% Asian, 4% Black or African American, and 1% Native Hawaiian or Pacific Islander. The communities in Alaska's Northern and Southwest regions and the Yukon-Koyukuk Census area are primarily Indigenous, and most inhabitants are Alaska Native people.⁴

About 75% of Alaska's communities are remote and not connected by road. Geographic challenges impede access to healthcare, resulting in a high percentage of people medically underserved. Physicians, dentists, and mid-level providers are available only on an itinerant basis in remote villages.

As of December 2021, Alaska's seasonally adjusted unemployment rate was 6%, compared with the U.S. rate of 4.6%.⁵ Approximately 18.9% of Alaska's population, and 26.2% of those under 18 years, live below 125% of the Federal Poverty Level. The poverty rate in rural Alaska is 14.3% compared to 9.6% in urban areas, and 31.8% of Alaska Native people live below poverty thresholds.⁶

Healthcare is the largest and fastest growing economic sector in Alaska, generating 7% of GDP in 2019, 2% greater than in 2009. In 2020, there were 42,423 health care workers, 11% of Alaska's entire workforce, and these employees earned \$2.8 B, 11% of all wages paid to Alaskans. Healthcare will add more jobs to the economy by 2028 than all other sectors, adding 5,049 jobs (10.3%). Ambulatory care, mainly the offices of various practitioners, will grow by 9.2 percent (1,947 jobs) and hospital employment will grow by 6.9% (1,040 jobs). An aging population needing healthcare services, coupled with population growth and an aging industry workforce, will continue to increase labor demand.⁷

There are not enough resident healthcare professionals to fill available jobs. In 2019, more than 5,000 non-residents made up 11.3% of the statewide healthcare workforce and earned 24% more, on average, than resident workers (\$74,808 vs \$60,120). Among Alaska's six economic regions, industry non-resident workforce is 20% in the Northern region, 7% in the Interior, 8% in Southcentral, 14% in Southwest, 14% in Southeast.⁸ The historical reliance of healthcare professionals travelling to Alaska to fill jobs was made apparent in September 2021 when the Alaska Department of Health and Social Services spent \$81 million to bring 400 LPNs, CNAs, and Registered Nurses to Alaska for two months to fight a COVID-19 surge.⁹

Women make up 74% of the healthcare labor force and most (78%) are employed in lower paid support positions. Most healthcare workers identify as white (69%), while 54% of support workers identify as persons of color.¹⁰ These data reveal an imbalance between support positions and higher paid professions, which points to the importance of recruiting and training underrepresented populations for high-skill, high-wage occupations. Addressing inequality will assist in reducing poverty and unemployment in rural areas while capturing more of the wages and travel support that is paid to non-residents.

Alaska's geography makes access to education, training, and apprenticeships a unique challenge. Urban areas have good access to work-based training, technology, and bandwidth,

³ Population Density by Census Tract, 2010, <https://live.laborstats.alaska.gov/cen/maps/population/borpop.pdf>.

⁴ <https://live.laborstats.alaska.gov/pop/>

⁵ labor.alaska.gov

⁶ U.S. Bureau of the Census, 2017 & U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement

⁷ labor.alaska.gov

⁸ Alaska Healthcare Workforce Analysis, November 2021, ASHNHA (See Attachment #12)

⁹ [400 health care workers on their way to help fight Alaska's COVID-19 surge - Alaska Public Media](#), 9/22/2021

¹⁰ US Census Bureau, 2019, American Community Survey

while most rural and remote communities do not. Travel to urban areas for training or sending instructors to regional hubs or villages is expensive and time consuming. There are also cultural differences and fewer resources available to people living in rural areas. They need more support to cover the cost of training, mentors, temporary housing, travel, meals, and childcare. Limited bandwidth, internet speed, and the need to increase technology skills of people in rural regions is another significant obstacle that requires cooperation among committed industry workforce intermediaries, the government, and innovative work-based training models.

