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The Mat-Su Workforce Development Assessment and Plan

Prepared for

MAT-SU HEALTH FOUNDATION

Prepared by

McDowell GROUP

The Mat-Su Workforce Development Assessment and Plan

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Executive Summary

Mat-Su Health Foundation (MSHF) contracted with McDowell Group to conduct a two-phase strategic planning process to support health and human services workforce development in the region. The planning process engaged Mat-Su stakeholders—including Mat-Su Regional Medical Center (MSRMC), Mat-Su College, University of Alaska Anchorage (UAA), Mat-Su Borough School District, other educational institutions and health and human services employers, and residents—through a Steering Committee, discussion groups, executive interviews, and online survey. During phase one, McDowell Group completed a regional assessment of the Mat-Su health and human services workforce development system based on analyses of population, demographic, employment, and occupational data. In the next phase, the study team prepared a plan to address workforce development needs.

Health and Human Services Workforce Development Context

The Mat-Su Borough is Alaska's fastest growing region. This growth is expected to continue over the next three decades. Anticipated population growth rate in every age cohort will outpace Anchorage and the entire state. While Mat-Su's employment rate and available labor force have experienced growth, it has not matched the borough's population growth. The unemployment rate in Mat-Su Borough has been consistently higher than both the rate for Anchorage and Alaska since 2008.

In the Mat-Su, the health and human services sector is the largest private sector, representing 17.5 percent of total employment, followed by the retail sector (15.9 percent). It also exceeds local government employment (14.8 percent). The health and human services sector in the Mat-Su is growing at an annual rate (4.7 percent average growth between 2008 and 2017) exceeding Anchorage and Alaska (both 3.0 percent). Yet, wages still remain lower for health and human services sector employees working in the Mat-Su and are growing at lesser rates than in Anchorage and statewide.

Between 2008 and 2017, growth in Mat-Su's outpatient care subsector outpaced growth in hospitals, nursing, and residential care, and general human services in both absolute and relative terms. Currently, 65 percent of total health and human services employment is in the Wasilla area.

According to the Alaska Department of Labor and Workforce Development (ADOLWD), there are at least 250 health and human service academic, vocational, certification, and training programs in Alaska, with at least 50 offered by 25 education providers in Southcentral Alaska. Many of these programs are found in the Mat-Su, such as Mat-Su College, Mat-Su Borough School District, and others.

Occupational Snapshot

Estimates of health and human services occupational worker counts in the Mat-Su include:

HEALTH SERVICES

- Registered nurses had the highest worker count in 2016 (625 workers, growing from 531 (or 4.2 percent) in 2012).

- The count of family and general practitioners dropped from 31 in 2012 to 18 in 2016 (or -7.1 percent), as did pharmacists (dropping from 47 in 2012 to 33 in 2016, a 7.7 percent decrease).
- Between 2012 and 2016, home health aides and other healthcare support workers experienced declining worker counts (-124 workers and -141 workers, respectively).

HUMAN SERVICES

- Personal care aides are the largest human services occupation category (1,321 workers in 2016).
- Childcare workers increased from 495 workers in 2012 to 549 workers in 2016.
- The highest annual growth rate was in the category of health care social workers (19.7 percent or 38 workers in 2012 to 75 workers in 2016), followed by mental health and substance abuse social workers (15.0 percent, or 27 workers in 2012 to 45 workers in 2016).

LICENSED PROVIDERS

- There are several occupations that have a lower absolute number of openings but represent opportunities for the health and human services system to provide new services or are critical in continuing to provide existing service (for example, psychiatrists).

- Based on licensed professionals per 1,000 population, Mat-Su has a lower rate of physicians (Doctors of Medicine or Osteopathic Medicine) (1.4) compared to the statewide rate (2.8), as well as dentists (0.5) and certified nurse aides (2.8) compared to statewide rates (0.8 and 3.6, respectively).

Occupational Demand Outlook

ANTICIPATED INFRASTRUCTURE DEVELOPMENTS AND OCCUPATIONAL GAPS

Significant planned developments affecting health and human services occupation demand include: Maple Springs, senior living community developments in Wasilla and Palmer; MSRMC wound-care center and expansions in medical surgery and behavioral health; and Southcentral Foundation doubling capacity based on need within the next five to 10 years. An estimated 674 new jobs are expected by 2028 from these infrastructure developments alone:

- The majority of new job openings are for para professionals (378), including medical assistants, home health aides, dental assistants, personal care aides, childcare workers, and administrative staff.
- Nearly one-quarter of all growth openings from these infrastructure developments are in nursing occupations (150 openings).
- A projected 98 new openings are projected for employees working in a behavioral health capacity.

HEALTH SCIENCES OCCUPATIONS OUTLOOK

Registered nurses are expected to have the highest total openings in the Mat-Su between 2016 and 2026, with an average 37 openings annually. Both nursing and medical assistants are also expected to have high annual openings, with 26 and 19, respectively.

Estimated Leading Health Sciences Occupations by Average Annual Openings, Mat-Su Borough, 2016-2026

Occupation	Employment			Average Annual Openings		
	2016	2026	Percent Change	Growth	Separations	Total
Registered nurses	625	743	18.8	12	26	37
Nursing assistants	175	224	28.0	5	21	26
Medical assistants	319	350	9.8	3	16	19
Healthcare support workers, all other	90	112	24.1	2	13	15
Dental assistants	183	206	12.3	2	11	14
Home health aides	236	259	9.9	2	11	14
Medical and health services managers	64	79	23.9	2	7	9
Medical secretaries	166	185	11.2	2	7	9
Dental hygienists	85	97	14.2	1	4	5
Licensed practical and licensed vocational nurses	46	53	15.7	1	3	4

Source: Projections Managing Partnership, U.S. Department of Labor, and McDowell Group calculations

Human Services Occupations

The personal care aide occupation is projected to have the highest average annual openings in the Mat-Su due to their position as the leading occupation by number of workers within human services, followed by childcare workers, with 38 openings annually.

Estimated Leading Human Services Occupations by Average Annual Openings, Mat-Su Borough, 2016 and 2026

Occupation	Employment			Average Annual Openings		
	2016	2026	Percent Change	Growth	Separations	Total
Personal care aides	1,352	1,502	11.1	15	112	127
Childcare workers	549	564	2.7	2	36	38
Child, family, and school social workers	143	147	2.8	<1	13	13
Social and human service assistants	74	79	7.2	1	12	13
Community and social service specialists, all Other	58	69	18.5	<1	9	9

Source: Projections Managing Partnership, U.S. Department of Labor, and McDowell Group calculations

Behavioral Health Occupations

There is no formal categorization of behavioral health occupations; the table below provides occupational demand for occupations that may fit into the behavioral health workforce needs in the Mat-Su. Many of the behavioral health-related occupations are within the human services cluster. Mental health and substance abuse social workers and mental health counselors are projected to have the highest average annual openings in the Mat-Su, with eight and seven annual openings, respectively.

Estimated Behavioral Health Occupation, Mat-Su Borough, 2016 and 2026

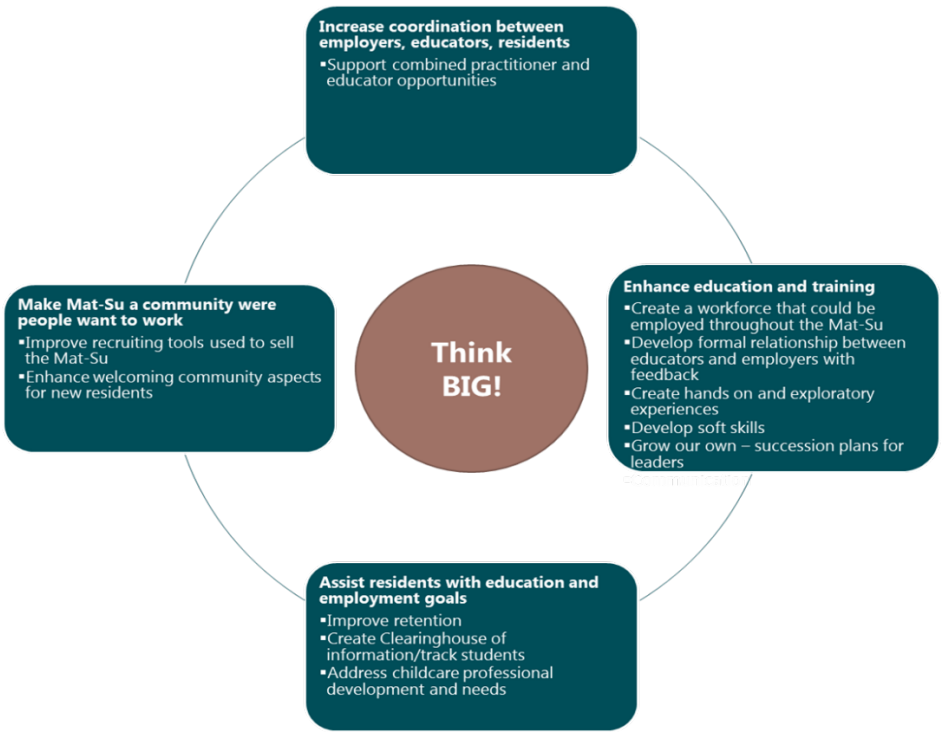
Occupation	Employment			Average Annual Openings		
	2016	2026	Percent Change	Growth	Separations	Total
Health sciences						
Psychiatric technicians	37	42	13.0	<1	2	2
Psychiatrists	8	9	10.1	<1	0	<1
Psychiatric aides	3	4	26.8	<1	2	2
Human services						
Healthcare social workers	75	82	8.9	1	3	4
Mental health counselors	57	65	14.1	1	6	7
Substance abuse and behavioral disorder counselors	50	54	8.0	<1	4	4
Mental health and substance abuse social workers	45	56	23.8	1	7	8
Clinical, counseling, and school psychologists	27	30	9.9	<1	1	1
Rehabilitation counselors	6	7	22.3	<1	3	3

Source: Projections Managing Partnership, U.S. Department of Labor, and McDowell Group calculations

Workforce Development System's Change

Overarching themes heard from multiple organizations and individuals through steering committee meetings, discussion groups, executive interviews, and a resident online survey were categorized into 12 areas and are summarized in the graphic below.

Emerging Themes for Workforce Development System's Change



Combined with findings from the labor data assessment, a workforce development plan was developed as a strategic framework for system's change in the Mat-Su. Four overarching goals were established:

- **Goal A:** Improve strategic communication and feedback within and between employers, educators, and residents
- **Goal B:** Enhance educational attainment and competencies for Mat-Su residents
- **Goal C:** Enable current and future community readiness to anticipate and meet employment and education needs
- **Goal D.** Improve Mat-Su's reputation as a community for employment, learning, and quality of life.

Implementing the strategies and actions developed for each of these goals facilitates progress towards the vision articulated by the Steering Committee for this plan:

> *Mat-Su will be transformed into Alaska's healthiest place to live, work, and learn through a system-wide collaboration to education and workforce development.*

Detailed strategies, actions, and priorities are outlined in the final chapter of this report.

On the following page is a "bathtub" analogy MSHF has used regarding workforce development in the Mat-Su, including inputs of Mat-Su residents and recruiting others from outside the borough to work in the health and human services sector (the water flowing into the bathtub), and how to minimize leakage of workers due to retention issues and other factors (the tub's plug and water spacing). Imposed onto the graphic are the Mat-Su Regional Health and Human Services Workforce Development Plan's strategies. Strategies are color coded to match the colors of the corresponding overarching goal for that strategy.

Mat-Su Regional Health and Human Servies Workforce Development Plan Strategies and the Bath Tub Analogy

Strategy: Develop common recruitment package to provide a consistent message from employers

Strategy: Provide opportunity for new programs and increased access

Strategy: Enhance competencies through exposure to applied, "real-world" experiences

Strategy: Provide formal and informal opportunities to link residents, educators, and employers

Strategy: Focus efforts to recruit high-demand and specialized professionals

Strategy: Improve professional licensing and certification to enhance recruitment and skill usage

Strategy: Focus recruitment to offset aging and retiring workforce

Strategy: Provide childcare support to students and employees

Strategy: Provide coordinated efforts to produce transparent meaningful information about education and workforce opportunities to residents

Strategy: Develop a welcoming community for new recruits in the Mat-Su to foster social connections and support

Strategy: Reduce employee turnover to increase stability and career advancement

Acronyms and Abbreviations

ADEED	Alaska Department of Education and Early Development
ADOLWD	Alaska Department of Labor and Workforce Development
AHEC	Alaska Area Health Education Center
AKTC	Alaska Training Cooperative
ANSEP	Alaska Native Science & Engineering Program
ANTHC	Alaska Native Tribal Health Consortium
AVTEC	Alaska Vocational Technical Center
BBNC	Bristol Bay Native Corporation
BHA	Behavioral Health Aide
CTE	Career and technical education
DO	Doctor of Osteopathic Medicine
EMT	Emergency Medical Technician
ETT	Emergency Trauma Technician
HPOG	Health Profession Opportunity Grants
IHS	Indian Health Services
LRP	Loan Repayment Program
MSBSD	Mat-Su Borough School District
MD	Doctor of Medicine
MSMCS	Mat-Su Middle College School
MSRMC	Mat-Su Regional Medical Center
NAICS	North American Industry Classification System
O*NET	U.S. Department of Labor's Occupational Information Network
PFD	Permanent Fund Dividend
QCEW	Quarterly Census of Employment and Wages
RADACT	Regional Alcohol and Drug Abuse Counselor Training
SOC	Standard Occupational Classification
UAA	University of Alaska Anchorage

Introduction and Methodology

Purpose

Mat-Su Health Foundation (MSHF) contracted with McDowell Group to prepare a regional assessment of Mat-Su health and human services workforce development system and develop a plan to address needs. The purpose of this assessment is to support strategic approaches to education and workforce training with Mat-Su stakeholders, including Mat-Su Regional Medical Center (MSRMC), University of Alaska Anchorage (UAA), Mat-Su College, along with other educational institutions and employers.

Organization of Report

The report is organized into two parts, followed by appendices (A-G):

- *Part I: Mat-Su Regional Health and Human Services Workforce Development Assessment*
  - Mat-Su Borough Demographic and Economic Analysis
  - Mat-Su Borough Health and Human Services Labor Dynamics
  - Mat-Su Health and Human Services Occupation Demand Assessment
- *Part II: Mat-Su Regional Health and Human Services Workforce Development Plan*
  - Vision Statement
  - Goals and Strategies

Methodology

For purposes of this plan, terminology from industry and occupational data have been standardized. The titles "health sciences" and "human services" have been adopted from the U.S. Department of Labor's O*Net initiative, which categorizes occupations into 16 career clusters.

O*Net defines the health sciences career cluster as "planning, managing, and providing therapeutic services, diagnostic services, health informatics, support services, and biotechnology research and development."[1] The human services career cluster is defined as "career pathways that relate to families and human need such as counseling and mental health services, family and community services, personal care, and consumer services."[2]

Industry employment data are based on health care and social assistance industry data from the Alaska Department of Labor and Workforce Development (ADOLWD) Quarterly Census of Employment and Wages (QCEW). It is important to note that employment by these industries includes only private sector employment and does not include any government employment. Sub-industries represented include:

- Outpatient Health Care – North American Industry Classification System (NAICS) code 621,

[1] Advance CTE. *Career Clusters*. https://careertech.org/career-clusters.
[2] Ibid.

- Hospitals – NAICS code 622 (for example, Mat-Su Regional Medical Center)
- Nursing and Residential Care – NAICS code 623
- Social Assistance – NAICS code 624.
    - Individual and family services – NAICS code 6241 (for example, Mat-Su Services for Children, Family Promise Mat-Us, Big Brothers Big Sisters)
    - Food, housing, emergency relief – NAICS codes 6242 (for example, Refuge for Women Inc., Food Pantry of Wasilla)
    - Vocational rehabilitation – NAICS code 6243 (for example, Rescare Adult Day Center, Families First Work Services, Alaska Dream Center)
    - Child day care – NAICS code 6244 (for example, Axios Academy, Bright Minds Learning Center, Kidzone Daycare and Learning center)

Occupational employment data are based on the ADOLWD Occupational Database and include the following occupational groupings:

- Community and Social Services – Standard Occupational Classification (SOC) code 21-0000,
- Healthcare Practitioners and Technical – SOC code 29-0000,
- Healthcare Support – SOC code 31-0000, and
- Personal Care and Services – SOC code 39-0000.

Several quantitative and qualitative methods were used during this assessment.

Quantitative Analysis

SECONDARY DATA

Sources of employment, wages, and population data included the U.S. Census, American Community Survey, Bureau of Economic Analysis, Bureau of Labor Statistics, U.S. Department of Labor, and various state agencies, such as ADOLWD, as well as the Mat-Su Borough. Existing workforce development plans, such as the *Alaska Health Workforce Plan*, and other labor assessments, such as *2015-2016 Primary Care Needs Assessment*, were reviewed.

Where possible data were analyzed at a sub-regional level, including Glenn Highway, Knik-Goose Bay Road, Palmer, South Parks Highway, Upper Susitna Valley, and Wasilla areas. The definitions of these sub-regions can be found in Appendix A. More detailed population migration data than presented in the body of the report can be found in Appendix B.

WORKFORCE DEVELOPMENT PROGRAMS

Descriptions of workforce development organizational efforts, education programs (both academic and vocational), and apprenticeship, scholarship, and other financial programs aimed at the health and human services sector are provided in Appendix C.

OCCUPATIONAL OPENINGS ASSESSMENT

The ADOLWD publishes biennial forecasts of occupational openings for the entire state over a ten-year horizon. Occupational openings represent the number of opportunities for a new worker to enter an occupation. Total openings are composed of openings due to growth in industries requiring these occupations (growth) and openings due to workers leaving the occupation or leaving the workforce entirely (separations). The overall change in employment reflects new growth opportunities only, while total openings includes the impact of occupational separations. Current projections do not include openings due to turnover in which an employee moves between employers but stays in the same occupation.

Projections are published on a two-year time lag, with the most recent forecast providing average annual openings between 2016 and 2026. The AKDOLWD occupational projections model varies by occupational grouping and industry. Projections of health sciences and human services occupational openings are affected most by expected demographic change statewide and generally do not account for specific future infrastructure developments.

Occupational openings in the Mat-Su were derived by applying the proportion of statewide industry working in the Mat-Su to projected openings in Alaska.

The percentage of industry employment in the Mat-Su in 2016 was used as a baseline proportion of Mat-Su employment to statewide employment. The 2016 baseline proportions were adjusted for each year between 2017 and 2026 to reflect historic trends in Mat-Su employment. Trends in the proportion of health care industry employment in the Mat-Su were applied to health sciences occupational openings, and social assistance industry employment proportions were applied to human services. Trends in occupational employment were not used due to erratic changes in select occupations, which led to unreliable estimates of future employment.

Year-specific proportions were then applied to average annual projected openings statewide to calculate Mat-Su openings. The statewide division between growth and separation openings was applied to the calculated Mat-Su openings. Projected growth openings in Mat-Su were then adjusted to reflect new infrastructure developments expected over the next decade in the region. It is important to note that openings refer to jobs located in the Mat-Su and does not necessarily mean the worker lives in the Mat-Su.

Qualitative Research

STEERING COMMITTEE

At the invitation of MSHF, 19 individuals were invited to serve on a Steering Committee to advise the study team. These individuals represented health and human service providers, educators, and Mat-Su community leaders. The Steering Committee met four times (2-hour meetings) over the course of the study to review data compilation and analysis, and inform the qualitative research process. They participated in a work session to develop the labor plan's vision statement, goals, and strategies. Several members also participated in the discussion group and executive interview research. The meetings were attended by MSHF staff, including Elizabeth Ripley, Dr. Melissa Kemberling, Vandana Ingle, and Jim Beck. A complete list of the Steering Committee members can be found in Appendix D.

DISCUSSION GROUPS

Two discussion groups were held on August 14, 2018—one in the morning in Palmer and a second in the afternoon in Wasilla—to gather in-person opinions from different areas within the Mat-Su Borough. Participants represented health and human service training organizations and employers. The Steering Committee expressed the importance of combining

both employer and educator stakeholders in the two discussion groups, so participants could hear each other's perspectives. Both Steering Committee members and the study team recommended participants to ensure participation from critical stakeholders in the Mat-Su Borough. In total, 22 organizations were represented, including 15 educators and seven employers. Large and small employers were included. The discussion groups lasted about an hour and a half, focusing on three main questions:

- *What challenges do you face in attracting/retaining students or workers?*
- *What is working well with training students and attracting and retaining workers?*
- *What goals do you recommend be included in the Workforce Development Plan?*

McDowell Group also asked discussion group participants to share data about their organization, including the number of workers or students, types of occupations employed or trained, estimated percent turnover, and estimated percent of students or employees that both live and work in the Mat-Su. Employee turnover ranges between 10-46 percent and an estimated 80-100 percent of employees both live and work in the Mat-Su. Participating educational and training organizations impact between 20 and 900 students per year. A complete list of discussion group participants and their organizations can be found in Appendix E.

EXECUTIVE INTERVIEWS

Executive interviews were conducted with 17 individuals between July and September 2018. Executive interviews focused on large employers or training institutions located within the Mat-Su or that have a significant impact on the residents of the area. Interview protocols were tailored to employers, training organizations, and other organizations with a vested interest in the health and human services workforce. Interview protocols included questions related to workforce development planning experience, training programs, recruitment and retention, and solutions or strategies for the plan. Interviews ranged from 30 minutes to over an hour in length. A complete list of interviewees and their organizations can be found in Appendix F.

RESIDENT SURVEY

MSHF and McDowell Group created an online survey for Mat-Su residents. The survey was posted through MSHF's Facebook page on August 22, 2018 and targeted community members working in a health or human health field and those interested in a career in one of these fields. Individuals who completed the survey were eligible to win an iPad. The questions in the survey included:

- Current employment or interest in health or human services
- Level of difficulty to pay for training/education
- Top challenge in getting trained for employment
- What helped the most in succeeding in training/education
- Top challenge in finding a health or human services job in the Mat-Su
- What would have helped in pursuing a health or human services career in the Mat-Su
- What is preventing you from entering a health or human services career

The survey closed on August 29, 2018, with 152 individuals responded to the survey; 51 residents completed question related to be currently being in the workforce and 50 residents completed questions about being interested in a health and human services career. Verbatim responses to open-ended questions can be found in Appendix G.

PART I: MAT-SU REGIONAL HEALTH AND HUMAN SERVICES WORKFORCE DEVELOPMENT ASSESSMENT

Mat-Su Borough Demographic and Economic Context

This chapter analyzes the demographic and economic context for Mat-Su Borough's labor market, both currently and into the future.