Below is a brief summary of how APCA's Healthcare Workforce Pipeline Project aligns with CEDS objectives outlined in [A Comprehensive Economic Development Strategy for Alaska 2017-2021](#), prepared by the Alaska Department of Commerce, Community and Economic Development. See Attachments #9 and #10 for CEDS documents and alignment table.

CEDS Obj. 1: Increase tools and resources available to rural and Alaska Native businesses (rural focus, distance delivery, Registered Apprenticeship). *APCA's Strategy:* Quality Pre-Apprenticeship PATH Academies in rural areas, partnering with regional AHECs, creation of new distance-delivered RAPs in at least six healthcare occupations. **CEDS Obj. 2:** Create stronger alignment between workforce development and economic development programs and services (work with ADOLWD, align with WIOA, assess workforce needs, strengthen secondary CTE and RAP, expand college credit for RAP). *APCA's Strategy:* Ongoing assessment of workforce needs, Apprenticeship Advisory Committee, secondary partners, postsecondary credit for RAP. **CEDS Obj. 3:** Connect rural Alaska to the entrepreneurial resources of urban centers (expand multi-employer RAPs). *APCA's Strategy:* expand its multi-employer sponsorship of healthcare RAPs. **CEDS Obj. 4:** Strengthen educational offerings for Alaskans (more Alaskans with postsecondary certificates, improve coordination between secondary and postsecondary, more CTE program support). *APCA's Strategy:* Certificates and college credit for RAPs, CTE secondary to postsecondary or employment pathways.

Section 4: Impacts of the Regional Workforce Training System

Alaska has a healthcare industry workforce training system in place. This proposal is for Program Design and Implementation funding only and focuses on strengthening and expanding existing systems and sector partnerships to ensure that employers and underrepresented populations throughout the state have equitable opportunities to participate. See Attachment #11: Alaska Health Workforce Coalition Action Agenda for documentation of the process to gather skills needs and translate needs into training models.

Meeting healthcare labor shortages is a top priority for Alaska's publicly-funded job training programs. Dedicated financial support for industry training and trainee support services include the Alaska Job Center Network, federal WIOA job training grants, and the Alaska State Training & Employment Program. The ADOLWD has invested significant resources toward building a comprehensive healthcare workforce development system. Since 2017, the department has raised more than \$7 M to increase and expand apprentice training for healthcare workers. Other state funding comes from the SHARP Program, a public-private partnership operated by the Alaska Department of Health and Social Services, which provides financial support to those in medical, dental, and behavioral health occupations, prioritizing those who care for Alaska's underserved populations.

In 2017, the Alaska Health Workforce Coalition performed an updated assessment of the industry training system and identified gaps in four major areas: 1. The lack of awareness, particularly among Alaskan youth, about available health careers 2. Insufficient educational and

training programs for priority health careers, ranging from vocational training to professional degree programs 3. The need to recruit non-residents to meet the state's healthcare system needs 4. The need to retain healthcare workers, particularly in rural areas. The Coalition also identified industry occupational priorities for Alaska: Direct Support Professionals, Peer Support Specialists /Community Health Workers, Nurses, and Healthcare Administrators, all of which are included in this project. The Coalition adopted three key action steps, which are included in this proposal: 1. Engage and prepare Alaska's youth for health careers 2. Expand and enhance professional development opportunities for healthcare professions 3. Develop and deliver healthcare Registered Apprenticeship programs based on health care industry requests.

Also in 2017, APCA and ADOLWD developed the Quality Pre-Apprenticeship Training in Healthcare (PATH) Academy, a cost-effective pre-employment training opportunity for job seekers. PATH Academies incorporate the USDOL guidelines and standards required to be an approved quality pre-apprentice course that meets the federal and state requirements to be on the WIOA Eligible Training Providers List, which allows Job Centers to issue training vouchers for wraparound services for eligible trainees. Eligibility is based on an individual's status: unemployed, dislocated, or has a barrier to training and employment. The three-week, 100-hour PATH Academies are held monthly for cohorts of 10-20 participants and provide certifications, job readiness skills, background checks, drug testing, and lead to direct entry into Registered Apprenticeship or employment. See Attachment #14 for workforce training curricula.