Population

Historical Growth

Mat-Su Borough's population grew at a faster rate over the past decade than Anchorage or Alaska as a whole. This growth is expected to continue in the long term.

Table 1. Population and Percent Change, Mat-Su Borough, Anchorage, and Alaska, 2008-2017

Year	Mat-Su Borough	Percent Annual Change	Anchorage	Percent Annual Change	Alaska	Percent Annual Change
2008	83,691	--	282,871	--	686,818	--
2009	86,074	2.8	289,230	2.2	697,828	1.6
2010	88,995	3.4	291,826	0.9	710,231	1.8
2011	91,680	3.0	295,719	1.3	722,388	1.7
2012	93,652	2.2	298,334	0.9	731,042	1.2
2013	95,809	2.3	300,880	0.9	735,776	0.6
2014	98,154	2.4	300,197	-0.2	736,906	0.2
2015	99,969	1.8	298,799	-0.5	737,467	0.1
2016	102,554	2.6	298,937	0.0	739,709	0.3
2017	104,166	1.6	297,483	-0.5	737,080	-0.4
Total growth	**20,475**	**24.5**	**14,612**	**5.2**	**50,262**	**7.3**
Average annual growth	**2,275**	**2.5**	**1,461**	**0.6**	**5,026**	**0.8**

Source: ADOLWD, Population Estimates Program

Population growth is a function of two inputs: natural increases (the number of births minus number of deaths) and net migration (those moving into the area minus those leaving the area).

Table 2. Components of Population Change, Mat-Su Borough, 2008-2017

Year	Births	Deaths	Natural Increase	Net Migration	Population Change
2007-2008	1,271	400	871	1,808	**+2,679**
2008-2009	1,241	400	841	1,542	**+2,383**
2009-2010	994	337	657	2,264	**+2,921**
2010-2011	1,337	503	834	1,162	**+1,996**
2011-2012	1,309	502	807	1,165	**+1,972**
2012-2013	1,340	550	790	1,367	**+2,157**
2013-2014	1,378	507	871	1,474	**+2,345**
2014-2015	1,509	579	930	885	**+1,815**
2015-2016	1,537	608	929	1,656	**+2,585**
2016-2017	1,436	582	854	758	**+1,612**

Source: ADOLWD, Population Estimates Program

In much of Alaska, population growth is driven by natural increases. There are some exceptions to this in the Mat-Su Borough. Between 2016 and 2017, population growth in both Anchorage and Alaska largely reflected negative net migration. The Mat-Su Borough was largely insulated from net migration losses following the precipitous decline of oil prices in 2014.

Table 3. Components of Population Change, Mat-Su Borough, Anchorage, and Alaska, 2016-2017

Region	Natural Increase	Net Migration	Population Change
Mat-Su	+854	+758	+1,612
Anchorage	+2,505	-3,959	-1,454
Alaska	+6,256	-8,885	-2,629

Source: ADOLWD, Population Estimates Program

Sub-Regional Analysis

Within the Mat-Su Borough, the Knik-Goose Bay area experienced the highest growth over the past ten years, both in number of people and percent. In relative terms, Knik Goose Bay (which includes Knik-Fairview and Point Mackenzie) grew more than twice as fast (237 percent) as the rest of the borough. Within the Knik-Goose Bay area, Point Mackenzie showed especially high growth rates; its population increased 438 percent between 2008 and 2017 (372 to 2,003 people). The Glenn Highway sub-region (which includes Chickaloon, Eureka Roadhouse, Glacier View, and Lake Louise) is the only area which experienced population decrease between 2008 and 2017. More detail on communities or areas included in each sub-region can be found in Appendix A.

Table 4. Population of Selected Sub-Regions, 2008-2017

Year	Glenn Highway	Knik Goose Bay	Palmer Area	South Parks Highway	Upper Susitna Valley	Wasilla Area	Balance of Borough	Total Population
2008	572	13,030	23,358	11,480	4,518	22,662	5,392	81,012
2009	567	13,906	23,830	12,043	4,617	23,050	5,678	83,691
2010	581	15,452	24,967	12,832	4,812	24,392	5,959	88,995
2011	581	16,213	25,578	13,242	4,928	25,007	6,131	91,680
2012	555	16,639	26,146	13,666	5,007	25,421	6,218	93,652
2013	560	17,722	26,483	13,840	4,946	25,939	6,319	95,809
2014	576	19,047	27,151	13,847	4,861	26,149	6,523	98,154
2015	581	19,442	27,788	14,030	4,873	26,506	6,749	99,969
2016	580	20,264	28,664	14,354	5,029	26,871	6,792	102,554
2017	552	20,900	28,856	14,635	5,064	27,278	6,881	104,166
Total change	**-20**	**+7,870**	**+5,498**	**+3,155**	**+546**	**+4,616**	**+1,489**	**+23,154**
Average change	**-2**	**+787**	**+550**	**+316**	**+55**	**+462**	**+149**	**+2,315**
Total % change	**-3.5**	**+60.4**	**+23.5**	**+27.5**	**+12.1**	**+20.4**	**+27.6**	**+28.6**
Average % change	**-0.4**	**+5.4**	**+2.4**	**+2.7**	**+1.3**	**+2.1**	**+2.7**	**+2.9**

Note: See Appendix A for area descriptions.
Source: ADOLWD, Population Estimates Program

Between 2008 and 2017, approximately 40,000 people moved to the Mat-Su from other regions in Alaska, most from Anchorage. Migration to the Mat-Su from Anchorage accounts for more than 70 percent of this total. Between 2016 and 2017, 3,102 Anchorage residents moved to the borough, three-quarters of which relocated to the core area (Knik, Palmer, and Wasilla). This core area also represents most of the out-migration to Anchorage – 71 percent of migrants to Anchorage relocated from these three areas.

It should be noted that a higher proportion of people moved from Mat-Su Borough to Anchorage than the inverse. As a proportion of total population, 1.7 percent of Matanuska-Susitna residents moved to Anchorage, while 1.0 percent of Anchorage residents moved to Mat-Su. These proportions further demonstrate the demographic and economic interconnectedness of the two regions. More detailed migration data can be found in Appendix B.

Table 5. Intra-State Migration To and From the Mat-Su Borough, 2007-2008 through 2016-2017

Migration From/To	In-Migration to Mat-Su Count	Percent of Total	Out-Migration from Mat-Su Count	Percent of Total
Southcentral region	**31,440**	**80.2**	**20,645**	**80.0**
Anchorage	28,110	71.7	17,709	68.6
Kenai Peninsula Borough	2,418	6.2	2,399	9.3
Valdez-Cordova Census Area	912	2.3	537	2.1
Interior region	**3,233**	**8.3**	**2,431**	**9.4**
Fairbanks	2,357	6.0	1,803	7.0
Southeast Fairbanks Census Area	514	1.3	353	1.4
Other Interior	362	0.9	275	1.1
Southeast region	**1,370**	**3.5**	**1,015**	**3.9**
Juneau	686	1.8	437	1.7
Other Southeast	684	1.7	578	2.2
Southwest region	**2,079**	**5.3**	**1,162**	**4.5**
Bethel Census Area	647	1.7	388	1.5
Kodiak Island Borough	521	1.3	266	1.0
Kusilvak Census Area	254	0.6	140	0.5
Dillingham Census Area	222	0.6	142	0.6
Other Southwest	435	1.1	226	0.9
Northern region	**1,058**	**2.7**	**562**	**2.2**
Northwest Arctic Borough	430	1.1	238	0.9
Nome Census Area	354	0.9	222	0.9
North Slope Borough	274	0.7	102	0.4
Total Alaska	**39,180**	**100.0**	**25,815**	**100.0**

Note: Includes Alaska residents only.
Source: ADOLWD, PFD-Based Migration

Table 6. Intra-State Migration of PFD Filers, Mat-Su Borough, 2008-2017

Year	Entered Mat-Su				Left Mat-Su			
	Anchorage	Percent of Total	All Others	Total	Anchorage	Percent of Total	All Others	Total
2007-2008	2,646	71.8	1,038	**3,684**	1,617	70.8	668	**2,285**
2008-2009	2,527	70.5	1,058	**3,585**	1,814	70.6	755	**2,569**
2009-2010	2,715	72.4	1,033	**3,748**	1,702	68.5	782	**2,484**
2010-2011	2,542	73.8	902	**3,444**	1,646	67.5	792	**2,438**
2011-2012	2,712	68.6	1,239	**3,951**	1,967	69.0	883	**2,850**
2012-2013	2,712	68.6	1,239	**3,951**	1,967	69.0	883	**2,850**
2013-2014	2,976	71.3	1,199	**4,175**	1,792	66.6	897	**2,689**
2014-2015	3,067	71.8	1,205	**4,272**	1,798	66.3	912	**2,710**
2015-2016	3,195	72.2	1,231	**4,426**	1,889	69.4	834	**2,723**
2016-2017	3,102	74.2	1,076	**4,178**	1,789	68.8	812	**2,601**
Ten-year total	**28,194**	**71.5**	**11,220**	**39,414**	**17,981**	**68.6**	**8,218**	**26,199**
Average migration	**2,819**	**--**	**1,122**	**3,941**	**1,798**	**--**	**822**	**2,620**

Note: Includes Alaska residents only.
Source: ADOLWD, PFD-Based Migration Data

Table 7. Net Migration Between Mat-Su Borough and Anchorage, by Sub-Region, 2016-2017

	Glenn Highway	Knik Goose Bay Road	Palmer Area	South Parks Highway	Upper Susitna Valley	Wasilla Area
Entered Mat-Su from Anchorage	11	647	818	393	108	860
Left Mat-Su for Anchorage	8	330	479	185	71	467
Net migration	**+3**	**+317**	**+339**	**+208**	**+37**	**+393**

Note: Net migration is total in-migration minus total out-migration. See Appendix B for more information.
Source: ADOLWD, PFD-Based Migration Data

Projected Growth

The Mat-Su population is projected to continue to grow over the next three decades, reaching 167,500 by 2045. Growth in the Mat-Su is expected to be higher than in Anchorage.

Table 8. Population Projections, Mat-Su Borough, 2017-2045

Year	Population	Percent Change	Average Yearly Change in Period
2017	104,166	--	--
2020	110,218	5.8	1.9
2025	122,148	10.8	2.1
2030	134,138	9.8	1.9
2035	145,921	8.8	1.7
2040	157,177	7.7	1.5
2045	167,500	6.6	1.3
Total growth	**63,334**	**60.8**	**--**
Average yearly growth	**2,346**	**1.7**	**1.7**

Note: While this projection provides a useful baseline for decision makers, readers should recognize that ADOLWD does not consider specific economic development possibilities in making the projection. The primary inputs are projected birth and death rates, as well as net migration numbers generally based on short-term historical rates.
Source: ADOLWD, Population Projections

Table 9. Population Projections, Mat-Su Borough, Anchorage, and Alaska, 2017-2045

Year	Population		Total Population Change	Average Annual Change
	2017	2045		
Mat-Su	104,166	167,500	63,334	**+2,262**
Anchorage	297,483	318,169	20,686	**+739**
Alaska	737,080	837,806	100,726	**+3,597**

Source: ADOLWD, Population Projections

Demographics

Age

Historical Growth

When viewed by age cohort, some differences emerge. Like the rest of the state, Mat-Su Borough saw the highest levels of population growth among individuals aged 60-79. Two age cohorts, however, did not grow relative to 2008: age 20-24 (down 1.6 percent) and 45-54 (down 9 percent) cohorts.

Table 10. Population by Age Cohort, Mat-Su Borough, 2008-2017

Age Cohort	Population 2008	Population 2017	Percent Annual Change
Under 20	26,657	32,277	21.1
20-39	21,019	26,877	27.9
40-59	26,154	26,802	2.5
60-79	8,754	16,383	87.1
80 and above	1,107	1,827	65.0
Total	**83,691**	**104,166**	**24.5**

Source: ADOLWD, Population Estimates Program

Table 11. Average Annual Percent Growth of Selected Age Cohorts, Mat-Su Borough, Anchorage, and Alaska, 2008-2017

Age Cohort	Mat-Su	Anchorage	Alaska
Under 20	+21.1	-2.3	+0.0
20-39	+27.9	+9.2	+11.0
40-59	+2.5	-11.2	-10.1
60-79	+87.1	+60.1	+65.3
80 and above	+65.0	+44.6	+41.4
Total	**24.5**	**+5.2**	**+7.3**

Source: ADOLWD, Population Estimates Program

Projected Growth

The State of Alaska's population projections forecast growth within every age cohort for Mat-Su Borough. Growth in every cohort is expected to outpace both Anchorage and the entire state.

Table 12. Projected Annual Growth Rates of Selected Age Cohorts, Mat-Su Borough, Anchorage, and Alaska, 2017-2025

Age Cohort	Mat-Su	Anchorage	Alaska
Under 20	1.6	0.2	0.4
20-39	2.1	-0.5	-0.1
40-59	0.9	-0.3	-0.4
60-79	3.7	2.9	2.7
80 and above	7.0	4.2	5.2
Total	**2.0**	**0.4**	**0.6**

Source: ADOLWD, Population Projections

Over the longer term, this growth trend is expected to continue. Between 2017 and 2045, ADOLWD projects an additional 63,334 residents in the Mat-Su Borough.

Table 13. Projected Population Growth of Selected Age Cohorts, Mat-Su Borough, 2017-2045

Age Cohort	2017	Percent of Total	2045	Percent of Total	Total Growth	Percent Change (2017-2045)
Under 20	32,277	31.0	49,843	29.8	17,566	54.4
20-39	26,877	25.8	44,105	26.3	17,228	64.1
40-59	26,802	25.7	40,332	24.1	13,530	50.5
60-79	16,383	15.7	24,341	14.5	7,958	48.6
80 and above	1,827	1.8	8,879	5.3	7,052	386.0
Total	**104,166**	**100**	**167,500**	**100**	**63,334**	**60.8**

Source: ADOLWD, Population Projections

School Enrollment

Enrollment in Mat-Su Borough schools has increased over the past ten years, at a pace comparable to the growth in the population ages 5-19. On average, high school enrollment increased by 0.8 percent each of the past ten years.

Table 14. Total School Enrollment, Mat-Su Borough School District, 2009-2018 School Year

School Year	9th – 12th Enrollment	Percent Annual Change	Total Enrollment	Percent Annual Change
2008-2009	5,265	--	16,489	--
2009-2010	5,367	1.9	16,770	1.7
2010-2011	5,400	0.6	17,079	1.8
2011-2012	5,451	0.9	17,494	2.4
2012-2013	5,203	-4.5	17,494	0.0
2013-2014	5,324	2.3	17,843	2.0
2014-2015	5,318	-0.1	18,037	1.1
2015-2016	5,503	3.5	18,745	3.9
2016-2017	5,585	1.5	18,935	1.0
2017-2018	5,663	1.4	19,369	2.3
Ten-year total	**398**	**7.6**	**2,880**	**17.5**
Average annual growth (2008-2009 to 2017-2018)	**44**	**0.8**	**320**	**1.8**

Source: ADEED, Statewide Enrollment Totals

Race

Compared to Anchorage and Alaska as a whole, a higher proportion of Mat-Su Borough residents are white alone (82.9 percent). Only five areas of the state are more racially homogenous.[3]

Table 15. Gender and Race Count and Percent of Total Population, Mat-Su Borough, Anchorage, and Alaska, 2017

	Mat-Su		Anchorage		Alaska	
	Count	Percent of Total	Count	Percent of Total	Count	Percent of Total
Gender						
Male	53,461	51.3	149,440	50.2	379,423	51.5
Female	50,705	48.7	148,043	49.8	357,657	48.5
Total	**104,166**	**--**	**297,483**	**--**	**737,080**	**--**
Race						
White	86,348	82.9	191,830	64.5	484,515	65.7
Alaska Native or American Indian	7,060	6.8	26,078	8.8	113,082	15.3
Black or African American	1,329	1.3	17,904	6.0	27,240	3.7
Asian	1,767	1.7	29,264	9.8	47,583	6.5
Native Hawaiian or Pacific Islander	409	0.4	7,863	2.6	10,125	1.4
Two or more races	7,253	7.0	24,544	8.3	54,535	7.4
Total	**104,166**	**--**	**297,483**	**--**	**737,080**	**--**

Source: ADOLWD, Population Estimates Program

Employment/Unemployment

Labor Force

The labor force (all able to work) living in the Mat-Su Borough grew by 14.1 percent between 2008 and 2017.

Table 16. Labor Force Size and Unemployment, Mat-Su Borough, 2008-2017

Year	Unemployment	Unemployment Rate	Labor Force	
			Count	Annual Change Percent
2008	3,160	7.6	41,532	--
2009	3,776	8.9	42,490	2.3
2010	3,995	9.4	42,314	-0.4
2011	3,978	9.2	43,368	2.5
2012	3,789	8.7	43,757	0.9
2013	3,672	8.4	43,925	0.4
2014	3,622	8.1	44,926	2.3
2015	3,562	7.7	46,260	3.0
2016	3,940	8.3	47,520	2.7
2017	4,105	8.7	47,397	-0.3
Total growth (2008-2017)	**945**	**--**	**5,865**	**14.1**

Source: ADOLWD, Not Seasonally Adjusted Labor Force Data

[3] Kusilvak Census Area (92.7 percent Alaska Native/American Indian), Skagway (86.6 percent white), Kenai Peninsula Borough (83.7 percent white), Bethel Census Area (83.6 percent Alaska Native/American Indian) and Denali Borough (83.6 percent white)

Growth in the labor force fell behind growth in the borough's total population.

Table 17. Population and Labor Force Annual Change Percent, Mat-Su Borough, 2008-2017

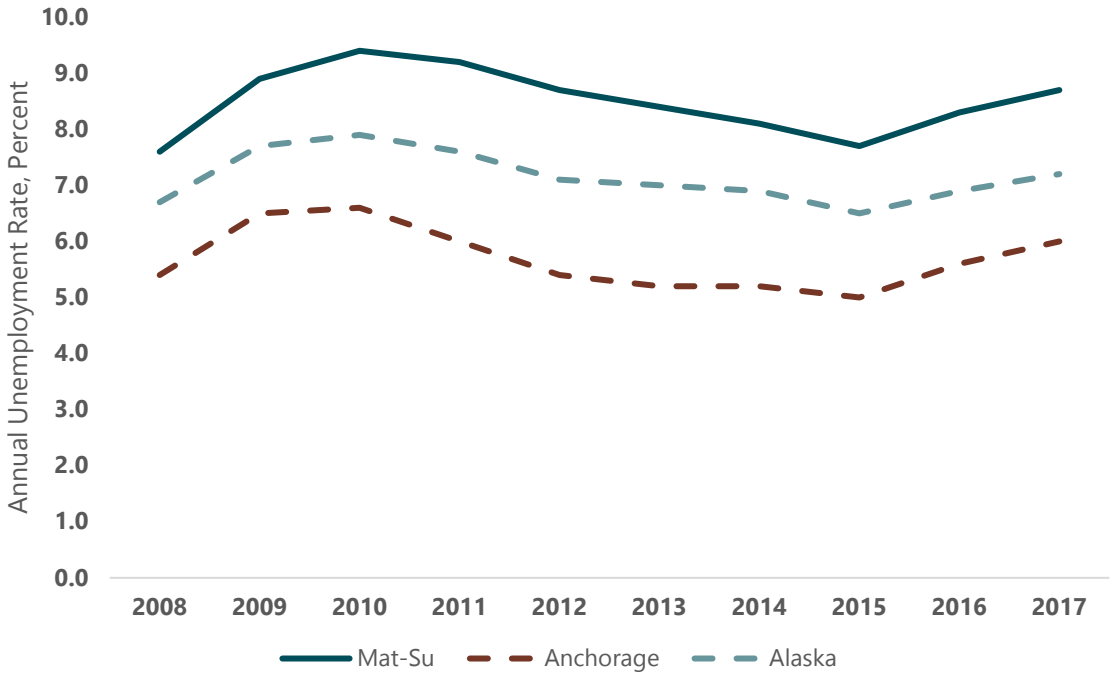
Year	Labor Force Annual Change Percent	Population Annual Change Percent
2008	--	--
2009	2.3	2.8
2010	-0.4	3.4
2011	2.5	3.0
212	0.9	2.2
2013	0.4	2.3
2014	2.3	2.4
2015	3.0	1.8
2016	2.7	2.6
2017	-0.3	1.6
Total change (2008-2017)	**14.1**	**24.5**
Average change (2008-2017)	**1.5**	**2.5**

Sources: ADOLWD, Not Seasonally Adjusted Labor Force data; Population Estimates Program

Unemployment

The unemployment rate in Mat-Su Borough was higher than both Anchorage and Alaska during the last decade. However, the unemployment rate exhibits a low amount of seasonality in the Mat-Su compared to Anchorage and Alaska. In the past five years, the difference between highest and lowest monthly unemployment rate was 2.1 percent (statewide average was 6.5 percent). This spread was tighter in just three other boroughs – Fairbanks, Juneau, and Anchorage.

Figure 1. Average Annual Unemployment Rate, Mat-Su Borough, 2008-2017



Source: ADOLWD, Not Seasonally Adjusted Labor Force Data

Employment

The Mat-Su Borough has experienced a higher annual employment growth rate (2.4 percent) compared to Anchorage (0.1 percent) and Alaska (0.2 percent) between 2008 and 2017.

Table 18. Average Employment, Matanuska-Susitna, Anchorage, and Alaska, 2008-2017

Year	Mat-Su Employment		Anchorage Employment		Alaska Employment	
	Count	Percent Annual Change	Count	Percent Annual Change	Count	Percent Annual Change
2008	18,684	--	150,133	--	321,724	--
2009	19,320	3.4	149,276	-0.6	320,265	-0.5
2010	19,843	2.7	150,474	0.8	323,410	1.0
2011	20,302	2.3	152,876	1.6	328,566	1.6
2012	20,808	2.5	155,544	1.7	333,952	1.6
2013	21,400	2.8	155,720	0.1	335,366	0.4
2014	22,285	4.1	155,034	-0.4	336,764	0.4
2015	22,835	2.5	156,066	0.7	338,262	0.4
2016	23,293	2.0	153,145	-1.9	332,138	-1.8
2017	23,196	-0.4	150,915	-1.5	327,761	-1.3
Total growth (2008-2017)	**4,512**	**24.1**	**782**	**0.5**	**6,037**	**1.9**
Average annual growth	**451**	**2.4**	**78**	**0.1**	**604**	**0.2**

Source: ADOLWD, Quarterly Census of Employment and Wages

There is a slight seasonality to Mat-Su's workforce during the second and third quarters. Wasilla and Palmer areas each had an unduplicated count of 11,255 workers throughout 2016. More detail on communities or areas included in each sub-region can be found in Appendix A.