Another innovation in the past five years is APCA becoming a USDOL RAP multi-employer sponsor for eight healthcare occupations. APCA's affiliated CHCs were able to rapidly enroll incumbent workers from low pay, low skill occupations and place them in training for in-demand occupations along a career path where they live. Recruitment for PATH Academy and registered apprenticeship participants occurs at high schools, summer camps for youth, job and apprenticeship fairs, Job Centers, Native and tribal based organizations, health centers, hospitals, long-term care facilities, community-based organizations, and through online marketing efforts.

Expansion of PATH Academies to all regions in the state and adding additional registered apprenticeship offerings are major components of the Healthcare Workforce Pipeline Project. See Attachment #: 7 Work Plan for program design and implementation strategies, activities, partners, timelines, and outcomes.

In addition to stressing Alaska's healthcare system, the impact of COVID-19 on the Alaskan economy is significant. Employment data from December 2019 to December 2020 reveal a statewide decline of 7.7% jobs. Alaska ranks 25th in unemployment among all states; 39th in job growth; 46th in private job growth; and 33rd in leisure and hospitality job growth.¹¹ Over 91,995 (11% of all Alaskans) utilize food stamps and have a median income of \$30,126,¹² and over 17% of these families had no employment in the reported year. The lack of employment opportunities in majority Native communities is reflected in the high rate of unemployment among Alaska Natives (19.3%).¹³

The table on the next page shows in-demand healthcare occupations and their projected annual and 10-year growth.

¹¹ All data provided by R&A section <https://live.laborstats.alaska.gov/> unless otherwise specified.

¹² USDA Food and Nutrition Service, Profile of SNAP Households in 2018, Alaska

¹³ US Census Bureau, American Community Survey 2014 to 2018

In-Demand Health Occupations, Annual and 10-Year Projected Growth¹⁴

Occupations	Annual need: growth and replacement	10-year projected growth
Medical Assistants	584	8.6%
Nursing Assistants	543	8.3%
Home Health Aides	499	23.1%
Healthcare Support Workers, All Other	348	10.3%
Licensed Practical Nurses	111	9.8%
Pharmacy Technicians	109	1.6%
Surgical Technician	60	7%
Dental Assistant	410	9%
Radiologic Technician	99	8%

APCA’s proposed Healthcare Workforce Pipeline Project will address labor shortages by:

1. Formalizing partnerships between healthcare employers and training entities to focus on in-demand occupations and ensure participants are trained and prepared for employment.
2. Addressing equity and inclusion through targeted outreach of special populations to recruit participants for regional AHEC sponsored PATH Academies.
3. Providing high school students career exploration activities and health CTEPS that lead to employment, further training, or apprenticeship upon graduation.
4. Expanding the number of healthcare apprenticeship programs for in-demand occupations, increasing the number of employers that utilize apprenticeship as a training model, and increasing the number of registered apprentices.
5. Delivering wraparound services to help trainees enter and complete training and transition to employment.
6. Developing programs and services that support retention and resiliency among current healthcare employees.
7. Increasing the number of employers that hire trained participants. (For additional detail, see Attachment #7: Work Plan)

Equity. This project will increase equity by providing older youth, students, and job seekers with opportunities that lead to quality jobs. Outreach and recruitment activities will focus on underserved persons such as Alaska Natives, Indigenous Americans, Asian Americans, Pacific Islanders, Black and Latino, persons with disabilities, and LGBTQ+. Rural and remote areas of Alaska have persistently high levels of unemployment and poverty. Reaching residents of these areas by offering training opportunities that lead to employment will have a positive long-term economic impact. The result of this project will be systemized training opportunities that lead to employment in urban and rural communities where healthcare services are limited and populations are underserved.