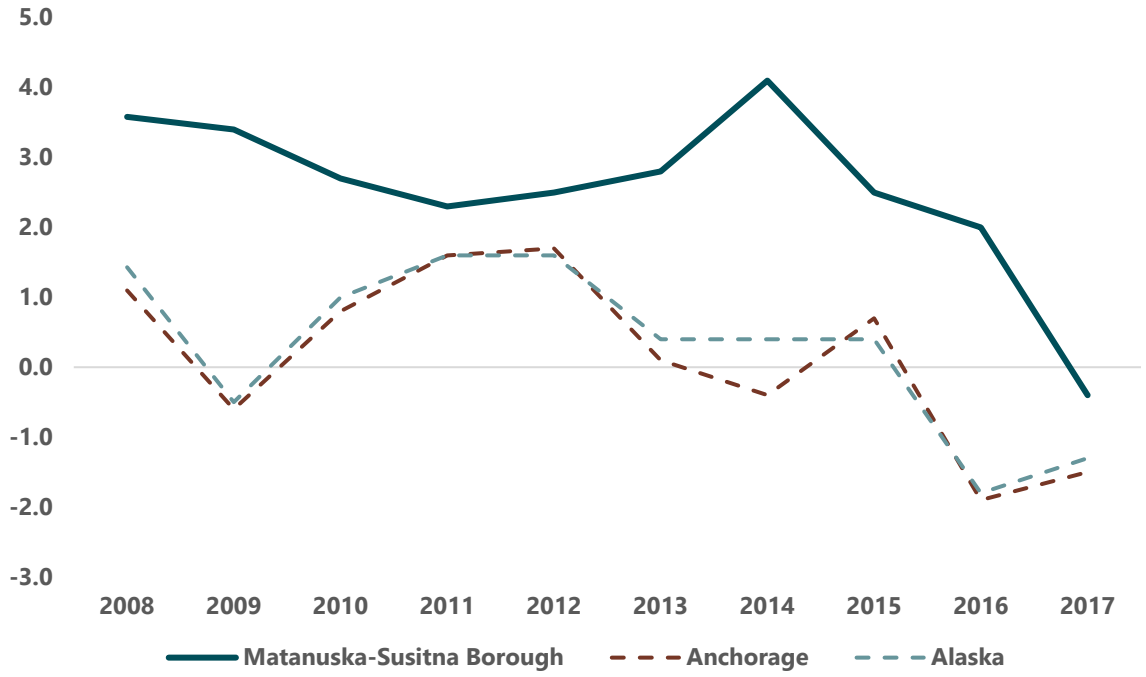
Table 19. Total and Quarterly Employment, by Sub-Region, Mat-Su Borough, 2016

Employment Period	Glenn Highway	Knik Goose Bay Road	Palmer Area	South Parks Highway	Upper Susitna Valley	Wasilla Area
First quarter	154	6,196	9,505	4,557	1,402	9,615
Second quarter	174	6,485	10,105	4,790	1,644	10,058
Third quarter	171	6,535	10,081	4,807	1,596	10,071
Fourth quarter	156	6,218	9,504	4,507	1,439	9,547
Employed all four quarters	114	5,286	8,116	3,770	1,131	8,174
Unique workers employed	**206**	**7,272**	**11,255**	**5,474**	**1,846**	**11,255**

Source: ADOLWD, Local and Regional Information

Until 2017, total employment in Mat-Su Borough had increased in each of the past ten years. The total decline in 2017 was driven by the loss of 100 state government positions in the borough; during the same year, most private industry sectors added jobs. This trend contrasts with Anchorage and statewide employment.

Figure 2. Average Employment Growth (Percent), 2008-2017



Source: ADOLWD, Quarterly Census of Employment and Wages

Between 2013 and 2017, private-sector employers in the Mat-Su Borough added 1,534 jobs. This growth occurred primarily in the Palmer and Wasilla areas, which together accounted for 92.0 percent of the growth in the borough.

Table 20. Average Private Sector Employment by Sub-Region, Mat-Su Borough, 2013-2017

Year	Wasilla Area[a]	Palmer Area[a]	Other Mat-Su	Mat-Su Borough
2013	10,482	5,479	644	**16,605**
2014	10,914	5,716	663	**17,293**
2015	11,310	5,805	674	**17,789**
2016	11,455	5,968	682	**18,105**
2017	11,476	5,902	761	**18,139**
Total % growth	**9.5**	**7.7**	**18.2**	**9.2**
Annual % growth	**2.3**	**1.9**	**4.3**	**2.2**

Note:
a. See Appendix A for detail on statistical area groupings.
Source: ADOLWD, Quarterly Census of Employment and Wages

By Sector

In 2017, the largest number of private sector jobs were in the health and human services sector (4,062 jobs or 17.5 percent of all employment), followed by retail trade (15.9 percent). Local government employment made up 14.8 percent of all employment.

Table 21. Top Industries by Annual Employment, Mat-Su Borough, 2017

Industry	Employment	Percent of Total
Government	**5,074**	**21.9**
Local	3,422	14.8
State	1,434	6.2
Federal	218	0.9
Private Ownership	**18,122**	**78.1**
Health sciences and human services	4,062	17.5
Retail trade	3,682	15.9
Accommodation and food service	2,459	10.6
Construction	2,072	8.9
Transportation and warehousing	771	3.3
Professional, scientific, and technical services	616	2.7
All other private industries	4,460	19.2
Total	**23,196**	**100.0**

Source: AKDOLWD, QCEW.

Wages

Average wages in the Palmer area were the highest of all Mat-Su Borough sub-regions. In 2017, Palmer's average monthly wages of $3,980 were 21 percent above the borough average. However, Wasilla employers pay the largest share of wages – 57 percent of total wages were paid by employers in this sub-region. More detail on communities or areas included in each sub-region can be found in Appendix A.

Table 22. Average Monthly Wages and Total Annual Wages, by Sub-Region, Mat-Su Borough, 2017

	Wasilla area	Palmer area	Upper Susitna	Other Mat-Su	Mat-Su Borough
Average monthly wages	$2,985	$3,980	$2,468	(D)	**$3,294**
Percent growth since 2013	12.8	4.4	13.3	(D)	**9.1**
Total wages ($ millions)	$411.1	$281.9	$20.9	$3.0	**$716.9**
Percent growth since 2013	23.5	12.4	31.1	84.3	**19.2**

Note: (D): Not Disclosable
Source: ADOLWD, Quarterly Census of Employment and Wages

Workforce Characteristics

The proportion of male residents employed in Mat-Su Borough's workforce is higher than workforces in Anchorage and Alaska overall.

Table 23. Workforce Characteristics by Area, 2016

	Mat-Su	Anchorage	Alaska
Residents age 16 and over	**71,920**	**208,431**	**506,890**
Residents employed at any point during the year	**40,028**	**129,020**	**304,556**
Percent female	46.8	50.4	49.3
Percent male	53.2	49.6	50.7
Private sector	**32,854**	**109,455**	**236,086**
Percent of total workers	82.1	84.8	77.5
Public sector	**7,174**	**12,848**	**38,054**
Percent of total workers	17.9	15.2	22.5
Total wages ($ Millions)	**$1,768**	**$6,077**	**$13,094**
Workers employed in all four quarters	**28,566**	**98,048**	**218,965**
Unemployment insurance claimants	**5,873**	**12,848**	**38,054**

Source: ADOLWD, Local and Regional Information

This gender disparity in employment exists across all subregions of the borough but is especially pronounced in smaller population areas. More detail on communities or areas included in each sub-region can be found in Appendix A.

Table 24. Workforce Characteristics by Sub-Region, 2016

	Glenn Highway	Knik Goose Bay Road	Palmer Area	South Parks Highway	Upper Susitna Valley	Wasilla Area
Residents age 16 and over	**503**	**12,517**	**19,953**	**10,433**	**4,133**	**19,445**
Residents employed at any point in year	**206**	**7,272**	**11,255**	**5,474**	**1,846**	**11,255**
Percent female	43.7	45.8	47.2	45.2	46.8	47.5
Percent male	56.3	54.2	52.8	54.8	53.2	52.5
Private sector	**159**	**6,048**	**8,904**	**4,686**	**1,542**	**9,337**
Percent of total workers	77.2	83.2	79.1	85.6	83.5	83.0
Public sector	**47**	**1,224**	**2,351**	**788**	**304**	**1,918**
Percent of total workers	22.8	16.8	20.9	14.4	16.5	17.0
Total wages ($ Millions)	**$7.6**	**$340.8**	**$507.4**	**$225.4**	**$63.3**	**$496.4**
Workers employed in all four quarters	**114**	**5,286**	**8,116**	**3,770**	**1,131**	**8,174**
Unemployment insurance claimants	**27**	**1,080**	**1,414**	**1,029**	**391**	**1,594**

Note: The balance of the Mat-Su Borough population outside these regions is not included.
Source: ADOLWD, Local and Regional Information

Mat-Su Borough Health and Human Services Labor Dynamics

This chapter presents data about health and human services employment, wages, and occupations.

Health and Human Services Workforce Composition

Employment

Over the past ten years, health and human services employment growth in the Mat-Su Borough outpaced growth in Anchorage and the Alaska as a whole.

Table 25. Total Health and Human Services Employment, by Location, 2008-2017

Year	Mat-Su		Anchorage		Alaska	
	Count	% Annual Change	Count	% Annual Change	Count	% Annual Change
2008	2,692	--	18,813	--	35,486	--
2009	3,094	14.9	19,491	3.6	37,051	4.4
2010	3,336	7.8	20,173	3.5	39,518	6.7
2011	3,484	4.4	21,229	5.2	41,257	4.4
2012	3,732	7.1	22,643	6.7	43,108	4.5
2013	3,682	-1.3	23,065	1.9	43,906	1.9
2014	3,769	2.4	23,032	-0.1	43,535	-0.8
2015	3,772	0.1	23,461	1.9	44,012	1.1
2016	3,996	5.9	24,203	3.2	45,363	3.1
2017	4,066	1.8	24,575	1.5	46,444	2.4
Total ten-year growth	**1,374**	**51.0**	**5,762**	**30.6**	**10,958**	**30.9**
Average yearly growth	**153**	**4.7**	**640**	**3.0**	**1,218**	**3.0**

Source: ADOLWD, Quarterly Census of Employment and Wages

Wages

Average wages in the health and human services sector remain lower for employees working in the Mat-Su Borough compared to Anchorage and statewide wages. Between 2008 and 2017, wage growth in Anchorage and statewide outpaced growth in the Mat-Su.

Table 26. Health and Human Services Average Monthly Wages, by Location, 2008-2017

Year	Mat-Su		Anchorage		Alaska	
	Count	% Annual Change	Count	% Annual Change	Count	% Annual Change
2008	$2,952	--	$3,495	--	$3,391	--
2009	$3,008	1.9	$3,629	3.8	$3,510	3.5
2010	$3,032	0.8	$3,709	2.2	$3,570	1.7
2011	$3,136	3.4	$3,832	3.3	$3,695	3.5
2012	$3,165	0.9	$3,894	1.6	$3,763	1.8
2013	$3,130	-1.1	$3,994	2.6	$3,851	2.3
2014	$3,228	3.1	$4,100	2.7	$3,977	3.3
2015	$3,450	6.9	$4,273	4.2	$4,165	4.7
2016	$3,376	-2.1	$4,333	1.4	$4,217	1.2
2017	$3,535	4.7	$4,452	2.7	$4,329	2.7
Total ten-year growth	**$583**	**19.7**	**$957**	**27.4**	**$938**	**27.7**
Average yearly growth	**$65**	**2.0**	**$106**	**2.7**	**$104**	**2.8**

Source: ADOLWD, Quarterly Census of Employment and Wages

Low average wages in the human services sector, which represents a higher proportion of health and human services employment in the Mat-Su compared to Anchorage, contribute to this gap in average monthly wages. Monthly wages in outpatient care are also below Anchorage and the state.

Table 27. Average Monthly Wages by Health and Human Services Sector, Mat-Su Borough, Anchorage, and Alaska, 2017

Sector	Mat-Su	Anchorage	Alaska
Health services	$4,106	$4,832	$4,766
Outpatient care	$3,798	$4,871	$4,620
Hospitals and nursing & residential care	$4,647	$4,789	$4,940
Human services	$2,028	$2,404	$2,518
Total health and human services	**$3,531**	**$4,451**	**$4,328**

Source: ADOLWD, Quarterly Census of Employment and Wages

Human services employment in the Mat-Su Borough accounts for 28 percent of total health and human services employment, versus 16 percent in Anchorage and 20 percent statewide.

Table 28. Total Wages by Health and Human Services Sectors, Mat-Su Borough, Anchorage, and Alaska, 2017

Industry	Mat-Su		Anchorage		Alaska	
	Employment	Total Wages (Millions)	Employment	Total Wages (Millions)	Employment	Total Wages (Millions)
Health services	2,937	$145	20,714	$1,201	37,410	$2,140
Human services	1,125	$27	3,861	$111	9,034	$273
Total health and human services	**4,062**	**$172**	**24,575**	**$1,313**	**46,444**	**$2,413**

Source: ADOLWD, Quarterly Census of Employment and Wages

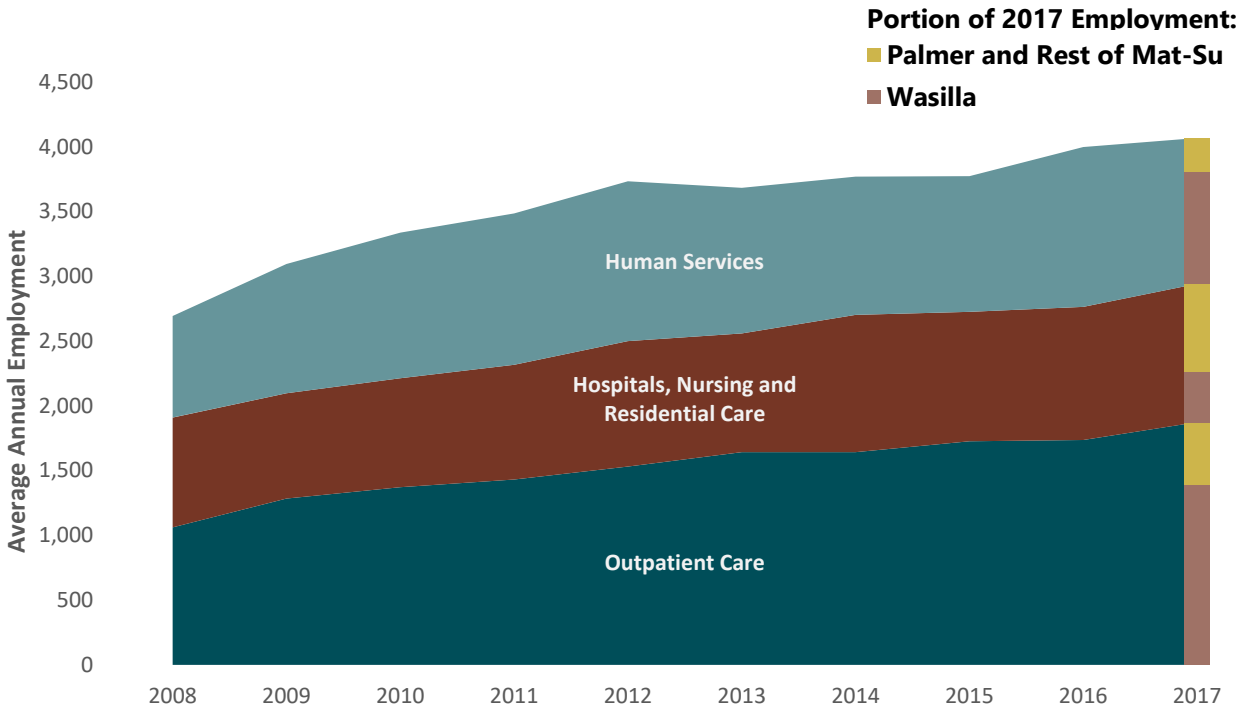
Over the past ten years, growth in the outpatient care subsector outpaced growth in hospitals, nursing and residential care, and general human services in both absolute and relative terms.

Table 29. Health Care and Human Services Employment by Subsector, Mat-Su Borough, 2008-2017

Year	Outpatient Care		Hospitals, Nursing and Residential Care		Human Services	
	Count	% Annual Change	Count	% Annual Change	Count	% Annual Change
2008	1,061	--	848		783	--
2009	1,283	20.9	813	-4.1	998	27.5
2010	1,371	6.9	841	3.4	1,124	12.6
2011	1,430	4.3	886	5.4	1,168	3.9
2012	1,530	7.0	969	9.4	1,233	5.6
2013	1,642	7.3	916	-5.5	1,124	-8.8
2014	1,642	0.1	1,059	15.6	1,067	-5.1
2015	1,726	5.1	998	-5.8	1,048	-1.8
2016	1,735	0.5	1,028	3.0	1,234	17.7
2017	1,873	8.0	1,068	3.9	1,125	-8.8
Ten-year growth	**812**	**76.6**	**220**	**25.9**	**342**	**43.7**
Average yearly growth	**90**	**8.5**	**24**	**2.9**	**38**	**4.9**

Source: ADOLWD, Quarterly Census of Employment and Wages

Figure 3. Health and Human Services Employment, by Subsector, 2008-2017



Note: More detail on communities or areas included in each sub-region can be found in Appendix A.
Source: ADOLWD, Quarterly Census of Employment and Wages

Presently, 65 percent of total health and human services employment is in the Wasilla statistical area, which includes Knik Goose Bay Road.

Table 30. Health and Human Services Employment, by Subsector and Sub-Region, Mat-Su Borough, 2017

Area	Outpatient Care		Hospitals, Nursing and Residential Care		Human Services	
	Employment	% of Total	Employment	% of Total	Employment	% of Total
Wasilla area[a]	1,391	74.3	388	36.3	869	77.2
Palmer area and Other Mat-Su	482	25.7	680	63.7	257	22.8
Total	**1,873**	**100**	**1,068**	**100**	**1,125**	**100**

Notes:
a. Wasilla Area includes Wasilla and Knik Goose Bay Road. See Appendix A for additional detail.
Source: ADOLWD, Quarterly Census of Employment and Wages

Like most of Alaska, wages from employment are the most significant portion of personal income in Mat-Su Borough. Adjustments for place of residence imply that nearly 50 percent of total wages are earned outside of the borough.

Table 31. Components of Personal Income ($ Millions), Mat-Su Borough, Anchorage, and Alaska, 2016

Component	Mat-Su	% of Total	Anchorage	% of Total	Alaska	% of Total
Wages/salary	$3,321	70.9	$12,520	67.4	$27,432	66.4
Wages earned in borough/state, less contributions for social insurance	$1,674	35.7	$13,182	70.9	$27,643	67.0
Net wages earned elsewhere	$1,647	35.2	$(662)	-3.6	$(211)	-0.5
Dividends, interest, and rent	$661	14.1	$3,394	18.3	$7,236	17.5
Personal current transfer receipts	$701	15.0	$2,668	14.4	$6,615	16.0
Total	**$4,684**	**100.0**	**$18,582**	**100.0**	**$41,283**	**100.0**

Source: U.S. Bureau of Economic Analysis, Personal Income by Major Component
Note: PFD payments are categorized as Personal Current Transfer Receipts.

When compared to Anchorage and Alaska as a whole, Mat-Su's total wages from health care and human services employment are a noticeably smaller portion of total wages. In 2016, just 7.9 percent of total wages in the borough were earned in the health and human services sector, compared with 16 percent in Anchorage.

Table 32. Net Earnings ($ Millions) and Employment of Health and Human Services Sector, Mat-Su Borough, Anchorage, and Alaska, 2016

Industry	Mat-Su	Anchorage	Alaska
Health and human services earnings	261	2,008	3,524
% of Total	*7.9*	*16.0*	*12.8*
Health and human services employment	4,731	27,434	51,742
% of Total	*12.6*	*13.4*	*11.3*
Total wages	**3,321**	**12,520**	**27,432**
Total employment	**37,532**	**205,046**	**456,457**

Note: Employment includes business owners and the self-employed.
Source: U.S. Bureau of Economic Analysis, Personal Income by Major Component and Earnings by Industry

Health Services Employment Projections

Working with ADOLWD count of workers living in the Mat-Su Borough, the Mat-Su Borough released 2017 updates to the long-range transportation plan set forth a decade earlier.[4] The sub-borough distribution of growth was approximated by a diverse group of community stakeholders tasked with identifying likely locations of future residential and employment developments.[5] According to this analysis, employment in the Mat-Su Borough is expected to double between 2010 and 2035. Total employment growth is expected in each sub-region.

Table 33. Total Employment Projections by Sub-Region, 2010-2035

Sub-Region	2010	2035	Total Growth	Annual Growth	Annual Growth (Percent)
Glenn Highway	371	493	122	5	1.1
Knik Goose Bay Road	914	4,034	3,120	125	6.1
Palmer area	8,326	17,183	8,857	354	2.9
South Parks Highway	2,276	7,578	5,302	212	4.9
Upper Susitna Valley	287	1,180	893	36	5.8
Wasilla area	12,076	18,050	5,974	239	1.6
Total	**24,250**	**48,517**	**24,267**	**971**	**2.8**

Source: Mat-Su Borough, Long-Range Transportation Plan

Total number of health services workers (using Health Care and Social Assistance NAICS definitions) living in the Mat-Su is expected to outpace total employment in the borough and most of its sub-regions but remain primarily concentrated in the core area (Palmer and Wasilla).