Recovery & Resilience. Stress related to the COVID-19 crisis has had a negative effect on Alaska’s economy, the healthcare sector, and healthcare providers. The pandemic has resulted in high rates of attrition, leading to a significant drain on healthcare organizations’ resources, as a lost employee can cost an organization between 6 months to 2 years of their annual salary to replace. Alaska, as a state, struggles to maintain an adequate healthcare workforce, and the stresses of the pandemic, moral injury, burnout, and compassion fatigue have resulted in a sharp increase in job related stress and high vacancy rates in healthcare facilities across Alaska. Recovering and building resilience in the midst of the COVID-19 crisis is key to the stability of

¹⁴ Alaska Department of Labor 2020 Occupational Employment Statistics; ADOL Alaska Occupational Forecast 2018 to 2028

the healthcare system, economic recovery and future development, and ability to serve the healthcare needs of Alaskans in the coming years. This project will bolster and grow industry and workforce resilience through a highly collaborative, comprehensive, cohesive, and employer-led approach that integrates best practices in training and services.

Workforce Development. This project engages employers in building a more inclusive healthcare workforce development system that offers a broader spectrum of occupations and in-state training that will attract and prepare new workers who can quickly fill in-demand industry jobs. As the System Lead and Backbone Organization, APCA will lead efforts for industry sector employers and strategic partners to scale training, drive greater utilization of work-based pre-apprenticeship and apprenticeship as a training model, and extend quality training to every region of the state. The result will be transformational for the state's healthcare workforce in a number of ways: decreased dependence upon nonresident workers to fill vacant healthcare positions; putting people in quality good paying jobs where they live; creating career pathway navigation strategies for students, jobseekers, and incumbent workers; committed and engaged employers and a stronger industry sector; and ultimately a more prosperous state.

APCA proposes 2,270 new healthcare workers will be employed in industry prevailing wage jobs in a variety of healthcare occupations. Most project participants will begin employment at regional entry level prevailing hourly wages, starting at \$12-15 per hour, and advance in pay as they complete paid on-the-job training (OJT) as established in their apprentice standards at \$24-\$30 per hour. Occupations like Pharmacy Technician and LPN will start at a higher rate of hourly pay, \$15-20, and reach \$30-\$40 per hour once they receive their occupation credentials. This will be similar for other participants who are employed and gain competencies to achieve their occupational credential. OJT learning timeframes will range, depending upon the occupation, from one to two years, at which time the employee will receive the full prevailing hourly wage, or more, depending upon the employer. Prevailing wage information for healthcare occupations is made available by ADOLWD's Research & Analysis Section.¹⁵

Benefits provided by employers (Providence, ARH, ANMC, SEARHC, FHP, KANA, Dahl, Seward) include established minimum wages for occupations and competitive salary packages, paid time off, paid holidays and personal leave, contribution into a health savings account, health (medical, dental, vision) insurance, retirement benefits, and education assistance. About half of the employees of ARH are members of Laborers' Local Union #341. ANMC also provides relocation package, sign-on bonus, retention bonus program, educational leave, Continuing Medical Education stipend, and licensure fee reimbursement. FHP also provides relocation benefits. Camai and CATG provide established minimum wages for occupations and competitive salary packages, paid time off, paid holidays and personal leave programs, health (medical, dental, vision) insurance, retirement and life benefits, and education assistance.

Total projected # recruited*: 3,260 (2,934 female, 250 male, 76 non-binary); 1,630 persons of color including 978 Native Alaskans; 1,956 economically disadvantaged; 50 disabled; 1,630 youth; 350 veterans and military spouses; 1,956 accessing SNAP/TANF/WIC.

Total projected # completed RAP*: 1,095 (985 female, 100 male, 10 non-binary); 550 persons of color including 328 Native Alaskans; 657 economically disadvantaged; 5 disabled; 115 veterans and military spouses; 657 accessing SNAP/TANF/WIC. **Total projected # completed PATH*:** 1,320 (1,188 female, 100 male, 32 non-binary); 660 persons of color including 396 Native Alaskans; 792 economically disadvantaged; 30 disabled; 235 veterans and military spouses; 792 accessing SNAP/TANF/WIC. **Total projected # completed high school CTEPS**

¹⁵ <https://live.laborstats.alaska.gov/wage/index.html>

or healthcare academy (youth)*: 815 (733 female, 70 male, 12 non-binary); 408 persons of color including 245 Native Alaskans; 489 economically disadvantaged; 15 disabled.

Total projected # placed in quality jobs: 2,270 (2,043 female, 190 male, 37 non-binary); 1,135 people of color including 681 Native Alaskans; 1,362 economically disadvantaged; 40 disabled; 1,135 youth; 227 veterans and military spouses; 1,362 accessing SNAP/TANF/WIC. ** Please note participants may fall under more than one demographic category.* **# of initial quality job placement commitments by employers:** 476; note employers including ARH, ANMC, and SEARHC were unable to commit to a specific number of jobs due to legal concerns.

Projected Cost Per Participant = \$2,978 (\$9,706,966/3,260).

4d: Achievability/Feasibility

Feasibility is based upon APCA's past and current outcomes for PATH Academies and registered apprenticeships as well as the strong commitment by employers to hire workers, train apprentices, and support the development of several new occupational apprentice programs.

From 2018-21, 947 individuals completed the PATH Academy. Of these participants, 81% are female, 68% persons of color including 21% Alaska Natives, 45% self-identify as educationally disadvantaged, and 62% self-identify as economically disadvantaged. APCA conducts an informal post-program survey, and of the participants who responded, 70% of past PATH participants self-reported enrollment in a healthcare education program or employment in a healthcare related occupation. From 2017-21, 200 individuals enrolled in a healthcare RAP, and to date, 75 have completed (many more in-progress). Among the apprentices, 89% are female and 74% are persons of color, including 37% Native Alaskans.

A partner in this project, Fairbanks North Star Borough School District, has trained 40 Pharmacy Technicians and 40 Certified Nurse Assistants each year, who are placed into employment in positions that pay above the prevailing wage and provide benefits.

Initial partner employers have committed to hire at least 446 new employees; other major employers, including Anchorage Regional Hospital, Alaska Native Medical Center, and Southeast Alaska Regional Health Consortium, have provided letters of commitment to hire, but due to legal concerns could not include the specific number of employees they will hire.

The stakeholders that will benefit from training the target demographics include employers, patients, and community members in every region of Alaska. Employers will have a diverse, skilled, and employable pool of applicants and will potentially save money by hiring more residents instead of non-residents who typically are paid more, need housing, and receive signing and/or relocation bonuses. Patients will receive care and interact with people who are both diverse and representative of their community. An ensuing lower employee turnover rate will ensure patients with better continuity of care. Job seekers will have greater access to healthcare training and workforce navigation strategies. Incumbent workers will be aware of and benefit from defined channels that lead to upskilling and higher wages. The economies of all regions will benefit as more residents are employed, lessening the burden on government assistance. Medically underserved areas will have improved health services, and the entire state will be better prepared for public health emergencies such as pandemics.

The project will increase equity by focusing on training and placing more women and Alaska Natives in quality good paying jobs and careers. Providing training opportunities for Alaska Natives that lead to employment in the rural hub and village where they reside is a primary goal. Many of these villages are medically underserved and have very few employment opportunities. This project relies on strategic partnerships with large Alaska Native regional

health care providers and CHCs that serve Alaska Native beneficiaries and are located in rural areas to reach and serve the targeted populations.

Partnering with the six regional Area Health Education Centers (AHECs) is a central strategy for ensuring the project's benefits are shared among all of Alaska's communities. The six AHECs are the regional healthcare workforce developers for their respective regions and have established relationships with government agencies, employers, educators, and community organizations. Each regional AHEC will be empowered to represent the needs of their communities and advocate for training programs that lead to good paying jobs for residents.