Table 34. Health Services Employment Projections by Sub-Region, 2010-2035

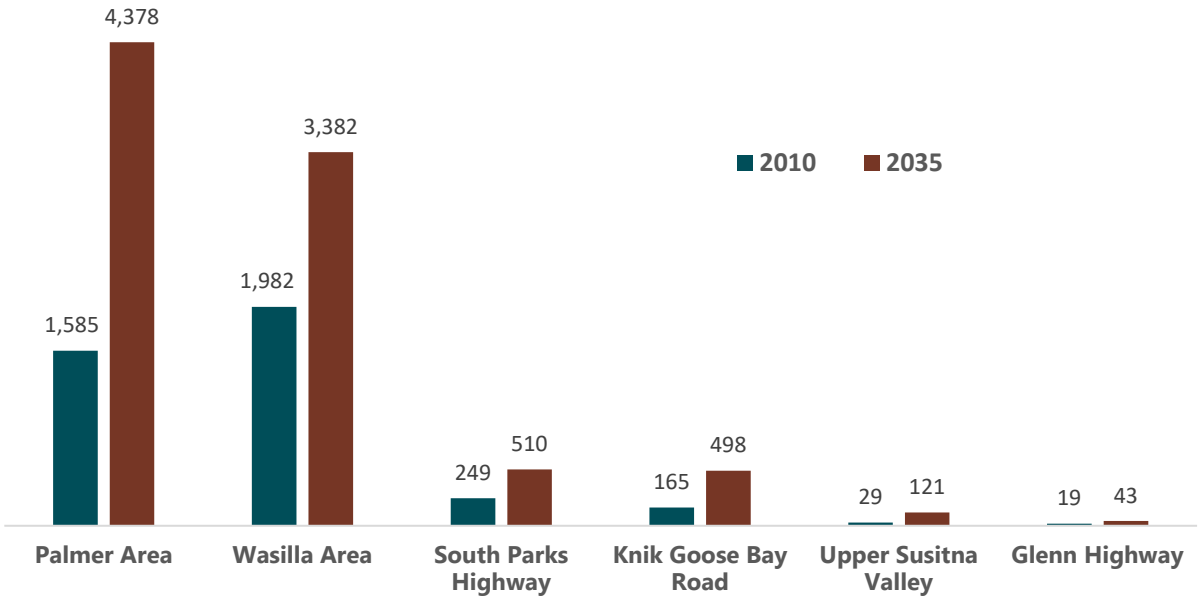
Sub-Region	2010	2035	Total Growth	Annual Growth	Annual Growth (Percent)
Glenn Highway	19	43	24	1	3.3
Knik Goose Bay Road	165	498	333	13	4.5
Palmer area	1,585	4,378	2,793	112	4.1
South Parks Highway	249	510	261	10	2.9
Upper Susitna Valley	29	121	92	4	5.9
Wasilla area	1,982	3,382	1,400	56	2.2
Total	**4,029**	**8,932**	**4,903**	**196**	**3.2**

Source: Mat-Su Borough, Long-Range Transportation Plan

[4] Models for total employment and population growth were developed in 2010 based on expected borough-wide economic growth rates calculated by UAA's Institute for Social and Economic Research.

[5] At the time, the stakeholders and planners assumed that significant infrastructure projects such as the Knik Arm Crossing and the Alaska Natural Gas Line would complete construction before 2035. Adjustments to the model transportation model were later made to accommodate changing macroeconomic conditions.

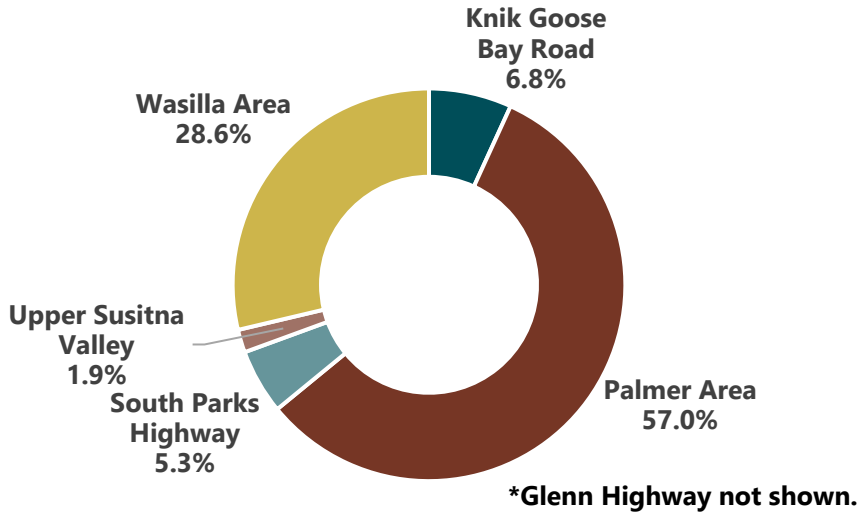
Figure 4. Health Services Employment by Sub-Region, 2010 and 2035



Source: Mat-Su Borough, Long-Range Transportation Plan

Over half (57.0 percent) of the borough's growth in health services employment is expected in the Palmer area. Over a quarter (28.6 percent) is expected in Wasilla.

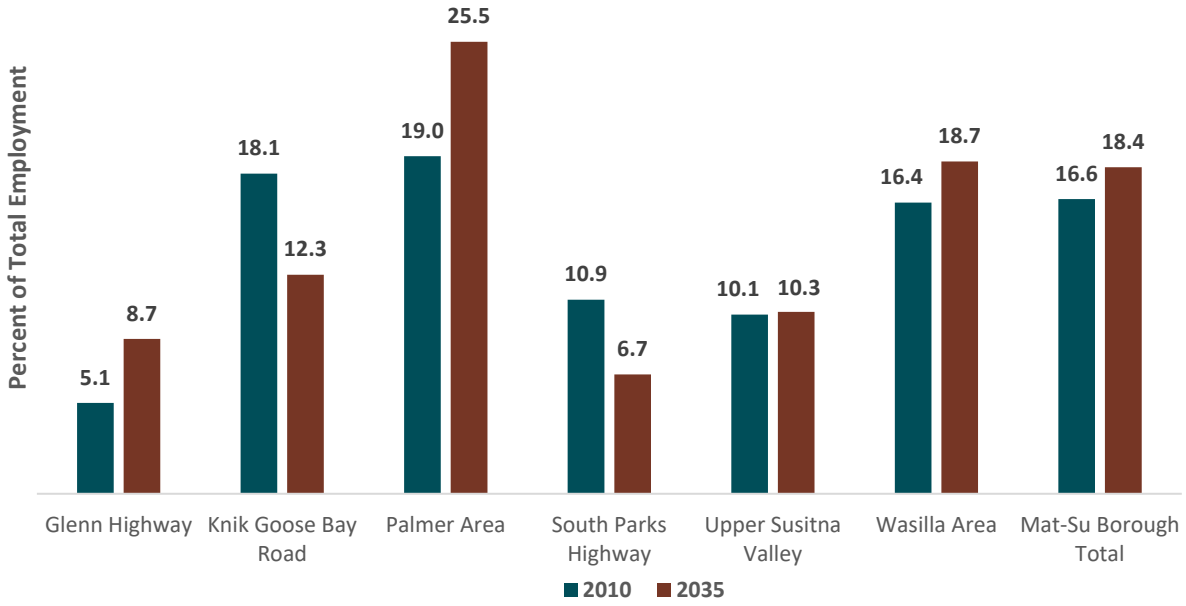
Figure 5. Portion of Total Growth in Health Services Employment, by Sub-Region, 2010-2035



Note: At the time, the committee expected less than half a percent of the health services employment growth in the Glenn Highway sub-region.
Source: Mat-Su Borough, Long-Range Transportation Plan

Health services jobs are expected to account for a higher portion of total employment in years to come. The most noticeable effect is in the Palmer area, where over a quarter of all jobs are expected to be in health services by 2035.

Figure 6. Health Services Percent of Total Employment, by Sub-Region, 2010-2035



Source: Mat-Su Borough, Long-Range Transportation Plan

ADOLWD "Top Job" and Priority Occupations

Occupations reflect the role that a worker fulfills in an organization, regardless of the organization's industry. The U.S. Department of Labor classifies occupations into broad career clusters, reflecting occupations with similar characteristics. Occupational worker counts include any individual who worked in the occupation at any point in an entire year, including full and part-time workers and those who worked all or part of the year. The following tables show current worker counts for selected health sciences and human services occupations in the Mat-Su in 2016. It is important to note that openings refers to jobs located in the Mat-Su and does not necessarily mean the worker lives in the Mat-Su.

Health Services Occupations

EMPLOYMENT

Some of the health sciences occupations in the Mat-Su with the highest worker counts in 2016 also experienced high growth between 2012 and 2016. Registered nurses had the highest worker count in 2016, with 625 individuals working at some time during the year, and also saw steady increase in employment over the five-year period. Likewise, the medical assistant occupation had a high number of workers and steady growth in the Mat-Su, with higher total growth than registered nurses. Dental assistants had high growth between 2014 and 2015.

Occupations that do not require a degree or certificate experienced large decreases in workers in Mat-Su between 2012 and 2016. Home health aides and other healthcare support workers experienced declining worker counts and both have a higher average turnover.

Table 35. Estimated Annual Worker Count and Annual Change, by Selected Health Sciences Occupations, Mat-Su Borough, 2012 and 2016

Occupation	Annual Worker Count			
	2012	2016	Change in Worker Count 2012-2016	Average Annual % Change 2012-2016
Physicians and other providers				
Family and general practitioners	31	18	-13	-7.1
Internists, general	4	7	3	57.3[a]
Obstetricians and gynecologists	3	3	0	2.1
Pediatricians, general	5	6	1	5.8
Physicians and surgeons, all other	43	51	8	11.6
Physicians assistants	41	63	22	12.9
Nurse practitioners	28	38	10	9.6
Nurses and para professionals				
Registered nurses	531	625	94	4.2
Licensed practical and licensed vocational nurses	35	46	11	8.2
Medical assistants	207	319	112	11.9
Nursing assistants	171	175	4	0.7
Dentists and related occupations				
Dentists	26	37	11	9.5
Dental hygienists	77	85	8	3.9
Dental assistants	150	183	33	6.2
Pharmacists and related occupations				
Pharmacists	47	33	-14	-7.7
Pharmacy technicians	80	76	-4	0.1
Psychiatrists and related occupations				
Psychiatrists	3	8	5	50.0[a]
Psychiatric technicians	29	37	8	6.4
Psychiatric aides	16	3	-13	-[b]
Other occupations				
Medical and health services managers	67	64	-3	1.9
Physical therapists	52	73	21	9.4
Healthcare support workers, all other	231	90	-141	-17.4
Medical secretaries	151	166	15	3.8
Home health aides	360	236	-124	-8.8
Phlebotomists	2	32	30	175.6

Notes:
The worker count published by AKDOLWD includes any individual who worked in the specific occupations at all over the entire yet, regardless of residency. For example, ADOLWD lists eight individuals who worked as a psychiatrist at any point in 2016 in the Mat-Su. Quarterly data suggest that typically only five to six of these individuals were working in the Mat-Su at any given time.
a. Erratic growth contributed to high average annual change in some occupations despite low overall change in worker count from 2012 to 2016.
b. No individuals worked as Psychiatric Aides in the Mat-Su in 2014-2015; leading to unreliable average annual growth rates over the period.
Source: ADOLWD

MEDIAN WAGES

Health sciences occupations include a wide range of median wages nationwide and in the Mat-Su. Physicians and other providers, dentists, and pharmacists earn the highest wages, with many earning more than $208,000 annually. Home health aides earn the lowest median wages.

Table 36. Estimated Annual Worker Count and Median Wages, by Selected Health Sciences Occupations, Mat-Su Borough, 2016 and 2017

Occupation	Annual Count 2016	Median Hourly Wage 2017	Median Annual Wage 2017
Physicians and other providers			
Family and general practitioners	18	$85.63	$178,100
Internists, general	7	> $100.00	> $208,000
Obstetricians and gynecologists	3	> $100.00	> $208,000
Pediatricians, general	6	> $100.00	> $208,000
Physicians and surgeons, all other	51	> $100.00	> $208,000
Physicians assistants	63	$59.11	$122,900
Nurse practitioners	38	$53.08	$110,400
Nurses and para professionals			
Registered nurses	625	$41.05	$85,400
Licensed practical and licensed vocational nurses	46	$26.85	$55,800
Medical assistants	319	$19.93	$41,500
Nursing assistants	175	$17.69	$36,800
Dentists and related occupations			
Dentists	37	> $100.00	> $208,000
Dental hygienists	85	$51.83	$107,800
Dental assistants	183	$22.77	$47,400
Pharmacists and related occupations			
Pharmacists	33	$69.28	$144,100
Pharmacy technicians	76	$18.61	$38,700
Psychiatrists and related occupations			
Psychiatrists	8	> $100.00	> $208,000
Psychiatric technicians	37	(b)	(b)
Psychiatric aides	3	(b)	(b)
Other occupations			
Medical and health services managers	64	$48.58	$101,000
Physical therapists	73	$43.94	$91,400
Healthcare support workers, all other	90	$21.25	$44,200
Medical secretaries	166	$19.50	$40,600
Home health aides	236	$13.07	$27,200
Phlebotomists	32	(b)	(b)

Note:
a. Mat-Su median wages based on Anchorage Metropolitan Statistical Area wages, including the Municipality of Anchorage and the Mat-Su Borough
b. Wage data unavailable
Source: Projections Managing Partnership, U.S. Department of Labor

Human Services Occupations

Employment

The number of workers in human services occupations generally experienced increased in the Mat-Su between 2012 and 2016. Personal care aide is the largest occupation in the human services sector in Mat-Su, with 1,352 workers in 2016. While the personal care aide occupation had amongst the highest change between 2012 and 2016 by number of workers, the occupation remained relatively stable, with little annual percentage growth.

Driven by higher demand due to a growing population of young children in the Mat-Su, the number of childcare workers increased at a steady rate between 2012 and 2016.

Table 37. Estimated Annual Worker Count and Annual Change, by Selected Human Services Occupations, Mat-Su Borough, 2012 and 2016

Occupation	Annual Worker Count			
	2012	2016	Change in Worker Count 2012-2016	Average Annual % Change 2012-2016
Counselors				
Educational, guidance, school, and vocational counselors	51	61	10	5.6
Rehabilitation counselors	7	6	-1	-3.6
Mental health counselors	52	57	5	2.5
Substance abuse and behavioral disorder counselors	36	50	14	9.8
Counselors, all other	26	30	4	9.6
Social workers				
Healthcare social workers	38	75	37	19.7
Child, family, and school social workers	135	143	8	2.0
Mental health and substance abuse social workers	27	45	18	15.0
Social workers, all other	51	70	19	8.4
Other occupations				
Clinical, counseling, and school psychologists	18	27	9	11.9
Community and social service specialists, all other	50	74	24	14.1
Social and human service assistants	44	58	14	9.4
Personal care aides	1,324	1,352	28	0.6
Childcare workers	495	549	54	2.8

Source: ADOLWD

Median Wages

The human services occupations have a narrower range of median wages compared to the large range of health sciences workers. Healthcare social workers earn the highest median wages at $69,500 annually, while childcare workers make the least at $32,400.

Table 38. Estimates Annual Worker Count and Median Wages, by Selected Human Services Occupations, Mat-Su Borough, 2016 and 2017

Occupation	Worker Count 2016	Median Hourly Wage 2017	Median Annual Wage 2017
Counselors			
Educational, guidance, school, and vocational counselors	7	$32.40	$67,400
Rehabilitation counselors	3	$31.52	$65,600
Mental health counselors	7	$27.87	$58,000
Substance abuse and behavioral disorder counselors	4	$27.87	$58,000
Counselors, all other	5	$28.95	$60,200
Social workers			
Healthcare social workers	4	$33.43	$69,500
Child, family, and school social workers	13	$23.48	$48,800
Mental health and substance abuse social workers	8	$22.09	$45,900
Social workers, all other	5	$36.35	$75,600
Other occupations			
Clinical, counseling, and school psychologists	27	$40.73	$84,710
Community and social service specialists, all other	9	$23.14	$48,100
Social and human service assistants	13	$16.64	$34,600
Personal care aides	127	$15.57	$32,400
Childcare workers	38	$11.86	$24,700

Note: Mat-Su median wages based on Anchorage Metropolitan Statistical Area wages, including the Municipality of Anchorage and the Mat-Su Borough
Source: Projections Managing Partnership, U.S. Department of Labor

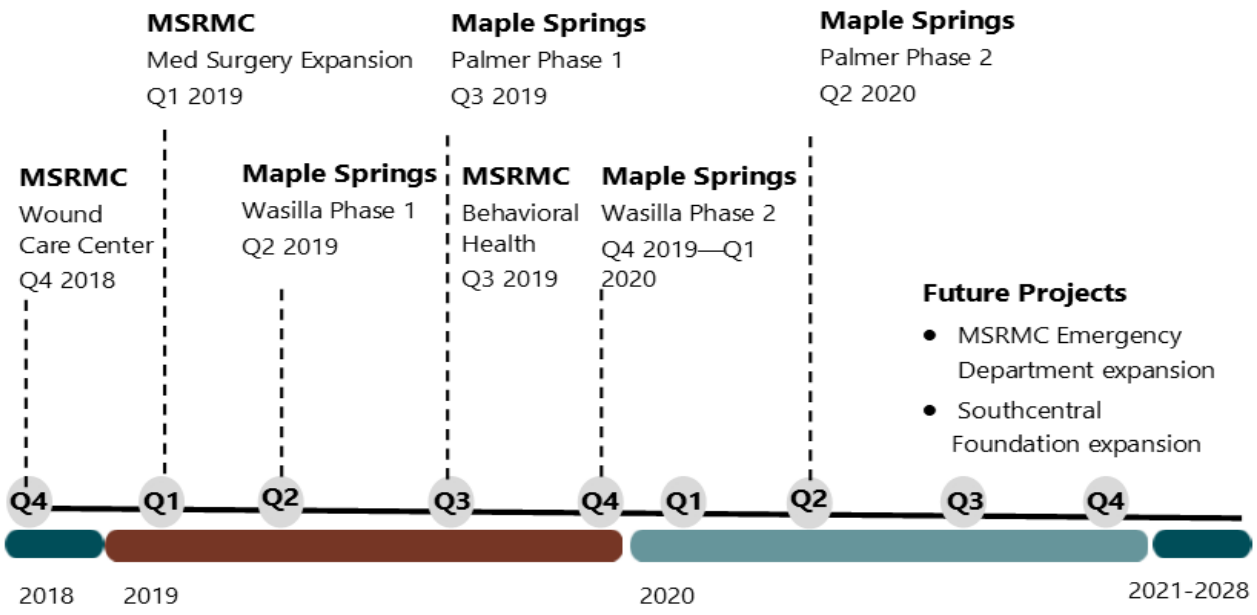
Mat-Su Health and Human Services Occupation Demand Assessment

This chapter presents an assessment of future demand for human and health services occupations in the Mat-Su. ADOLWD publishes biennial forecast of occupational openings at the state level. McDowell Group adjusted the most current statewide forecast to reflect Mat-Su Borough's position in the statewide economy and labor force, analysis of critical licensed occupations, as well as planned health and human services infrastructure developments in the Mat-Su.

Anticipated Mat-Su Health and Human Services Infrastructure Developments

New infrastructure developments in the Mat-Su Borough were assessed to estimate their potential impact on workforce demand. Significant planned developments include: Maple Springs, senior living community developments in Wasilla and Palmer; MSRMC wound-care center and expansions in medical surgery and behavioral health; and Southcentral Foundation doubling capacity within the next five to 10 years. The anticipated infrastructure development schedule is found in the figure below.

Figure 7. Anticipated Infrastructure Developments in the Mat-Su Borough, 2018-2028



Source: McDowell Group, based on executive interview research

An estimated 674 new jobs are expected by 2028 based on the infrastructure developments assessed. Four priority occupation sets emerged, encompassing multiple occupations and job titles used by different employers. Growth openings for para professionals, including medical assistants, personal care aides, and childcare workers, compose more than half of new openings. Nearly one-quarter of all growth openings from these infrastructure developments are in nursing

occupations. A projected 98 openings are projected for employees working in a behavioral health capacity, including para professionals, nurses, and primary care providers.

Table 39. Most Mentioned Occupational Gaps and Estimated New Job Offerings, 2018-2028

Occupation Sets	Job Titles	Biggest Gap	Special Considerations	Estimated # of New Openings 2018-2028
Behavioral health clinicians and professionals	Licensed and non-licensed professionals in prevention, treatment and recovery	Psychiatrists particularly for children and licensed clinical social workers	Lower wages, opportunity through peer mentor programs, concerns about aging workforce, and providing specialized training	98
Para professionals	Medical assistants, home health aides, dental assistants, personal care aides, childcare workers, and administrative staff	Certified medical assistants, certified nursing assistants, and childcare professionals	Higher need for feedback between educators and employers, high turnover, childcare during training and employment, and need concerted effort to enter profession and be successful	378
Nurses	Registered nurses, licensed practical nurses and licensed vocational nurses	Experienced (2+ years) and specialized nurses	Lower wages, need more clinical hours opportunities possibly through simulation hours, singing bonus jumping between employers, and minimal use of traveling nurse which may be changing as the need increases	150
Primary care practitioners and providers	Physicians (DO and MD)	More research needed to identify primary care physician demand and implications of Mayo Clinic Care Network with MSRMC	Additional research needs to be done to identify specific physician needs in the Mat-Su, and stipends to medical students to incentive them to return	48

Source: McDowell Group, based on executive interview research and review of various staffing plans.

Licensed Occupational Needs

Occupational projections by the number of openings are important for considering the educational and training opportunities offered in the Mat-Su. However, there are several additional occupations that may have a low absolute number of openings but represent opportunities for the health and human services system to provide new services or are critical in continuing existing services. Often, these occupations also lead to employment of other professionals. For example, opening a new dental office typically requires a dentist, but enables employment of dental hygienists, dental assistants, and other support professionals.

Calculating the number of licensed professionals per population provides a framework for assessing additional critical occupations in the Mat-Su.[6]

[6] This methodology is based on the rate of licensed providers per population calculated in the *Alaska Primary Care Needs Assessment* published by the Alaska Division of Public Health in 2016. Data on the number of licensed professionals were updated as of August 2018 and reflects the most accurate information per the AKCCED. For more information about this methodology, the assessment may be found: http://dhss.alaska.gov/dph/HealthPlanning/Documents/Primary%20Care%20Needs%20Assessment/AlaskaPrimaryCareNeedsAssessment_2015-2016.pdf.

The State of Alaska Professional Licenses Database provides data on the location and status of licensed professionals working in the state. Individuals were counted by license location and category and a rate of professionals per 1,000 population was calculated to compare the availability of professionals between Mat-Su, Alaska. Currently, no set of national standards or averages exists to evaluate the rate of professionals across multiple professions or license types. However, the rate of Mat-Su professionals may be compared to the statewide rate.