This project will directly recruit and enroll participants that benefit from state and federal support programs and face barriers to employment. APCA and project partners have established outreach methods that effectively reach underrepresented populations such as out of school youth, veterans, transitioning service members, persons with limited English language proficiency, Alaska Natives, and persons of color. Outreach to rural areas will be amplified by collaborating with AWIB to reach Alaska's 10 WIOA Title I Section 166 Alaska Native Regional Employment & Training Entities, Alaska Housing Finance Corporation (public housing), Tribal Designated Housing Authorities, Alaska Division of Public Assistance, Alaska Division of Vocational Rehabilitation, Alaska Job Centers, and Rural Alaska-Community Action Program.¹⁶ Further, AWIB will connect this project to two efforts occurring under their domain: the At-Risk Youth Initiative, which recruits participants who are exiting foster care, leaving juvenile justice, and living in homeless shelters; and the Divisions of Vocational Rehabilitation and Public Assistance pilot programs to increase quality referrals and co-enrollment with WIOA programs, specifically TANF and SNAP.

Estimated number of people directly impacted (receive training, are employed, provide care in communities) include 3,260 participants, 16 employers, 11 of the most populated communities in the state (Anchorage, Wasilla, Juneau, Fairbanks, Seward, Sitka, Kodiak, Homer, Fort Yukon, Bristol Bay, Ketchikan), and over 20 community-based organizations, government agencies, and other entities. Estimated number of people indirectly impacted (learn about healthcare careers and training, more healthcare providers in facilities, a more resilient community as a result) include over 115,000 students, 5,000 job fair attendees, over 115,000 CHC patients, and potentially anyone who utilizes a hospital or long-term care facility in Alaska, as all hospitals are members of ASHNHA; 100 employers; all of Alaska's 162 communities; and 100+ community-based and human service organizations and government agencies.

Section 5: Funding Request – \$9,706,966 total.

Personnel (\$3,449,365) & **Fringe** (\$1,224,739): As both System Lead Entity and Backbone for this large statewide project, APCA will employ a fulltime Program Manager for programmatic implementation, oversight, and sector convening; support staff for grant management (fiscal, data, reporting, subawards); apprenticeship coordinator and instructors to provide participant instruction and train-the-trainer programs for new regional PATH Academies. **Travel** (\$135,000): APCA staff travel to deliver training and oversight; engage sector partners; obtain professional development. **Supplies** (\$468,225): Staff office supplies, hardware/software; training supplies & textbooks; new PATH Academies hardware/software. **Contractual** (\$4,429,637): Subawardees ASHNHA, school districts; contractors for regional recruitment, employer outreach, PATH Training, and eldercare training pilot; wraparound services and

¹⁶ https://labor.alaska.gov/esd/AK_OneStop_MOU.pdf

postsecondary credit fees; sector convening costs; outreach materials; and a portion of APCA's costs for program operation. See Staffing and Budget Narrative Attachment for full details.

5b. Project Description: This proposal requests funds for Program Design and Program Implementation. For more than a decade, APCA and has worked closely with partners of the Alaska Health Workforce Coalition to build a connected statewide healthcare workforce development system focused on meeting the labor supply needs of employers and job seekers in every region. The state is invested in healthcare workforce development and has committed ongoing support at the Commissioner level from the ADOLWD, as well as multi-division engagement. The Alaska Workforce Investment Board has prioritized the healthcare workforce through the adoption and inclusion of the industry sector strategic workforce plan in the 2020 WIOA State plan, the overarching public workforce investment document that coordinates all federal and state workforce programs and services. Since 2017, APCA has delivered PATH Academies in the Southcentral region of Alaska, and has attracted over 1,000 older youth, adults, women, and Alaska Native people to healthcare training, employment, and apprenticeship.