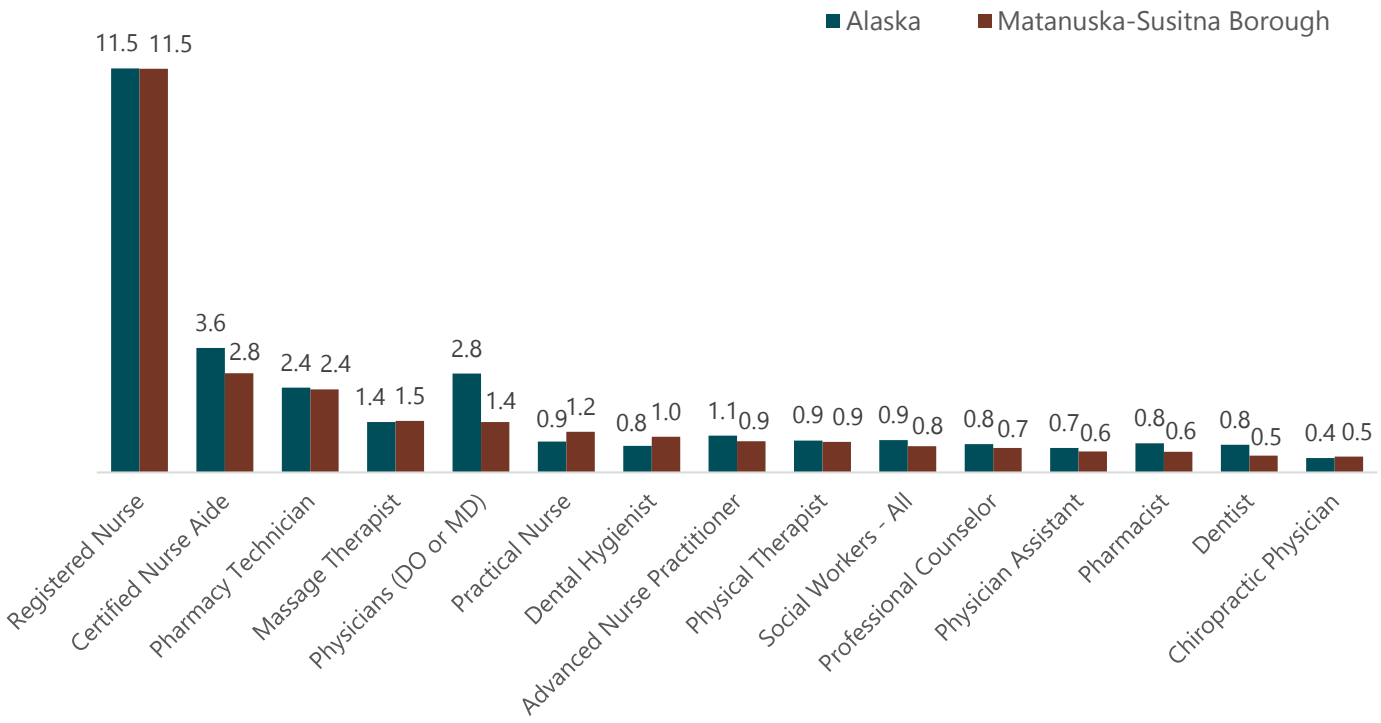
The rate of professionals per population amongst health and human services licensed professionals is relatively the same as statewide rates. Mat-Su has the highest deficit of physicians (Doctor of Medicine or Osteopathic Medicine) compared to the statewide rate. The borough also has a lower rate of dentists and certified nurse aides compared to statewide rates.

Table 40. Licensed Health and Human Services Providers and Rate Per 1,000 Population, Mat-Su Borough and Alaska, 2018

License Category	Mat-Su Borough		Alaska		
	Count	Rate per 1,000	Count	Rate per 1,000	Difference in Rate
Registered nurse	1,200	11.5	8,495	11.5	0.0
Certified nurse aide	295	2.8	2,613	3.6	-0.7
Pharmacy technician	247	2.4	1,785	2.4	0.0
Massage therapist	153	1.5	1,060	1.4	0.0
Physicians (DO or MD)	150	1.4	2,077	2.8	-1.4
Practical nurse	121	1.2	649	0.9	0.3
Dental hygienist	106	1.0	559	0.8	0.3
Advanced nurse practitioner	93	0.9	772	1.1	-0.2
Physical therapist	91	0.9	670	0.9	0.0
Social workers – all levels	81	0.8	676	0.9	-0.2
Professional counselors	73	0.7	596	0.8	-0.1
Physician assistants	63	0.6	517	0.7	-0.1
Pharmacist	61	0.6	609	0.8	-0.2
Dentist	50	0.5	580	0.8	-0.3
Chiropractic physician	47	0.5	303	0.4	0.0

Note: Locations based on licensing address of professional
Source: Alaska Department of Commerce, Community, and Economic Development, and McDowell Group calculations

Figure 8. Licensed Health and Human Services Providers and Rate Per 1,000 Population, Mat-Su Borough and Anchorage, 2018



Source: Alaska Department of Commerce, Community, and Economic Development, and McDowell Group calculations

Rates of licensed professionals vary greatly within the borough. Outside of Wasilla and Palmer, Mat-Su communities often have much lower rates of professionals per population comparatively. However, Palmer also has lower availability of some categories of professional compared to Wasilla. For example, Wasilla has 1.4 dentists per 1,000 people, while Palmer and other Mat-Su communities have much lower rates of 0.3 and 0.1 per 1,000, respectively.

Table 41. Licensed Health and Human Services Providers and Rate Per 1,000 Population, Palmer, Wasilla, and Other Mat-Su, 2018

License Category	Palmer		Wasilla		Other Mat-Su	
	Count	Rate per 1,000	Count	Rate per 1,000	Count	Rate per 1,000
Registered nurse	405	15.06	697	25.55	98	1.96
Certified nurse aide	96	3.57	186	6.82	13	0.26
Pharmacy technician	63	2.34	177	6.49	7	0.14
Massage therapist	52	1.93	91	3.34	10	0.2
Physicians (DO or MD)	61	2.27	76	2.79	13	0.26
Practical nurse	34	1.26	74	2.71	13	0.26
Dental hygienist	32	1.19	71	2.6	3	0.06
Advanced nurse practitioner	37	1.38	47	1.72	9	0.18
Physical therapist	30	1.12	56	2.05	5	0.10
Social workers – all levels	34	1.26	45	1.65	2	0.04
Professional counselors	24	0.89	44	1.61	5	0.10
Physicians assistants	13	0.48	41	1.50	9	0.18
Pharmacist	15	0.56	42	1.54	4	0.08
Dentist	9	0.33	38	1.39	3	0.06
Chiropractic physician	14	0.52	33	1.21	-	-

Note: Locations based on licensing address of professional
Source: Alaska Department of Commerce, Community, and Economic Development, and McDowell Group calculations

Many of the license types for which Mat-Su has a lower rate of professionals per population are represented by more than one occupation within the Standard Occupational Classification (SOC) system. For example, physicians are represented in the SOC system under occupations such as family and general practitioners, internists, and pediatricians.

Within the health sciences occupations for which Mat-Su has a lower rate compared to Alaska, many occupations are projected to have low growth, with less than one opening annually. This is consistent with staffing patterns for the health care industry in which a low number of these professionals are required compared to other staff such as registered nurses and nursing assistants.

Mat-Su Health and Human Services Occupational Projections

Mat-Su Borough projections for health and human services occupations with the highest projected openings between 2016 and 2026 are presented below.

Openings represent the number of opportunities for a new worker to enter an occupation. Total openings are composed of openings due to growth in industries requiring these occupations (growth) and openings due to workers leaving the occupation or leaving the workforce entirely (separations). The overall change in employment reflects new growth opportunities only, while total openings includes the impact of occupational separations. Current projections do not include openings due to turnover in which an employee moves between employers but stays in the same occupation.

Health Sciences Occupations

Registered nurses are expected to have the highest total openings in the Mat-Su between 2016 and 2026, with an average 37 openings annually. Both nursing and medical assistants are also expected to have high annual openings, with 26 and 19, respectively.

Table 42. Leading Health Sciences Occupations by Average Annual Openings, Mat-Su Borough, 2016-2026

Occupation	Employment			Average Annual Openings		
	2016	2026	Percent Change	Growth	Separations	Total
Registered nurses	625	743	18.8	12	26	37
Nursing assistants	175	224	28.0	5	21	26
Medical assistants	319	350	9.8	3	16	19
Healthcare support workers, all other	90	112	24.1	2	13	15
Dental assistants	183	206	12.3	2	11	14
Home health aides	236	259	9.9	2	11	14
Medical and health services managers	64	79	23.9	2	7	9
Medical secretaries	166	185	11.2	2	7	9
Dental hygienists	85	97	14.2	1	4	5
Licensed practical and licensed vocational nurses	46	53	15.7	1	3	4

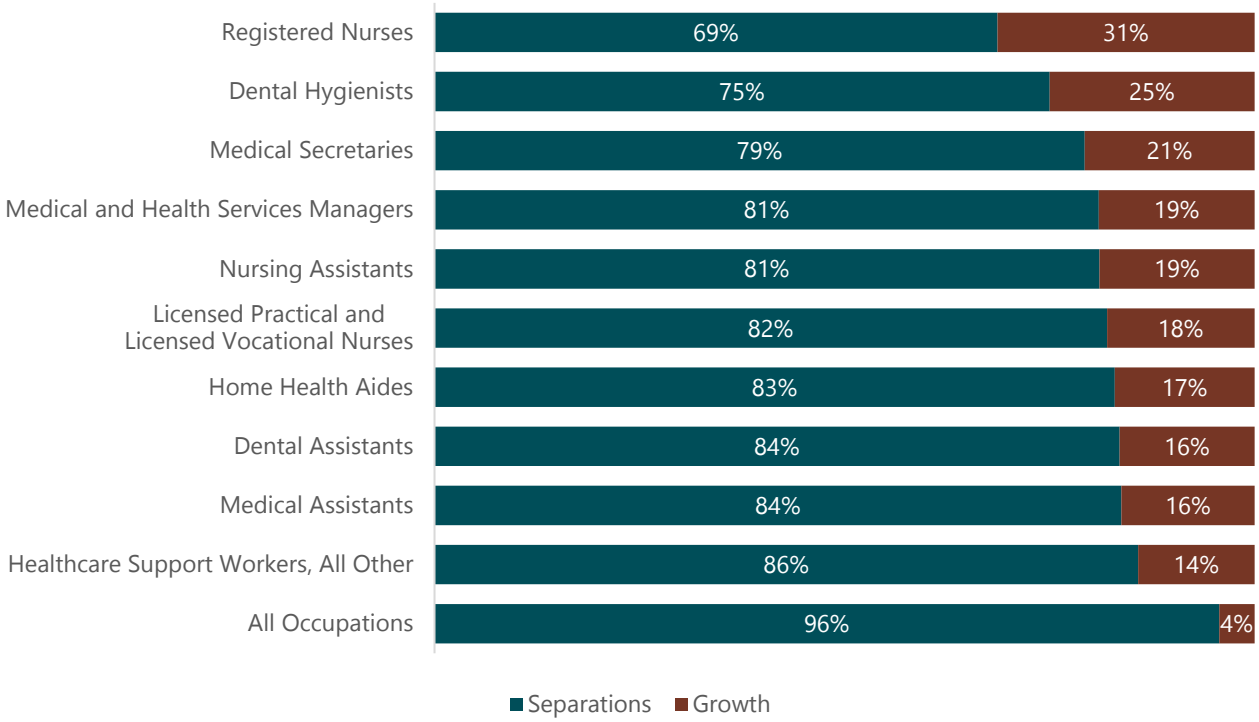
Source: Projections Managing Partnership, U.S. Department of Labor, and McDowell Group calculations

For most occupations (nation and statewide), openings from separations compose a much higher percentage of total openings than new growth opportunities. Projected openings in the health sciences occupations in the Mat-Su are similarly dominated by opportunities due to separations; however, many of the occupations have a higher percentage due to growth than other occupations. This reflects the health care industry's growth in the Mat-Su.

Registered nurses have the highest percentage of openings due to new growth, reflecting the occupation's important role across many sub-sectors of the health care system, including those with anticipated growth over the next decade.

While dental and medical assistants and other healthcare support workers have a higher percentage of openings due to separations, these occupations continue to have a higher percentage of openings due to growth compared to all occupations in the Mat-Su.

Figure 9. Leading Health Sciences Occupational Openings by Type, Mat-Su Borough, 2016-2026



Source: McDowell Group calculations

Human Services Occupations

The personal care aide occupation is projected to have the highest average annual openings in the Mat-Su due to their position as the leading occupation by number of workers within human services. The Mat-Su is also projected to have a high number of openings for childcare workers, with 38 openings annually.

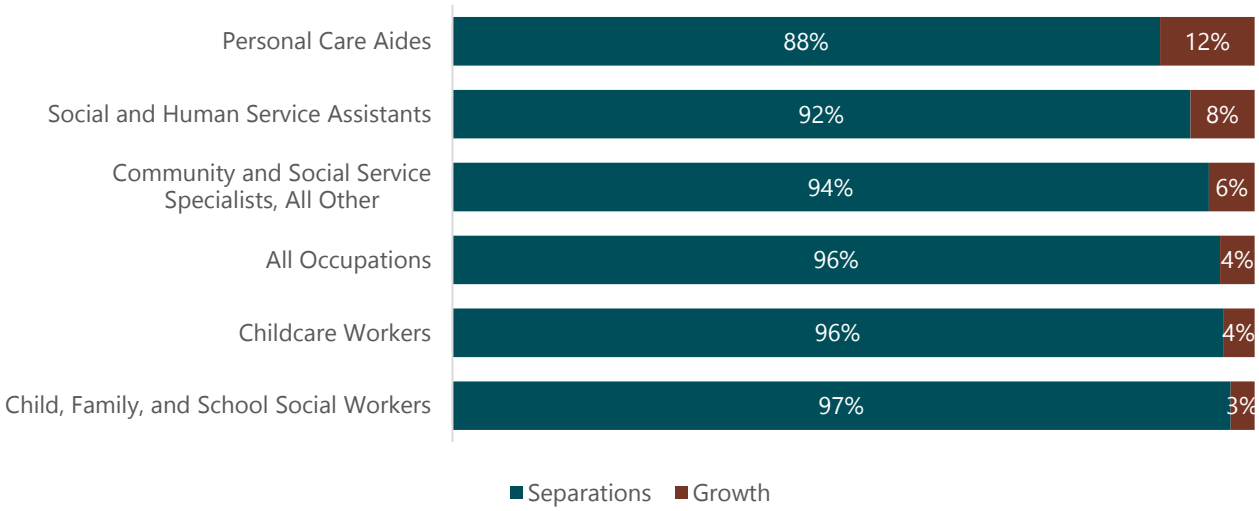
Table 43. Leading Human Services Occupations by Average Annual Openings, Mat-Su Borough, 2016 and 2026

Occupation	Employment			Average Annual Openings		
	2016	2026	Percent Change	Growth	Separations	Total
Personal care aides	1,352	1,502	11.1	15	112	127
Childcare workers	549	564	2.7	2	36	38
Child, family, and school social workers	143	147	2.8	<1	13	13
Social and human service assistants	74	79	7.2	1	12	13
Community and social service specialists, all other	58	69	18.5	<1	9	9

Source: Projections Managing Partnership, U.S. Department of Labor, and McDowell Group calculations

The composition of human services occupational openings between growth and separations is like the overall occupational trend statewide and in the Mat-Su. Nearly all projected openings are due to opportunities created by workers leaving the occupation or leaving the workforce entirely. This predominance of separations is likely affected by the physical demands and lower wages offered in these occupations.

Figure 10. Leading Human Services Occupational Openings by Type, Mat-Su Borough, 2016-2026



Source: McDowell Group calculations

These occupations also have a low number of projected annual separations, which is consistent with national trends in which occupations requiring higher levels of education and licensing experience lower number of workers transferring to a new occupation.

Table 44. Leading Health Sciences Occupations by Licensed Professional Shortage, Mat-Su Borough, 2016 and 2026

Occupation	Employment			Average Annual Openings		
	2016	2026	Percent Change	Growth	Separations	Total
Physicians and other providers						
Anesthesiologists	0	1	100.0	<1	0	<1
Family and general practitioners	18	25	40.2	1	1	2
Internists, general	7	9	23.0	<1	1	1
Obstetricians and gynecologists	3	4	26.8	<1	0	<1
Pediatricians, general	6	7	13.4	<1	0	<1
Psychiatrists	8	9	10.1	<1	0	<1
Physicians and surgeons, all other	51	59	15.8	1	1	2
Physicians assistants	63	70	11.5	<1	2	2
Nurse practitioners	38	44	16.9	<1	2	2
Dentists and related occupations						
Dentists	37	41	10.9	<1	<1	<1
Pharmacists and related occupations						
Pharmacists	33	36	9.7	<1	1	2
Pharmacy technicians	76	79	4.2	<1	3	3
Other occupations						
Physical therapists	73	82	12.1	1	2	3

Source: Projections Managing Partnership, U.S. Department of Labor, and McDowell Group calculations

As with the health sciences occupations, one human services license type is often related to multiple SOC system occupations. For example, Mat-Su has a slightly lower rate of social workers compared to Alaska, represented by SOC occupations such as healthcare social worker and child, family, and school social worker.

Unlike the health sciences occupations, occupations in the human services for which Mat-Su has lower rates per population have annual openings. Openings in these occupations are due largely to separations, with low projected growth openings. The highest number of projected openings in this set of occupations is among child, family, and school social workers, with an average 13 projected openings annually.

Table 45. Leading Human Services Occupations by Licensed Professional Shortage, Mat-Su Borough, 2016 and 2026

Occupation	Employment			Average Annual Openings		
	2016	2026	% Change	Growth	Separations	Total
Counselors						
Educational, guidance, school, and vocational counselors	61	62	2.2	<1	7	7
Rehabilitation counselors	6	7	22.3	<1	3	3
Mental health counselors	57	65	14.1	1	6	7
Substance abuse and behavioral disorder counselors	50	54	8.0	<1	4	4
Counselors, all other	30	35	17.9	<1	5	5
Social workers						
Healthcare social workers	75	82	8.9	1	3	4
Child, family, and school social workers	143	155	8.4	1	12	13
Mental health and substance abuse social workers	45	56	23.8	1	7	8
Social workers, all other	70	74	5.7	<1	5	5

Source: Projections Managing Partnership, U.S. Department of Labor, and McDowell Group calculations

Behavioral Health Occupations

There is no formal categorization of behavioral health occupations within the SOC system; however, employment in this sub-sector of the health and human services sectors is of particular interest in the Mat-Su.[7] The following occupations were selected to provide insight into the growing demand for behavioral health services as Mat-Su's population continues to grow but should not be viewed as an exhaustive list of all occupations necessary to provide services. For example, nurses, additional providers, and para professionals are all occupations which may be required to operate a behavioral health clinic.

Many of the behavioral health-related occupations fall within the human services cluster. Mental health and substance abuse social workers and mental health counselors are projected to have the highest average annual openings in the Mat-Su, with 8 and 7 annual openings, respectively.

All these occupations are currently projected to have low annual growth. However, new infrastructure developments could increase the demand for these professionals.

[7] McDowell Group. *Mat-Su Behavioral Health Environmental Scan: Report 1 – The Crisis Response System*. November 2014.

Table 46. Leading Behavioral Health Occupations by Licensed Professional Shortage, Mat-Su Borough, 2016 and 2026

Occupation	Employment			Average Annual Openings		
	2016	2026	% Change	Growth	Separations	Total
Health sciences						
Psychiatric technicians	37	42	13.0	<1	2	2
Psychiatrists	8	9	10.1	<1	0	<1
Psychiatric aides	3	4	26.8	<1	2	2
Human services						
Healthcare social workers	75	82	8.9	1	3	4
Mental health counselors	57	65	14.1	1	6	7
Substance abuse and behavioral disorder counselors	50	54	8.0	<1	4	4
Mental health and substance abuse social workers	45	56	23.8	1	7	8
Clinical, counseling, and school psychologists	27	30	9.9	<1	1	1
Rehabilitation counselors	6	7	22.3	<1	3	3

Source: Projections Managing Partnership, U.S. Department of Labor, and McDowell Group calculations

Current Training and Education Environment

This section presents information regarding workforce development and career pathways, and workforce development planning.

Alaska Health Workforce Plan (2010)

The Alaska Health Workforce Coalition published the *Alaska Health Workforce Plan* in 2010, outlining the demand for health care workers and strategies to enhance Alaska's health care workforce.[8] The plan detailed high vacancy rates among health care occupations and growing demand for health care workers, demonstrating the need for focused efforts for workforce development in this industry. Four strategies were developed to address this need.

1. **Engage Alaskans in health care workforce development:** The plan recommends engaging Alaskans through public awareness campaigns, increased career awareness and counseling, marketing for high need professions, and enhanced information dissemination. Highlighted is the need to inform the public about the range of health care occupation opportunities available, which span a wide range of education and requirement levels. Connecting with students early to familiarize children and youth with health care careers and aiding in academic planning as preparation for those careers is a component of public engagement.
2. **Train Alaskan for health care employment:** To prepare Alaskans for health care employment, the plan recommends enhanced training starting in secondary school, with more emphasis on pre-requisite courses and job readiness. Providing postsecondary training and continuing education opportunities are part of this strategy. As a component of offering quality training at all levels, the need for additional faculty to provide training is also noted.
3. **Recruit qualified candidates to fill health care positions:** The plan acknowledges the continued need to recruit health care professionals to Alaska, specifically in occupations for which no training program exists in state. Recommendations to enhance recruitment include expanding opportunities to expose post-graduates to Alaska, financial incentives, and coordinated recruitment. As a component of attracting professionals, the plan notes the importance of timely professional licensing and other policy initiatives in attracting providers.
4. **Retain a skilled health care workforce:** High turnover rates and cost of recruitment make retention of the current health care workforce a priority. The plan recommends support for effective onboarding and training of new employees, increasing professional development opportunities, and promotion of positive work environments to reduce turnover. One recommended activity to promote positive work environments is to explore practices that increase employees' satisfaction with work schedules, which are often irregular for health care workers.

In addition to four overarching strategies to promote health care workforce development, the plan also outlines recommendations for select priority occupations.

[8] http://labor.alaska.gov/awib/forms/Healthcare_Workforce_Plan.pdf

Career Pathways

Through the U.S. Department of Labor's Occupational Information Network (O*NET) initiative, employers are routinely surveyed to assess important aspects of the nation's workforce, including rating the importance of worker requirements and characteristics for each occupation they employ. Worker requirements and characteristics include the skills, knowledge, and abilities needed to be successful in each occupation and are ranked by employers by level of importance.

Health Science Pathways

Health sciences occupations with the highest projected openings in the Mat-Su are categorized in three pathways: therapeutic services, support services, and health informatics. Most occupations in the health science cluster and those with the highest projected openings in the Mat-Su fall into the therapeutic services pathway.