Potential leverage for this project is estimated at \$3.9 M. Alaska DEED will contribute by collaborating during the development of a statewide health CTEPS for high schools, by creating a pathway for districts to use their Perkins funds to participate and by aligning some career and skill camp grants over the next two years to support health CTEPS. Alaska Pacific University will reduce costs for college tuition for trainees (est. \$1.36 M). ASHNHA has committed to leverage \$180,000 in staff resources. ASD will leverage \$16,000 in staff resources. MSBSD will leverage \$80,000 in staff resources. APCA will leverage \$2,303,280. Several other significant sources of contributions (that are not included in committed leverage) to this project include employers who will provide resources such as mentoring, uniforms, supplies, in-house training, and industry occupational certifications. Additional contributions may include WIOA-funded wrap-around services to eligible participants, school district CTE healthcare programs, and state and federal funding for secondary and postsecondary healthcare programs.

APCA and committed partners have extensive experience in developing recruitment and outreach materials for their hospitals, clinics, nursing homes, and communities that will help establish the Healthcare Workforce Pipeline project brand, create information about employment and training opportunities, and establish a major statewide outreach effort. During the ramp-up period of the project, APCA will establish project standards for all components--outreach, enrollment, support services and job placement--to ensure quality, inclusivity, and equity across the pipeline. APCA will lead the development of a project information and data collection system and processes for tracking and reporting activities, participant progress, demographics, and other information as required by EDA.

Program Design has eight strategies: 1. Strengthen organizational capacity of training partners 2. Formalize partnerships, create communication systems, assign roles, and engage in activities to recruit and support additional employer partners 3. Develop and modify healthcare training curriculum that reaches new participants, responds to workforce shortages, and supports resiliency of healthcare workers 4. Develop systems and define services that will support recruitment, marketing, and participant retention 5. Incorporate planning activities that promote equity among participants and regions 6. Incorporate planning activities that engage youth in healthcare careers 7. Review, assess and develop strategies for improving current process for recruitment of unemployed, underemployed, incumbent, and disconnected workers 8. Create sustainability plan.

Program Implementation has seven strategies: 1. Deliver Healthcare Quality Pre-Apprenticeship Program (PATH Academies) to all 6 AHEC regions to create a pipeline of healthcare workers who will directly enter Healthcare Registered Apprenticeship or employment 2. Deliver programming that promotes equity in training opportunities and engages youth in healthcare careers 3. Offer expanded healthcare RAPs to all regions of Alaska 4. Implement programming that supports a more resilient healthcare workforce 5. Implement activities that foster inclusion, collaboration, and sustainability beyond the lifetime of the grant 6. Place individuals into healthcare employment with committed employers 7. Provide wrap-around services for participants to support successful program completion and job placement. Goals, timelines, and partners are detailed in Attachment #7: Work Plan.

The core performance measures for this project are: 1) number of participants served; 2) number and type of occupational certificates, credentials or licenses earned; 3) annual participant earnings prior to receiving services; and 4) annual participant earnings seven to twelve months after receiving services. Additional performance measures and metrics will be established during the System Design phase, such as: 1) number that apply for training, 2) number enrolled in training and type of training, 3) number that complete training by type of training, 5) per cent of trainees employed within three months of completion, 6) retention in industry employment seven to twelve months after completion. Additional information that will be collected and reported includes number of secondary school students and older youth who enroll in healthcare CTE courses by region and the number who complete two or more CTE health courses. The project will monitor overall program demographics related to DEI--gender, race, age, for example. Information will be collected on the number of individuals that enroll in PATH or other pre-employment training by region, number that complete PATH training, number of new Registered Apprentices by occupation, number of new occupations with apprenticeship as a training method, and number of employers that hire and train apprentices. These measures provide a way to assess this project's outcomes and performance in comparison to other workforce programs, and will help EDA, project partners, and AWIB better understand the results, value, and effectiveness of the Alaska Healthcare Workforce Pipeline.