Table 47. Leading Health Sciences Occupations by Projected Openings

Therapeutic Services	Support Services	Health Informatics
Registered nurses	Medical and health services managers	Medical secretaries
Dental hygienists	Healthcare support workers, all other	
Licensed practical and licensed vocational nurses		
Home health aides		
Nursing assistants		
Dental assistants		
Medical assistants		

Employers' assessment of the most important requirements and characteristics are similar for each of these three pathways and emphasize soft skills. Active listening and speaking to convey information are the most important skills throughout the pathways. While the therapeutic services pathway places more emphasis on knowledge of medicine and dentistry specifically, this pathway shares other important knowledge sets with other health sciences pathways, including the importance of customer and personal service. Oral and written comprehension are ranked as the most important abilities for occupations in all three pathways.

Table 48. Top Health Sciences Worker Requirements and Characteristics by Pathway

Therapeutic Services	Support Services	Health Informatics
Top skills		
Active listening	Active listening	Speaking
Speaking	Reading comprehension	Active listening
Social perceptiveness	Speaking	Service orientation
Service orientation	Critical thinking	Reading comprehension
Reading comprehension	Social perceptiveness	Coordination
-	-	Social perceptiveness
-	-	Time management
-	-	Writing
Top knowledge		
Medicine and dentistry	English language	Customer and personal service
Customer and personal service	Customer and personal service	English language
English language	Education and training	Clerical
Psychology	Computers and electronics	Computers and electronics
Education and training	Clerical	Administration and management
Top abilities		
Oral comprehension	Oral expression	Oral comprehension
Oral expression	Oral comprehension	Oral expression
Problem sensitivity	Speech recognition	Speech clarity
Near vision	Written comprehension	Speech recognition
Speech recognition	Problem sensitivity	Written comprehension

Source: U.S. Department of Labor

While the most desired worker characteristics for health sciences occupations may be aligned, these occupations require a wide range of formal education and certification. For example, occupations like registered nurse require a bachelor's degree and licensure while many require only a high school diploma or some post-secondary training. Some of these occupations serve both the behavioral health and non-behavioral health fields.

Table 49. Education and Licensure Requirements, Health Sciences Pathways

Occupation	Typical Entry-Level Education	Licensure Required
Health sciences cluster		
Registered nurses	Bachelor's degree	Yes
Medical assistants	Post-secondary non-degree award	No
Home health aides	High school diploma, or equivalent	No
Dental assistants	Post-secondary non-degree award	No
Nursing assistants	Post-secondary non-degree award	Yes
Medical secretaries	High school diploma, or equivalent	No
Healthcare support workers, all other	High school diploma, or equivalent	No[a]
Dental hygienists	Associate degree	Yes
Medical and health services managers	Bachelor's degree	No[a]
Licensed practical and licensed vocational nurses	Post-secondary non-degree award	Yes
Psychiatrists	Doctoral or professional degree	Yes
Psychiatric technicians	Postsecondary non-degree award	No
Psychiatric aides	High school diploma or equivalent	No

Note: a. For some professions within the field, or in some circumstances, licensure may be required.
Source: ADOLWD, Research and Analysis

Human Service Pathways

The leading occupations by number of projected openings in the human services cluster also fall into three career pathways: family and community services, early childhood development and services, and personal care services.

Table 50. Leading Human Services Occupations by Projected Openings

Family & Community Services	Early Childhood Development & Services	Personal Care Services
Child, family, and school social workers	Childcare workers	Personal care aides
Social and human service assistants		
Community and social service specialists, all other		

Source: U.S. Department of Labor

The leading human services occupations also require similar skills, knowledge, and abilities. Like the health sciences occupations, soft skills of speaking and active listening are the top skill sets required for these occupations. Service orientation and social perceptiveness are also highly ranked skill sets. While the highest ranked knowledge sets vary between the pathways given the wide range of occupations in this sector, customer and personal service are important for all the leading human service occupations. Oral comprehension and expression are ranked as the most important abilities for occupations in all three pathways.

Table 51. Top Human Services Worker Requirements and Characteristics by Pathway

Family & Community Services	Early Childhood Development & Services	Personal Care Services
Top skills		
Active listening	Speaking	Service orientation
Speaking	Monitoring	Social perceptiveness
Social perceptiveness	Social perceptiveness	Active listening
Service orientation	Active listening	Speaking
Reading comprehension	Judgment and decision making	Monitoring
	Service orientation	
Top knowledge		
Psychology	English language	Customer and personal service
Therapy and counseling	Psychology	English language
English language	Education and training	Psychology
Customer and personal service	Customer and personal service	Administration and management
Sociology and anthropology	Public safety and security	Transportation
Top abilities		
Oral expression	Oral expression	Oral comprehension
Oral comprehension	Problem sensitivity	Oral expression
Problem sensitivity	Oral comprehension	Problem sensitivity
Speech clarity	Speech clarity	Deductive reasoning
Written comprehension	Speech recognition	Near vision
Written expression	Written comprehension	Speech clarity
		Written comprehension

Source: U.S. Department of Labor

Many of the leading human services occupations require only a high school diploma. Social workers and other specialists are an exception, with both requiring a bachelor's degree. Some of these occupations serve both the behavioral health and non-behavioral health fields.

Table 52. Education and Licensure Requirements, Human Services Pathways

Occupation	Typical Entry-Level Education	Licensure Required
Human services cluster		
Personal care aides	High school diploma, or equivalent	Yes
Childcare workers	High school diploma, or equivalent	No[a]
Clinical psychologist	Post-graduate degree	Yes
Mental health and substance abuse social workers	Bachelor's or post-graduate degree	Yes
Community health worker	Bachelor's degree	No
Substance abuse and behavioral disorder counselors	Bachelor's or post-graduate degree	Yes
Child, family, and school social workers	Bachelor's degree	Yes
Community and social service specialists, all other	Bachelor's degree	No
Social and human service assistants	High school diploma, or equivalent	No[a]

Note:
a. For some professions within the field, or in some circumstances, licensure may be required.
Source: ADOLWD, Research and Analysis

Available Workforce Training and Education

According to the ADOLWD, there are at least 250 health and human service training programs in Alaska, with at least 50 offered by 25 education providers in Southcentral Alaska. For example, Charter College, Anchorage, UAA, and Wayland Baptist University offer a registered nurse degree. Certified nursing assistant programs are offered through Alaska Job Corps, Heritage Place, UAA, and recently at Mat-Su College, among others.

Brief descriptions of organizational efforts, educational programs (academic and vocational), apprenticeships, scholarships, and other financial supports for Mat-Su residents seeking a career in health and human services can be found in Appendix C. Many of these programs are available within the Mat-Su.

Needs and Implications for Health and Human Services Workforce Development

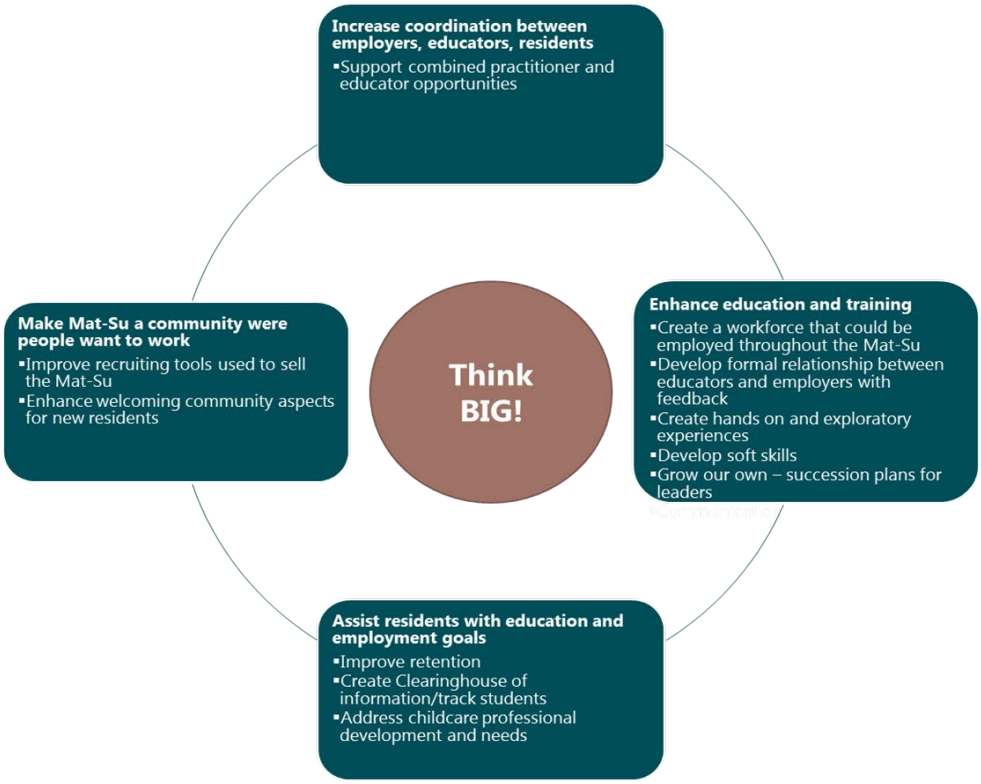
This section summarizes the findings from McDowell Group's qualitative research including two discussion groups, executive interviews, and an online survey.

> **"My mom can make a cake, and it turns out amazing. I have the same ingredients, but when I make the same cake, it doesn't turn out as good. This situation is like the Mat-Su health system. We have all the ingredients we need to figure out how to put them together in the right way."**
>
> -- *Mat-Su Educator*

Emerging Themes

Individuals within health and human service training organizations and employers would like to see a system change which requires the community to think big picture. Overarching themes heard from multiple organizations and individuals were categorized into 12 areas and are summarized below.

Figure 11. Qualitative Themes



Communication

Participants emphasized the importance of communication between educators and employers. There is a need for ongoing dialogue at all levels between and within education or training organizations and employers. Areas where communication may be lacking and would benefit the workforce, include curriculum creation, job opportunities, and lessons learned from onboarding and the first few months of employment. A few organizations have yearly check-in meetings to review curriculum. Other training organizations have on-site proctors who assist with externships or internships placements. Currently, there is not a consistent mechanism to share health and human service information within the Mat-Su Borough. A few individuals who participated in discussion groups noted that they attended in part to network within the health and human service community and asked McDowell Group to share the contact information of participants to facilitate continued communication. Also, steering committee members noted that they were in communication with other committee members or stayed after steering committee meetings to discuss potential collaboration.

> **"We should create a Mat-Su network and facilitate communication within the health system."**
>
> *– Mat-Su Health and Human Service Leader*

Grow Our Own

There was a focus to "grow our own" by providing training programs and employment to Mat-Su residents. Residents and educators expressed a need to provide extra support to students and/or adults entering a health and human service field. Extra support examples include sharing information about options available, pre-requisites for a program, how to enter a program, how to succeed in a program, offering ways to gain experience, and eventually how to find the right job. There is a desire to help residents in the community enter health and human service careers to provide employment and a means to support their families.

> **"I don't know what I'm qualified for. The descriptions can be vague. It's hard to fill out lots of applications for jobs and not get an interview. Maybe someone doesn't have the experience for that specific job, but what about another?"**
>
> *– Mat-Su Resident*

Respondents identified ways for youth in the community to see health and human service careers as an option where they could continue to live and work in the Mat-Su. Other areas that were mentioned included establishing formal partnerships with schools and training institutions to tour health and human services spaces and inviting professionals into the classroom to share how they entered their profession and inspire the next generation. It would be rewarding for health professionals to share their personal stories. An aging workforce was also identified especially within management and leadership positions. There is a need to mentor current professionals to grow within their profession.

> **"Talking to kids is the fun stuff that we would like to be doing."**
>
> *– Mat-Su Health Administrator*

Hands-on and Exploratory Experiences

Some programs provide students opportunities to experience and understand career options open to them. There is strong interest for more of these types of opportunities. For example, one organization

> **"Have a "show and tell" meeting so that students can see what interests us."**
>
> *-Mat-Su Resident*

offers individuals interested in a CNA certificate to job shadow a CNA for eight hours to see if the position would be a good fit. Providing more hands-on experience through training or education programs is also important. There is a period between when a student has completed their training and is waiting to take a test for certification that could be used to support work within a hospital or clinic setting to allow them to retain skills learned and gain additional experience.

Soft Skills

Employers and educators shared that current and recent graduates lack soft skills or an understanding of the expectations in a workplace. Students could be better prepared with professional skills including how to interview, dress, and show up to work on time.

> **"Soft skills are important for the workplace including how to be a good employee."**
> – *Mat-Su Human Resources Professional*

Formal Relationships Between Educators and Employers with Feedback

Employer and educational organizations expressed interest in more formal partnerships. The goal in the Mat-Su would be to create a seamless transition for students that is defined, institutionalized, and where the community formally bridges the process for the student. Part of the formal process would encourage two-way feedback between employers and training programs. One education organization is starting to include employers in the admissions process for training and degree programs. Health curriculum has also been updated based on feedback from current employers, avoiding some need for additional training.

> **"I would like to see a clear pathway for students."** – *Mat-Su Educator*

Employable Workforce Throughout the Mat-Su

Some students are not sufficiently prepared to enter the health and human services workforce. Employers, especially within behavioral health professions, compensate with on-the-job training to address training gaps. Currently, at least one employer and training provider established agreements regarding basic skills needed to enter the workforce. These discussions could be expanded to the larger Mat-Su system to create high-quality graduates who are ready to join the health and human service workforce anywhere within the region.

> **"We should create a healthcare system where a newly trained graduate could work in any of our organizations."**
> – *Mat-Su Human Resources Professional*

Combined Practitioner and Educator Opportunities

Bringing the practitioner into the classroom makes what students are learning real and applicable. Students find this training valuable and it also connects them to future employers. Many training programs in the Mat-Su hire current practitioners as part-time or adjunct faculty. These professionals typically work in a healthcare facility. Part-time or adjunct faculty compensation is low compared to what is offered as a practitioner. An organization in Anchorage has started hiring individuals as both faculty and practitioners. This arrangement benefits patients because their provider is aware of recent educational developments and practices. It also helps students because they are receiving valuable real-

> **"For me, the classroom work was completely unrelated to the real working field. My teacher had not done patient care for several years and everything was out of date."** – *Mat-Su Resident*

world instruction which will directly benefit them in the workforce. If the hospital or other service provider allocated part an employee's paid time to teaching, it would result in a stronger educational experience and a recruitment pipeline.

Childcare Professional Development and Needs

> **"I would accept a job offer with lower compensation if it included childcare as a benefit."** – *Mat-Su Parent and Student*

Lack of childcare impacts both students and employees. Discussion group participants shared that it is challenging to find childcare during hours they work or are in school. Another challenge is finding space within the same daycare facility for multiple children in a family to attend together. Smaller employers noted that it would be challenging to provide an onsite daycare facility, suggesting a co-op to provide quality, affordable, and dependable childcare. Additionally, childcare workers are a large part of the human health workforce and should be viewed as a professional career path. Often childcare workers in the Mat-Su do not receive benefits and experience lower pay than similar professions.

Recruitment Tools to Sell the Mat-Su

> **"We have to sell living in the Mat-Su first."**
> – *Mat-Su Health Administrator*

Employers shared extra steps they take in recruiting new hires from outside of Alaska to move to the Mat-Su. They often compile information about buying a home, school districts, and what to do in the area for potential employees. It takes time and resources to gather this information. Employers suggested creating a contemporary and targeted website about relocating to the Mat-Su focused on health and human services professionals. Additional public relations materials suggested included a brochure, video, welcome packet, and media campaign to help human resources professionals sell the area. There has been some recent work in this area; for example, in 2010 the City of Wasilla created a video and the Great Wasilla Chamber of Commerce website offers information about relocation.

Welcoming Community for New Residents

> **"When a visiting medical student is visiting your community, they are yours to lose."**
> – *Medical Education Administrator*

Several interviewees noted the importance of creating a sense of community for people that are moving from outside Alaska. Often new residents do not stay for an extended period – especially if they do not have family in Alaska. Welcoming new residents will support recruitment and retention.

Retention

Employers shared that retention is an issue within health and human service careers, particularly for lower paid professionals who offer direct hands on support to patients or individuals receiving services. These roles are vital in the workforce and challenging for an organization to constantly recruit. One organization has developed a "Red-Carpet Program" designed to assist in recruitment and retention through a variety of strategies, including pairing employees not just with mentors but also "buddies" during onboarding and continuing to monitor employees who may be interested in leaving.

Clearinghouse of Information and Tracking of Students

Educators, employers, and residents within the Mat-Su would like to share and receive information about the health and human services system. One suggestion was creating a clearinghouse of information including training programs available in the area, the number of graduates from each program, current job openings, networking events, opportunities for continued education, and current employment numbers. Most educators also are not able to track students once they graduate from their program to know where they are employed. A clearinghouse could facilitate tacking students through a pathway into a job in the Mat-Su.

Policy Implications

Several policy implications emerged from discussion groups, executive interviews, and workforce steering committee meetings, including policy challenges tracking behavioral health workforce data, questions about licensing, and difficulties with Medicaid enrollment and billing. Behavioral health professions are hard to distinguish clearly within state and federal data, as individuals can be identified as a nurse or CNA but work within a behavioral health role. Data available shows the profession but does not define if the job is related explicitly to behavioral health. Licensing questions included the need to identify practicing licensed clinical social workers who are working within the field. EMT training programs shared that often graduates are not able to find work in the Mat-Su and leave the area to find employment. EMTs and other licensed professionals could be used in different areas to support the health and human services system. It takes 3-4 months to process an Alaska license for out of state nurses or providers, which is an issue when hiring a new employee and traveling nurse. Inefficient Medicaid enrollment and billing procedures impact patients and employers.

Discussion group participants in Wasilla on August 14, 2018.

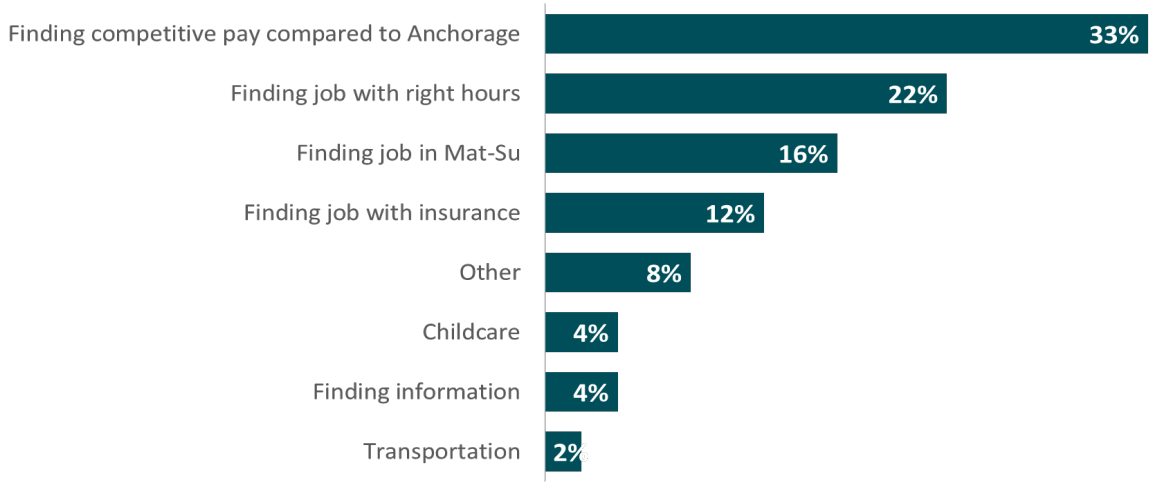
Resident Online Survey

Below is a summary of responses to the online survey fielded through MSHF's Facebook page.

Challenges Finding Work

Residents who are currently employed in a health or human services career shared that the top challenges for find work in the Mat-Su were: finding competitive pay compared to Anchorage and finding the right hours.

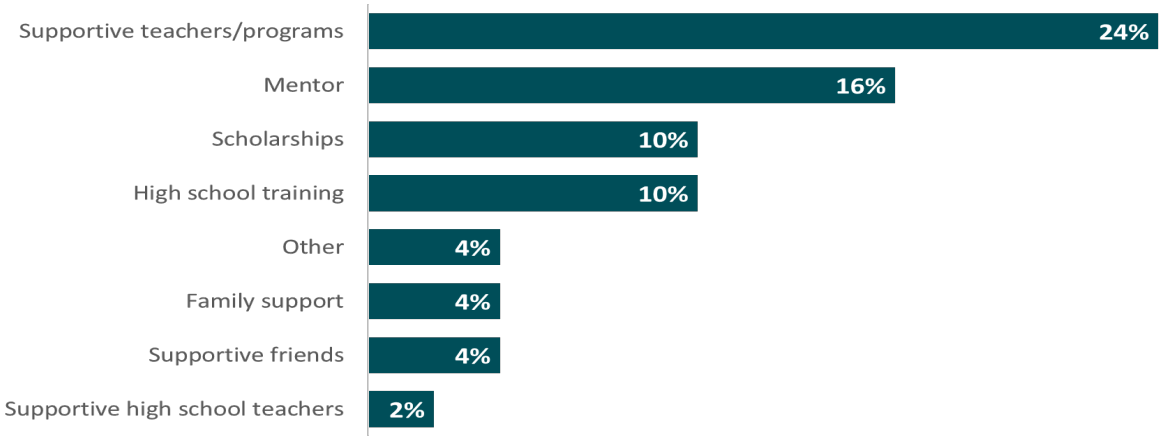
Figure 12. Top Challenge for Finding Work in Mat-Su



Pursuing a Health and Human Service Career

Residents currently employed in a health or human services career shared that supportive teachers and mentors made the biggest difference in helping them pursue a career.

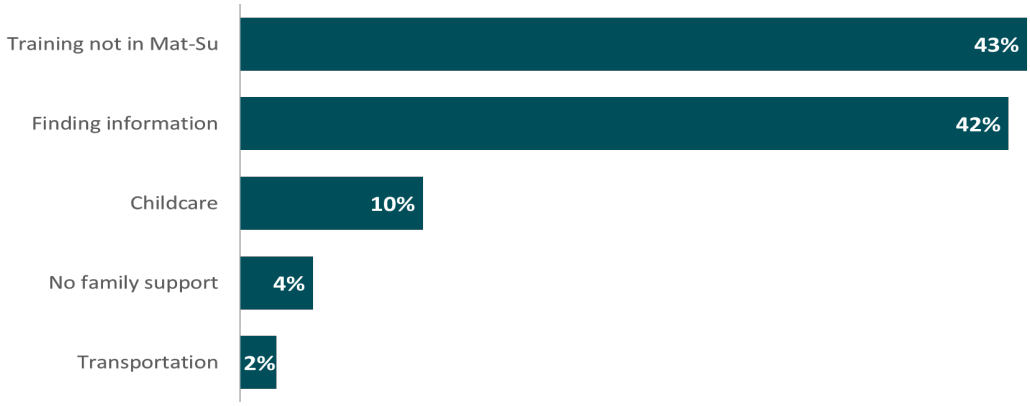
Figure 13. Who or What Helped in Pursuing of a Health and Human Service Career



Challenges in Receiving Training

Residents shared that the top three challenges for receiving training in a health or human services career are not finding training in the Mat-Su, finding information, and childcare.

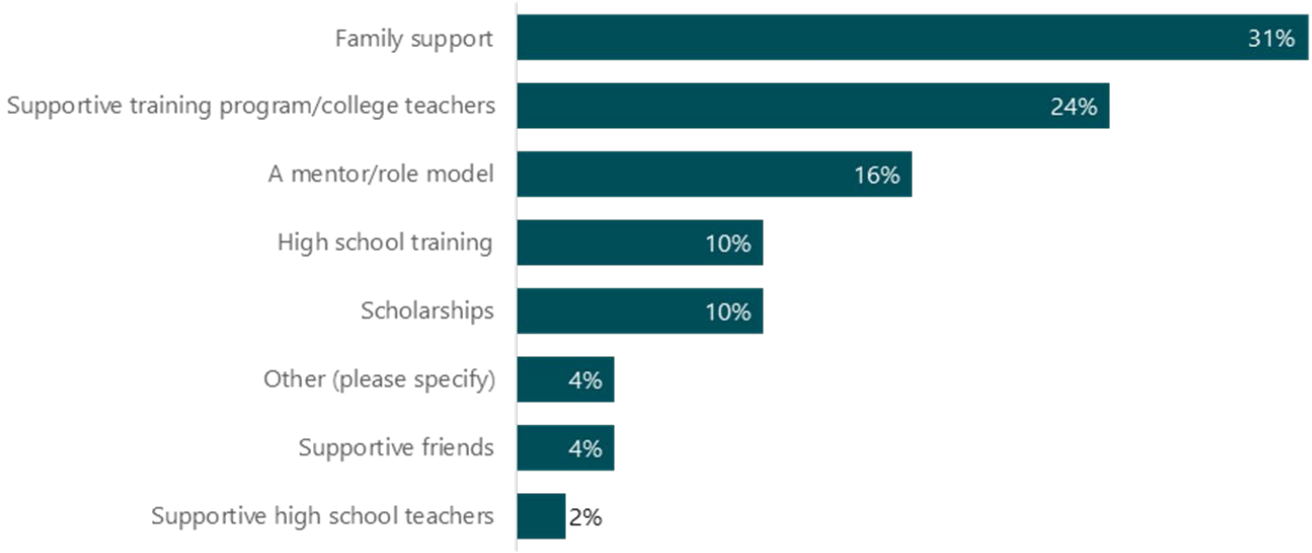
Figure 14. Top Challenge in Getting Training, Excluding Funding



Support to Succeed in Health and Human Service Education

Other than money related assistance, residents who received training or education in the health and human services field state family and supportive educators provide the most to their education or training success.

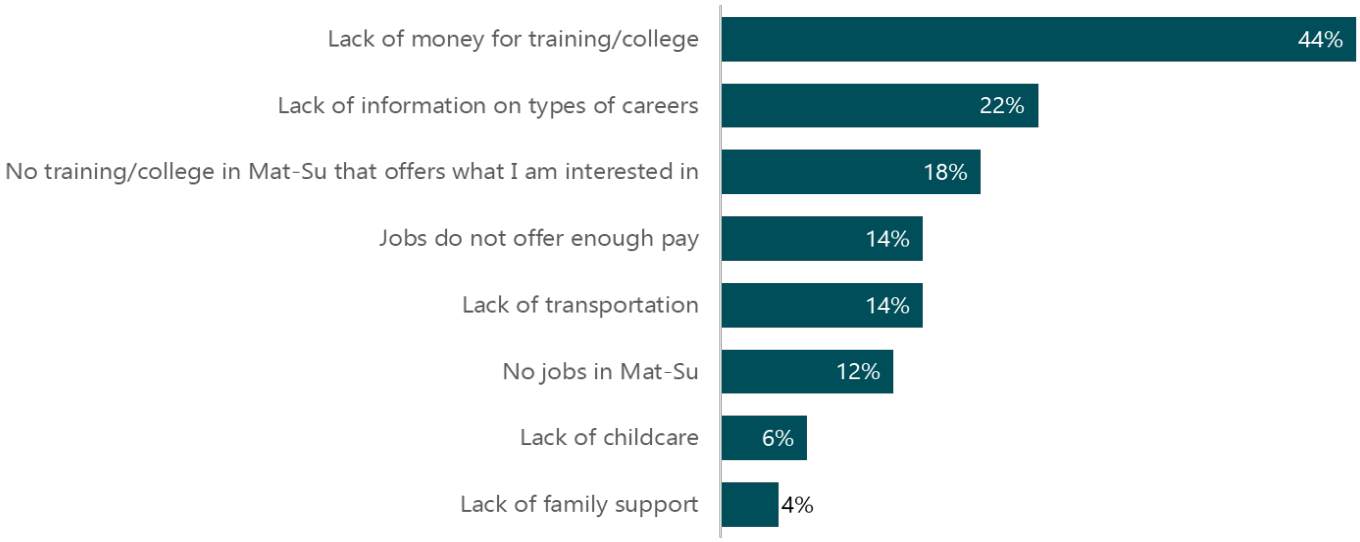
Figure 15. Contributor Factors to Training and Education Success



Limitations from Entering Health and Human Services Field

Residents shared that the top challenges for working in the health and human service field are lack of funding for training and lack of information about the types of careers.

Figure 16. Issues Preventing Working in Health and Human Services Field



Verbatim comments to open-ended questions can be found in Appendix G.

PART II: MAT-SU REGIONAL HEALTH AND HUMAN SERVICES WORKFORCE DEVELOPMENT PLAN

Plan Vision, Goals, and Strategies

The following plan was developed in collaboration with the Steering Committee. Strategies in **blue** font are considered high priority.

Vision Statement

Mat-Su will be transformed into Alaska's healthiest place to live, work, and learn through a system-wide collaboration to education and workforce development.

Goal A. Improve strategic communication and feedback between employers, educators, and residents

Strategy 1: Provide coordinated effort to produce transparent meaningful information about education and workforce opportunities to residents

ACTIVITIES

- Expand resident exposure to health and human services employment opportunities, starting as young as elementary students, including tours and guest speakers in the classroom
- Provide additional coordination support to residents seeking scholarships and financial assistance
- Provide education and career counseling support through one-on-one/peer mentoring, academic and vocational training counselors, and education retention advisors
- Promote education fairs for health and human service workforce development programs
- Coordinate frequent and updated information exchange with Alaska Department of Labor and Workforce Development (ADOLWD) regarding existing health and human services program and certification offerings that are clear to the audience
- Request ADOLWD track Mat-Su occupational data separately from Anchorage or statewide data

Strategy 2: Provide formal and informal opportunities to link residents, educators, and employers

ACTIVITIES

- Create a quarterly exchange between employers and educators to discuss strategic opportunities, ensuring representation from all organization sizes and disciplines
- Establish and encourage an information and feedback pipeline within and between educators, residents, and current or prospective employers
- Support resident tracking to measure job readiness and preparedness, placement, and retention

Goal B. Enhance educational attainment and competencies for Mat-Su residents

Strategy 1. Provide opportunity for new programs and increased access

ACTIVITIES

- Offer new programs and more slots for high-demand medical, behavioral health, and human services occupations
- Develop peer mentor training, particularly aimed at behavioral health applications
- Support continuing education of workers through partnerships and scholarships
- Use distance education to expand course offerings in the Mat-Su

Strategy 2. Enhance competencies through exposure to applied, "real-world" experiences

ACTIVITIES

- Develop memorandum of understanding or formal training relationships between employers and education programs to support job shadowing, internships, clinical rotations, and externships
- Continue to enhance soft skills, including interview skills, professionalism, and reliability, at all levels of education and continued professional development
- Expand capacity to use simulation training where appropriate, especially for nursing, EMT, behavioral health, and social work students
- Support use of health and human services practitioners as educators through formal employment relationships and featured classroom presentations
- Include behavioral health skills in existing health and human services training and education curriculum

Goal C. Enable community readiness to anticipate and meet future employment and education needs

Strategy 1. Reduce employee turnover to increase stability and career advancement

ACTIVITIES

- Build supportive cultures in the workplace
- Support workplace policies that promote healthy work life balances and address burnout/fatigue, and improved mental health through Employee Assistance Programs, stress leave, volunteer time opportunities, access to effective family medical leave, and therapy
- Continue to prioritize competitive wages, longevity bonuses, and sabbatical opportunities over sign-on incentives to discourage "bonus hopping"
- Improve worker on-boarding through worker orientation and environment preparation, exploring models, such as MSRMC's Red Carpet program, to link new employees with a more experienced worker mentor
- Seek scheduling alternatives and flexibility to meet mutual needs of employers, students, and workers
- Identify models, incentives, and training opportunities to "fast-track" employee career advancement and leadership development

- Seek opportunities for shared human resources services and sharing of human resources expertise in development of policy and procedures

Strategy 2. Focus efforts to recruit high-demand and specialized professionals

ACTIVITIES

- Explore the use of stipends (allowance payments to cover living expenses) and loan forgiveness or repayment programs (e.g., SHARP) to entice targeted professionals upon graduation (e.g., psychiatrists, primary care providers, etc.) to a career in the Mat-Su; and advertise these opportunities prior to entering educational program
- Increase recruitment strategies such as WWAMI student social events, engaging in joint community services, mentorship matches, and other networking opportunities to expose students to career potential in the Mat-Su
- Conduct research to identify and target specific key occupational demand and recruitment

Strategy 3. Focus recruitment to offset aging and retiring workforce

ACTIVITIES

- Monitor upcoming retirements that can leave a gap in quality and availability of care
- Support models of succession planning to mentor replacements over the medium-term
- Support successful transition for health and human services retirees with opportunities to become educators, mentors, volunteers, or continue to work part-time
- Conduct research to identify impacts/benefits of changing professional labor mix

Strategy 4. Improve professional licensing and certification to enhance recruitment and skill usage

ACTIVITIES

- Work with DCCED occupation licensing division to reduce timeline to credential out-of-state recruits, particularly nurses and doctors
- Implement licensing and best practices in telemedicine, including reimbursement, to meet targeted workforce needs
- Seek flexibility in licensing and certification to allow use of skills to newly created occupations, such as EMT licensing to support community paramedicine
- Request additional reporting of whether licensee is actively working in the licensed occupation and working in Alaska

Goal D. Improve Mat-Su's reputation as community for employment, learning, and quality of life

Strategy 1. Develop a welcoming community for new recruits to the Mat-Su to foster social connections and support

ACTIVITIES

- Develop and communicate community events and activities to introduce and network new recruits

- Support employees engaging in professional organizations/networking in the Mat-Su
- Support efforts to develop communities of practice where none exists in critical sectors and regions
- Support community gatherings around community education about health and human service topics

Strategy 2. Provide childcare support to students and employees

ACTIVITIES

- Create quality and affordable childcare facilities available, including facilities open 24/7
- Identify existing models in the Mat-Su and elsewhere to create childcare and explore collaboration with other industries with similar needs
- Support "after-school" programs for school-aged children
- Explore opportunities to expand existing childcare facilities (centralized and satellite) through financial support from employers

Strategy 3. Develop common recruitment package to provide a consistent message from employers

ACTIVITIES

- Enhance recruitment tools online (video and narrative), through social media, and hardcopy highlighting Mat-Su quality of life, growth potential, career opportunities, family supports, recreation opportunities, cost of living, education and quality and opportunities, housing availability and proximity, crime rates, and other amenities
- Brand Mat-Su as a health care hub, including U-Med zoning, Mat-Su College Health Campus, new and quality facility development and opportunities (such as Mayo Clinic Care Network)
- Involve chambers of commerce, business and industry organizations, Mat-Su Business Alliance, Mat-Su Health Foundation, Mat-Su Borough School District, Mat-Su Borough Planning Department, health and human service employers, and other employers in design of initial recruitment package and continued update process
- Consider public relations campaign to target out-of-region recruits to the Mat-Su
- Encourage image improvement and business development follow-through or update on the Borough's economic development plan

Appendix A: Sub-Region Groupings

Sub-Regional Groupings

For population, migration, and all other demographic indicators, sub-regions within the Mat-Su Borough were defined by aggregating community level data, as shown in the table below. Residents living outside incorporated communities were placed in a "Balance of Borough" category.

Table 53. Sub-Regional Groupings of Matanuska-Susitna Communities

Glenn Highway	Knik Goose Bay Road	Palmer Area	South Parks Highway	Upper Susitna Valley	Wasilla Area
• Chickaloon • Eureka Roadhouse • Glacier View • Lake Louise	• Knik-Fairview • Point MacKenzie	• Buffalo Soapstone • Butte • Farm Loop • Fishhook • Gateway • Knik River • Lazy Mountain • Palmer • Sutton-Alpine	• Big Lake • Houston • Meadow Lakes	• Chase • Petersville • Skwentna • Susitna • Susitna North • Talkeetna • Trapper Creek • Willow	• Lakes • Tanaina • Wasilla

Note: Residents living outside incorporated communities were placed in a "Balance of Borough" category.

Due to confidentiality requirements, certain workforce data from the ADOLWD are only available for larger sub-regions within the Mat-Su Borough, as shown in table below.[9]

Table 54. Grouping of Sub-Regions for Certain Economic Data

Wasilla	Palmer and Other Mat-Su
• Wasilla Area • Knik Goose Bay Road • South Parks Highway	• Palmer Area • Glenn Highway • Upper Susitna Valley • Balance of Borough

[9] Quarterly Census of Employment and Wages data.

Appendix B. Population Migration Data

Table 55. Intra-State and Intra-Borough Migration of PFD Filers, Selected Sub-Regions, 2007-2017

Sub-Region/ Year	In from another MSB Community	In from elsewhere in Alaska	New Filers (Includes births)	Left for another MSB Community	Left for elsewhere in Alaska	Left PFD (Including Deaths)
Glenn Highway						
2007-2008	29	22	24	30	10	35
2008-2009	35	44	42	44	15	26
2009-2010	21	15	39	42	13	29
2010-2011	22	26	21	18	14	39
2011-2012	23	12	35	32	25	43
2012-2013	16	31	27	8	23	42
2013-2014	8	24	44	17	10	32
2014-2015	15	31	38	18	36	25
2015-2016	30	9	34	22	20	34
2016-2017	24	17	25	25	15	54
Yearly average	**22**	**23**	**33**	**26**	**18**	**36**
Knik Goose Bay Road						
2007-2008	941	637	1,024	802	348	645
2008-2009	1,003	659	941	864	410	702
2009-2010	859	740	1,086	950	420	686
2010-2011	956	693	1,046	917	474	721
2011-2012	954	800	929	1,006	426	942
2012-2013	1,028	705	1,000	1,087	555	1,126
2013-2014	1,232	848	1,205	934	511	983
2014-2015	1,160	779	1,358	1,049	526	1,128
2015-2016	1,424	861	1,325	1,240	459	1,108
2016-2017	1,236	866	1,342	1,250	510	1,272
Yearly average	**1,079**	**759**	**1,126**	**1,010**	**464**	**931**
Palmer area						
2007-2008	1,670	1,097	1,579	1,776	628	1,248
2008-2009	1,617	930	1,561	1,851	762	1,265
2009-2010	1,605	1,102	1,686	1,601	748	1,244
2010-2011	1,718	982	1,531	1,744	734	1,379
2011-2012	1,741	1,029	1,556	1,693	704	1,506
2012-2013	1,886	1,058	1,564	1,887	773	1,760
2013-2014	1,797	1,149	1,809	1,741	765	1,567
2014-2015	1,885	1,240	1,790	1,910	664	1,641
2015-2016	2,163	1,337	1,832	2,108	814	1,689
2016-2017	2,208	1,138	1,822	2,168	690	1,707
Yearly average	**1,829**	**1,106**	**1,673**	**1,848**	**728**	**1,501**

Sub-Region/ Year	In from another MSB Community	In from elsewhere in Alaska	New Filers (Includes births)	Left for another MSB Community	Left for elsewhere in Alaska	Left PFD (Including Deaths)
South Parks Highway						
2007-2008	1,014	463	833	890	331	588
2008-2009	964	485	790	977	315	650
2009-2010	1,093	530	912	889	293	656
2010-2011	1,088	447	845	1,046	302	717
2011-2012	1,125	467	851	1,034	348	727
2012-2013	1,219	523	814	1,182	387	980
2013-2014	1,074	506	914	1,120	378	956
2014-2015	1,211	575	888	1,219	395	833
2015-2016	1,258	565	889	1,161	348	939
2016-2017	1,273	504	1,008	1,162	388	965
Yearly average	**1,132**	**507**	**874**	**1,068**	**349**	**801**
Upper Susitna Valley						
2007-2008	276	172	333	257	136	256
2008-2009	268	188	328	277	146	244
2009-2010	306	149	307	304	128	268
2010-2011	292	134	279	294	119	225
2011-2012	265	169	272	229	112	299
2012-2013	288	205	276	325	181	402
2013-2014	209	138	283	237	139	321
2014-2015	239	175	281	216	127	323
2015-2016	233	176	334	237	103	276
2016-2017	264	149	317	212	93	384
Yearly average	**264**	**166**	**301**	**259**	**128**	**300**
Wasilla area						
2007-2008	2,084	986	1,823	2,268	678	1,396
2008-2009	2,226	1,034	1,655	2,101	735	1,359
2009-2010	2,159	940	1,784	2,269	711	1,487
2010-2011	2,148	904	1,658	2,202	637	1,452
2011-2012	2,217	989	1,609	2,279	693	1,625
2012-2013	2,446	1,148	1,624	2,406	730	1,851
2013-2014	2,196	1,179	1,906	2,514	681	1,833
2014-2015	2,357	1,103	1,886	2,428	765	1,675
2015-2016	2,561	1,127	1,853	2,764	745	1,752
2016-2017	2,511	1,149	1,952	2,597	708	1,895
Yearly average	**2,291**	**1,056**	**1,775**	**2,383**	**708**	**1,633**

Source: ADOLWD

Table 56. Migration to and from Anchorage, Selected Sub-Borough Regions, 2007-2017

Year/Direction of Migration	Glenn Highway	Knik Goose Bay Road	Palmer Area	South Parks Highway	Upper Susitna Valley	Wasilla Area
2007-2008						
Entered Mat-Su from Anchorage	13	500	775	331	139	673
Left Mat-Su for Anchorage	8	330	479	185	71	467
2008-2009						
Entered Mat-Su from Anchorage	24	481	638	347	121	742
Left Mat-Su for Anchorage	8	330	479	185	71	467
2009-2010						
Entered Mat-Su from Anchorage	12	563	784	381	88	675
Left Mat-Su for Anchorage	8	330	479	185	71	467
2010-2011						
Entered Mat-Su from Anchorage	19	527	718	324	77	676
Left Mat-Su for Anchorage	8	330	479	185	71	467
2011-2012						
Entered Mat-Su from Anchorage	8	561	724	347	117	697
Left Mat-Su for Anchorage	8	330	479	185	71	467
2012-2013						
Entered Mat-Su from Anchorage	21	452	754	377	125	801
Left Mat-Su for Anchorage	8	330	479	185	71	467
2013-2014						
Entered Mat-Su from Anchorage	18	578	818	369	112	853
Left Mat-Su for Anchorage	8	330	479	185	71	467
2014-2015						
Entered Mat-Su from Anchorage	18	554	892	423	114	812
Left Mat-Su for Anchorage	8	330	479	185	71	467
2015-2016						
Entered Mat-Su from Anchorage	7	617	1016	389	124	769
Left Mat-Su for Anchorage	8	330	479	185	71	467
2016-2017						
Entered Mat-Su from Anchorage	11	647	818	393	108	860
Left Mat-Su for Anchorage	8	330	479	185	71	467
Annual average						
Entered Mat-Su from Anchorage	**15**	**548**	**794**	**368**	**113**	**756**
Left Mat-Su for Anchorage	**8**	**330**	**479**	**185**	**71**	**467**
Average net entrants	**7**	**218**	**315**	**183**	**42**	**289**

Source: ADOLWD

Appendix C: Alaska Workforce Development and Education Programs

This appendix provides brief descriptions of organizational efforts, educational programs (academic and vocational), apprenticeships, scholarships, and other financial supports for Mat-Su residents seeking a career in health and human services. Many of these programs are available within the Mat-Su.

Education Programs

Alaska Area Health Education Center (AHEC)

The Alaska Area Health Education Center (AHEC) is part of the University of Alaska Anchorage (UAA) and was established in 2005. AHEC works with five regional centers to identify and address health care needs and shortages.[10] In 2017, AHEC impacted 560 professionals across the state in providing Continuing Education/Professional Development to current health professionals.[11] The regional center that serves the Mat-Su is the Southcentral Regional Office and is hosted by Providence Alaska Medical Center and the Alaska Primary Care Association. The Southcentral Regional Office hosts healthcare career academies, pre-apprenticeships, a new scholars program starting in the fall of 2018, and clearinghouse of Alaska's continuing health education courses, and offers a mentoring program to grow and thrive within the health sector.

Alaska Career College

Alaska Career College, located in Anchorage, offers four health profession related certificates: insurance coding and billing, medical assistant, phlebotomy technician, and therapeutic massage. Alaska Career College graduates approximately 200 to 250 medical assistants, 50-60 insurance coding and billing certificates, and 45 phlebotomy technicians each year.

Alaska Pacific University

Alaska Pacific University is a private university in Anchorage that offers several degree programs, including a graduate degree program in health services administration. The university also offers bachelor's, master's, and doctoral degree programs in counseling psychology; approximately 65 students are enrolled in APU counseling psychology programs. In partnership with ANTHC, APU has developed new programs (as of Fall 2018) in nursing, community health, and rural management and redesigned programs in counseling psychology.