APCA and sub-awardees will be responsible for collecting data and reporting performance outcomes as required by EDA. The project's performance measures will mirror those established by Alaska Statute 23.14.620--core performance measures for all publicly funded workforce investments, which are a subset of federal WIOA program performance measures. Alaska's Research and Analysis Section will analyze and report annual employment and wage-related outcomes, as it does for all state and federal training and employment programs. APCA is experienced in capturing and reporting data: all apprenticeship data are entered into RAPIDS; all AHEC related training, including PATH Academy and RAPs, are entered into the AlaskaCACHE (Clearinghouse for Alaska's Continuing Health Education) database; and as a recipient of US DOL funding, APCA utilizes the PIRL (Participant Individual Record Layout), a set of common data fields and definitions that are shared across multiple US Departments of Labor and Education programs for performance reporting.

5c. Anticipated barriers and solutions for mitigation

Anticipated barriers for worker participation are awareness, program fit, access to technology, transportation to training, and sufficient personal resources to participate. Efforts to mitigate barriers to awareness and program fit include program branding, messaging, and broadcasting through a variety of online methods and traditional methods of posting information

in health facilities, schools, community centers, and agencies. Outreach will inform students and adults of events and activities as well as provide electronic and live points of contact in which potential participants can learn more about the program and assess if it is appropriate for their interests and career goals. Innovative and hybrid training models will blend distance delivery and in-person training methods. Accommodating trainees who require travel from one community to another to gain skills is both a programmatic and budget priority. Wrap-around services will support targeted populations who have fewer resources and may have personal circumstances such as the need to provide child or elder care, and will require airfare, temporary housing, meals, and daily transportation to attend trainings. Strategic partners are familiar with these circumstances and are adept at providing services and coordinating logistics for participants, as well as leveraging existing community resources such as temporary worker housing, reduced airfares, and other regional solutions. APCA continues to provide employment placement services for participants who need additional support after completing training and relies on strategic partnerships for participants who continue to experience barriers to employment.

Sustainability: APCA has a robust workforce development effort in partnership with the Alaska and US Departments of Labor, the Centers for Disease Control, Health Resources & Services Administration, and others. Among these are a State Apprenticeship Expansion Initiative for Healthcare, a Rural Community Health Worker Apprenticeship Program, WIOA Youth PATH, AHEC Scholars Program to develop healthcare professionals, and participation in the Apprenticeship Works for Alaska's Youth project. The Pipeline project will also be integrated with education and training for mid-level and professional healthcare providers through University of Alaska and Alaska Pacific University degree programs as trainees earn college credit and progress to higher skill, higher pay industry occupations. This dovetails with Alaska's hospital and nursing homes, which need healthcare workers at every level, many requiring higher degrees. Connecting a new supply source of entry level workers for ambulatory and primary care providers will reinforce pathways for students to jobs and careers in their communities. Creating a statewide healthcare workforce pipeline, by its partnerships, size, and reach, will create even more momentum for employers to use apprenticeship as a training model to fill unmet needs and increase workforce retention. Leverage has been described above and will contribute to the sustainability of the project after the lifetime of the grant.

Partnerships with labor-management will assist in scaling healthcare apprenticeships to the more than 60 ASHNHA member hospitals and long-term facilities, and codifying training contributions will support long-term utilization of apprenticeships.

Further, as described earlier, the PATH Academy has been approved by the USDOL as a Quality Pre-Apprenticeship Program (QPAP) and allows APCA to access Federal WIOA and State Training and Employment Program (STEP) Individual Training Account vouchers for tuition and wraparound services. APCA has access to these resources that will continue to exist after the lifetime of this grant. The QPAP also allows APCA and project partners to design additional new pre-apprenticeship training for specific health occupations. Additionally, WIOA and STEP now have policies to help sponsors of apprenticeship programs and employers offset the costs of course related instruction, providing more resources to pay training costs. Teaming with committed partners and using co-enrollment strategies that blend state and federal funding such as WIOA, STEP, and USDOL with private sector contributions such as those from training trusts and industry association will assure apprenticeship expansion activities are sustainable.