Alaska Training Cooperative

The Alaska Training Cooperative (AKTC) is housed within the University of Alaska and is a statewide cooperative to promote career development for direct support professionals, supervisors, and professional in the field engaged with Alaska Mental Health Trust Authority beneficiaries.[12] AKTC offers career development opportunities for direct support professionals, supervisors, and other professionals in the behavioral and mental health fields. AKTC maintains a catalog of in-person

[10] "ACRH AHEC | College of Health | University of Alaska Anchorage."
[11] Allen et al., "Alaska AHEC Program 2017 Annual Report."
[12] "The Alaska Training Cooperative | The Center for Human Development | University of Alaska Anchorage."

training opportunities as well as distance training offerings. AKTC provides a range of trainings related to both behavioral health issues and career development.

In 2017, Anchorage and Mat-Su had the highest training participants by region with a total of 1,400 and 2,399 total training participants across the state. One example of technical assistance training provided was to the Mat-Su Crisis Intervention Team (CIT) Coalition and hosted a 40-hour CIT Academy that graduated 30 first responders in the Mat-Su region.[13]

Charter College

Charter College provides career programs in several fields, including health professions. Charter College, Wasilla career offers two certificate programs, one of which is for medical assistants. On average, Charter College, Wasilla has approximately 50 students enrolled in the medical assistant program. All students enrolled in the medical assistant program complete externships in the Mat-Su Valley.

Charter College, Anchorage has five certificate and degree programs related to health professions. Charter College, Anchorage offers medical assistant and medical office administration certificates, as well as Associate of Applied Science degrees in allied health and nursing, and a Bachelor of Science degree in Health Care Administration.

Mat-Su Borough School District Career Readiness Programs

The Mat-Su Borough School District (MSBSD) offers several opportunities for college and career readiness in the health and human services industry.

Career and technical education (CTE) is organized under umbrella pathways. Specific healthcare related pathways are comprised of fitness, health, and human services. The fitness pathway is available for students interested in sports and fitness careers while the health and human services pathways introduce students to healthcare careers and occupations. All of these healthcare related pathways emphasize biology, anatomy, and physiology. Under each umbrella pathway there are multiple programs of study. Each program provides a detailed recommendation of courses which prepare students for industry certifications, post-secondary studies, and service. Programs include allied health, health informatics, pre-nursing, early childhood development & services, EMT, and dental assistant. Recommended courses include dental assisting, health occupations, industrial safety and first aid, introduction to pharmacy, medical math, medical terminology and pharmacy technician. Each area high school has its own diverse offering of CTE courses; in addition, students can also take junior/senior and college level district-wide available CTE courses. These district-wide offerings are offered in a single location. Students travel to district-wide course locations if they are located outside of the student's main attendance high school. This magnet type delivery model supports rigorous offerings that require limited availability factors such as technical expert or industry credentialed instructors (such as registered nurses for the certified nursing assistant (CNA) program), and unique classrooms with equipment mirroring industry settings.

In the 2018 school year, MSBSD offered 275 industry certifications. Certifications include but are not limited to National Emergency Communications Certification 911, Medic First Aid, Heartsaver CPR AED Healthcare Provider, Heartsaver First Aid CPR AED, EMT (Emergency Medical Technician) level 1, ETT (Emergency Trauma Technician), CNA, First Aid CPR & AED (HSI), First Aid; Health and Safety for Coaches, Basic Life Support American Heart Association, and HOSA (Future Health

[13] "FY 17 Final AKTC Trust Report."

Professionals) First Aid. MSBSD has articulation agreements for dual enrollment opportunities with the UAA for MSBSD courses, including ETT, CNA, Introduction to Pharmacy, and Medical Terminology. CNA training adds the requirement and rigor of clinical hours served in a live healthcare facility.

MAT-SU MIDDLE COLLEGE SCHOOL

Mat-Su Middle College School (MSMCS) is a dual enrollment program within the Mat-Su Borough School District partnering with the UAA on the Mat-Su College campus. MSMCS allows students to take both high school courses and college courses while completing high school graduation requirements. Students must meet specific academic criteria and apply for acceptance to MSMCS.

ACCELERATION HIGH SCHOOL PROGRAM

The Alaska Native Science & Engineering Program (ANSEP) and MSBSD partner to provide accelerated high school education and college credits to students in the Mat-Su. Participating students can graduate from high school early and graduate high school with up to a year of college credits. This program reduces the amount of time youth spend in school and the cost of college. Students can earn credits toward Bachelor of Arts degrees in Education, Business Management, and Liberal Studies or Bachelor of Science Degrees in Biological Sciences, Civil Engineering, and Psychology.

Mat-Su College

Mat-Su College, an extension of the UAA, provides academic programs in Associate of Applied Science degree for prospective Paramedical Technicians which has a competitive entrance requirement and is offered to 16 students each year and Human Services and Behavioral health science which is not competitive and currently has 40-60 students enrolled in courses. Mat-Su College offers EMT certifications I, II, and II, and will be offering a CNA certificate starting in January 2019. They serve as an outreach program for 8 or 10 nursing students each semester through the School of Nursing at UAA.

Pacific Northwest University of Health Sciences

The mission of Pacific Northwest University of Health Sciences is to train workforce for the rural and underserved area of the Pacific Northwest in a Recruit/Educate/Return model of training. Pacific Northwest University has placed seven practicing physicians in Alaska from two graduating classes. Two graduates of the Class of 2018 received Mat-Su scholarships and are now in residency. In the four-year program, there are four students from the Mat-Su area and 15 from Alaska. Pacific Northwest University of Health Sciences will begin third- and fourth-year rotations at MSRMC next year in 2019.

University of Alaska Anchorage

UAA is a public university offering many academic programs that lead to occupational endorsements as well as undergraduate and graduate degrees. The UA system College of Health campus is located at UAA. UAA offers 34 health profession certificates and degrees related to healthcare assistant positions, dentistry, dietetics, medical office roles, mental health, nursing, pharmacy, physical therapy, technician roles, and public health. In addition to health profession and health related programs, the university also has several certificate and degree programs related to public administration and social service professions. These include human services, children's mental health, computer systems, human services, public administration, and social work. In 2018, the Office of Academic Affairs started offering first year advising with an advisor

paired directly with the College of Health to support students in making them feel welcomed, connected, and prepared with a strong academic foundation.

WWAMI

WWAMI is a collaborative medical school program coordinated by universities in Washington, Wyoming, Alaska, Montana, and Idaho. Prospective students apply through the University of Washington School of Medicine. Once admitted, students in Alaska can take 18 months of courses at the UAA, or the equivalent of the first and second years of medical school. Rotations comprise the third and fourth years of the medical school curriculum and the rotations can be completed in any of the five WWAMI states.

Schools Attended by Mat-Su Scholarship Recipients

According to McDowell Group's 2017 analysis of MSHF's scholarship recipients, most recipients attend UAA (45 percent) or Mat-Su College (19 percent). Recipients attend schools in all regions of the U.S., though there is a high representation of schools in the Pacific Northwest. Such schools include Boise State University, Eastern Washington University, Gonzaga University, Linfield College, Pacific Northwest University of Health Sciences, Seattle Pacific University, University of Alaska Southeast, University of Montana, and the University of Washington. A complete list of schools attended by MSHF recipients are found in *MSHF Scholarship Institutions*.

Other Vocational Programs

Alaska Job Corps

Alaska Job Corps is a no-cost education and career technical training program for individuals between the ages of 16 and 24. The U.S. Department of Labor manages Alaska Job Corps. Alaska Job Corps, located in Palmer, coordinates a personal care assistant certificate program.

Alaska Native Tribal Health Consortium

Alaska Native Tribal Health Consortium (ANTHC) coordinates training for Behavioral Health Aides and Dental Health Aide Therapists as described below. ANTHC also partners with Alaska Pacific University to support a selection of health-related degree programs with the goal of meeting Alaska's workforce development needs and strengthening Alaska Native communities.

- **Behavioral Health Aide:** ANTHC coordinates a Behavioral Health Aide (BHA) certification program. BHAs act as counselors, health educators, and advocates for behavioral health issues such as alcohol and drug abuse, grief, depression, and related issues. To become a certified BHA through ANTHC, individuals must be employed by Indian Health Services or a Tribe or Tribal Health organization. Participants must complete certification requirements and apply for certification.
- **Dental Health Aide Therapist:** ANTHC introduced the first successful dental therapist workforce educational program in the U.S. in 2004. Dental Health Aide Therapists provide culturally appropriate dental education and routine dental services in Alaska Native communities, usually their home village, within the scope of their training. This model of dental care increases preventative care that help reduce high levels of cavities and other dental issues

that lead to oral diseases. ANTHC has a partnership in place with the Ilisgavik Tribal College to offer an Associate's Degree in Dental Therapy.

Alaska Vocational Technical Center

Alaska Vocational Technical Center (AVTEC) hosts a medical administrative assistant training program.

Chugiak Eagle River Senior Center

Chugiak Eagle River Senior Center offers training classes in First Aid, CPR, and AED as certified by the American Red Cross, as well as CNA training. The CNA training through Chugiak Eagle River Senior Center is recognized by the State of Alaska.

Regional Alcohol and Drug Abuse Counselor Training

The Regional Alcohol and Drug Abuse Counselor Training (RADACT) program provides training opportunities for individuals entering or working in the behavioral health counseling field. RADACT hosts three-week training academies for certifying Chemical Dependency Counselors, Counselor Technicians, and Level One Counselors. Certifications are provided through the Alaska Commission for Behavioral Health Certification body. RADACT courses are periodically available in Anchorage, Barrow, Bethel, Fairbanks, Juneau, Kenai, Kodiak, Kotzebue, Nome, and Sitka. Courses are also available through correspondence.

RADACT is a registered sponsor for the Behavioral Health Apprenticeship program through the U.S. Department of Labor. The Behavioral Health Apprenticeship provides behavioral health providers with classroom instruction and 4,000 hours of on-the-job training in their pursuit of becoming a Behavioral Health Counselor.

Southcentral Foundation – Dental Assisting Technology Program

Southcentral Foundation partners with Salish Kootenai College in Montana to offer a dental assisting technology program. Upon completion of the program, students earn a certificate of completion in Dental Assisting Technology and are eligible to take the Dental Assisting National Board exam to become a Certified Dental Assistant. To qualify for the program, applicants, among other criteria, must be Alaska Native or American Indian, have a high school diploma or GED, and be at least 18 years old.

Southcentral Foundation – RAISE

Southcentral Foundation's RAISE program provides opportunities for on-the-job work experience for Alaska Native and American Indian youth between the ages of 14 and 19 years old. The program is offered three times a year and exposes participants to health-related careers.

Southcentral Foundation – Administrative Support Training Program

Southcentral Foundation provides training for administrative support staff. The program is comprised of three and a half weeks of in classroom training and five weeks on-site training. The program is based in Anchorage and designed to provide participants with entry-level training.

Tundra Training

Tundra Training, located in Anchorage, offers an EMT training program. As of Fall 2018, there were approximately 20 students enrolled in Tundra Training's EMT I and EMT II programs.

Vocational Medical Trainers of Alaska

Vocational Medical Trainers of Alaska, located in Wasilla, offers a Phlebotomy Technician training. The courses are offered in the evenings, with resume and career development training, interview workshops and job placement assistance.

Apprenticeship Programs

Alaska Primary Care Association

Alaska Primary Care Association coordinates five health care apprenticeship programs. The apprenticeships include Community Health Worker, Certified Billing and Coding Specialist, Certified Clinical Medical Assistant, Certified Medical Administrative Assistant, and Electronic Health Records Specialist. The programs meet the U.S. Department of Labor, Office of Apprenticeship's recommended standards.

American Apprenticeship Initiative Grant (ADOLWD)

In 2015, ADOLWD received a five-year $3 million grant to implement health care registered apprenticeship programs. The grant supports both an apprenticeship coordinator and apprenticeship program development activities. Apprenticeship programs supported through ADOLWD's grant include: behavioral health aide (ANTHC), behavioral health counselor, central sterile processing technician, clinical chiropractic assistant, dental assistant, dispensing optician, medical assistant, medical coder-biller, medical coder-biller with CDC certification, medical office assistant, MRI technologist, nurse assistant, pharmacy technician, surgical technologist, and veterinary technician.

MSHF Scholarship Programs

A list of educational institutions attended by MSHF scholarship recipients is found at the end of this appendix.

Academic Scholarships

MSHF offers academic scholarships for Mat-Su Borough residents seeking degrees in the areas of health and wellness. MSHF has a traditional academic scholarship of up to $20,000 for students based on the applicant's career goals and financial need. In addition, MSHF offers six scholarships that are based on an applicant's career goals, but not on financial need. Scholarship amounts are for up to $10,000 each and are available to one student from each of the following categories: current high school students, behavioral health majors, graduate-level applicants, hospital administration and nonprofit management students, physician assistant students, and nursing students.

Vocational Scholarships

MSHF vocational scholarships are available for Mat-Su Borough residents with interest in health or wellness or nonprofit management career fields. The scholarships are awarded on a continuous basis with award values of up to $5,000. Career

training includes medical and dental assistants, personal care aides, lab technicians, medical office personnel, mental health technicians, phlebotomists, radiology technicians, massage therapists, and EMTs.

Tribal Scholarship and Assistance Programs

Most Alaska Native Corporations have education foundations that provide scholarships to shareholders and their descendants, including The CIRI Foundation and others.

Alaska Native Tribal Health Consortium

ANTHC offers ten educational scholarships for $5,000 each to Alaska Native or American Indian students who are permanent Alaska residents and are interested in working in the healthcare field.

Bristol Bay Native Corporation Education Foundation

Bristol Bay Native Corporation Education Foundation BBNCEF makes scholarships available to BBNC shareholders. BBNC offers two scholarships to selected applicants: a Higher Education Vocational Education Scholarship and a Short-Term Vocational Education Scholarship.

Employment and Training Assistance—Knik Tribal Council

While not specific to healthcare, Knik Tribal Council offers a Job Placement and Training Program to its tribal members and eligible participants. The program is intended to assist tribal members in their pursuit of career development and training and offers employment and training assistance.

Grants

Cook Inlet Tribal Council Health Profession Opportunity Grants

The Health Profession Opportunity Grants (HPOG) program, administered by the Administration for Children and Families, U.S. Department of Health & Human Services, was created to provide education and training to Temporary Assistance for Needy Families recipients and other low-income individuals seeking a career in healthcare. Participants can obtain vocational training or higher education to pursue work within the healthcare field. General eligibility requirements as that participants be 18 years of age, a U.S. citizen or legal resident, Alaska Native/American Indian preference, verified low income status, and provide a criminal history or background check. The HPOG program funds training in the following pathways and certifications: ETT, Personal Care Assistant, Medical Office Assistant, First Aid/CPR/AED, Phlebotomist, Pharmacy Technology, Dental Assisting, Substance Abuse Technician, or Behavioral Health Certification. Approximately 100 students have used the HPOG program through Cook Inlet Tribal Council.

Loan Repayment Programs

SHARP

SHARP is a service-for-repayment program administered by the State of Alaska Department of Health and Social Services. Medical doctors, dentists, and pharmacists, clinical or counseling psychologists, licensed clinical social workers, licensed

professional counselors, marriage and family therapists, nurse midwives, nurse practitioners, physician assistants, registered clinical dental hygienists, and registered nurses working at eligible healthcare centers can apply for loan repayment through SHARP. Eligible healthcare centers must be non-profit or government entities, be located within federally designated health professional shortage areas, provide outpatient clinic-based care, and be prepared to pay required employer match.

Indian Health Service

The Indian Health Service (HIS) Loan Repayment Program (LRP) funds IHS clinicians to repay their eligible health profession education loans, up to $40,000, in exchange for an initial two-year service commitment to practice in health facilities serving American Indian and Alaska Native communities. Opportunities are based on IHS facilities with the greatest staffing needs in specific health profession disciplines. LRP participants are eligible to extend their contract annually until their qualified student debt is paid.

MSHF Scholarship Institutions

Below is a list of educational institutions that MSHF scholarship recipients have or are attending.

- Alaska Mountaineering School
- American Public University
- APU
- Argosy University
- Arizona Gateway Community College
- Arizona State University
- Ball State University (Grad), University of Nevada Reno (undergrad)
- Bates College (2X)
- Boise State University (2X)
- Brigham Young University (2X)
- California College
- California Institute of Integral Studies
- California State University
- California University of Pennsylvania
- Capella University
- Carroll College
- Central Methodist University
- Central Michigan University
- Central Washington
- Chamberlain University
- Chugiak Senior Center
- CNA program in Anchorage
- Creighton University SOM
- Eastern Washington University (3X)
- Excelsior College
- Ferris State University

- Fort Hays University
- Franklin Pierce University
- Frontier Nursing University
- George Washington University
- Gonzaga University (2X)
- Hamilton College
- Howard University
- Idaho State University
- Institute for Integrative Nutrition
- Johnson & Wales University
- Kansas State University
- Lewis and Clark State College
- Liberty University (2X)
- Linfield College (2X)
- Loma Linda School of Medicine
- Louisiana State University (2X)
- Marquette University
- Mayland Baptist
- Montana Tech
- Moody Bible Institute - Chicago
- N.C.C.T
- National Medical Training Center
- NOVA Southeastern University
- Nutritional Therapy Association
- Oklahoma City University
- Oregon Institute of Technology
- Oregon Tech
- Pacific Lutheran
- Pacific Northwest University of Health Sciences (2X)
- Pacific University
- Palmer College
- Parker University
- Pensacola Christian College
- Philadelphia College of Osteopathic Medicine
- Rhode Island School of Design
- Seattle Pacific University (2X)
- Southern New Hampshire University
- Southern Oregon University
- St. Cloud State University
- Stonehill College
- Trine University, Fort Wayne IN
- University of Northern Colorado

- Union University
- University of Maryland
- University of Washington
- University of Alaska Southeast (2X)
- University of Arizona
- University of Maine at Fort Kent
- University of Montana (2X)
- University of Phoenix
- University of Puget Sound
- University of Washington (7X)
- University of Western States
- University of Wisconsin-Madison
- Utah State University
- Valley Medical Vocational Center
- Wake Forest Medical School
- Walden University
- Walla Walla University
- WBU
- Western Iowa Community Tech College
- Western U Comp-NW
- Whitman College
- Whitworth University

Appendix D: Steering Committee Members

The following individuals participated in at least one Steering Committee meeting:

- Justin Ainsworth, Mat-Su Borough School District
- Cathy Babuscio, Mat-Su Regional Medical Center
- Eric D. Boyer, Alaska Mental Health Trust Authority
- Adam Bradway, Mat-Su Borough Planning Department
- Melissa Caswell, Southcentral Foundation
- Kathy Craft, University of Alaska Anchorage
- Nathan Dahl, Maple Springs
- Dr. Barb Doty, Solstice Family Care
- Ted Eischeid, Mat-Su Borough Planning Department
- Dr. Erickson, Capstone Family Medicine
- Sandy Gravley, Mat-Su College
- John Hersrud, Knik Tribal Council
- Jeff Jessee, University of Alaska Anchorage
- Vickie Knapp, Mat-Su Health Services
- Lauren Sheard, University of Alaska Anchorage
- Stephanie Stanley-Harrell, Sunshine Community Health Center
- Leah Walker, Chickaloon Tribal Council
- Dave Wallace, Mat-Su Regional Medical Center
- Trish Zugg, Mat-Su Borough School District

Appendix E: Discussion Group Participants

The following individuals participated in a discussion group in Palmer or Wasilla:

- Melissa Caswell, Southcentral Foundation
- Lisa Cauble, Alaska Training Cooperative
- Dr. Talis Colberg, Mat-Su College
- Nathan Dahl, Maple Springs
- Monika Dahlberg, Chugiak-Eagle River Senior Center
- Shawnie Glenn, Alaska Health Occupations Students of America
- Kim Griffis, Chugiak-Eagle River Campus, University of Alaska Anchorage
- Cathy Gruver, CCS Early Learning
- Ciara Hendricks, Medical Group of Alaska
- Sherry Hill, Set Free
- Panu Lucier, thread
- Samantha Mckown, Vocational Medical Training of Alaska and Elite Allergy Services
- Dr. Marianne Murray, University of Alaska Anchorage
- Melissa Rigas, Charter College Mat-Su Campus
- Patti Riggs, Chugiak-Eagle River Senior Center
- DeAnna Roering, Cook Inlet Tribal Council
- Dr. Anita Showalter, Pacific Northwest University of Health Sciences
- Angela Stein, Mat-Su Services
- Buddy Townes, Tundra Training
- Dane Wallace, Mat-Su College
- Trish Zugg, Mat-Su Borough School District

Appendix F: List of Executive Interviewees

The following individuals were interviewed for this study:

- Cathy Babuscio, Mat-Su Regional Medical Center
- Sandra Burgess, State of Alaska Department of Labor and Workforce Development
- Melissa Caswell, Southcentral Foundation
- Kathy Craft, University of Alaska Anchorage
- Nathan Dahl, Maple Springs
- Jennifer Deitz, Alaska Career College
- Sandy Gravely, Mat-Su College
- Vickie Knapp, Mat-Su Health Services
- Jeff Jessee, University Alaska Anchorage
- Beth Libby, Greater Wasilla Chamber of Commerce
- Andy Mayo, North Star Behavioral Health
- Dr. Anne Musser, Pacific Northwest University of Health Sciences
- Dr. Robert Onders, Alaska Pacific University
- Joshua Shaver, Alaska Veterans and Pioneers Home
- Anita Showalter, Pacific Northwest University of Health Sciences
- Windy Swearingin, State of Alaska Department of Labor and Workforce Development
- Trish Zugg, Mat-Su School Borough District

Appendix G: Resident Survey Comments

This section presents additional comments provided by Mat-Su residents following each satisfaction question, as well as "other" responses to open-ended questions.

NOT INCLUDING GETTING THE FUNDING FOR YOUR TRAINING, WHAT WAS THE TOP CHALLENGE YOU FACED IN GETTING TRAINED FOR YOUR HEALTHCARE WORK?

- *Child care.*
- *For me, the classroom work was completely unrelated to the real working field. My teacher had not done patient care for several years and everything was out of date.*
- *Going thru a divorce during schooling.*
- *I worked 4 part time jobs while working on my undergraduate degree & I worked full time as an ICU nurse & part time as a bartender while getting my Masters. I would work two 16 hour shifts & an 8-hour shift in the ICU (evening/night, evening/night, evening) ~ which would then put me back on a "normal schedule" for an additional 40-60 hours of clinical work/graduate studies & I would bartend after my clinicals.*
- *I'm now in the nursing program with UAA. This is such a competitive major to get into because there are only so many ways to obtain my nursing degree in Alaska. (UAA and Charter are the only nursing programs in Mat-Su).*
- *Taking care of my family and health while still working to pay for my family's food and healthcare. I finally found a one night a week training program with most work being done online. I also found good healthcare that finally understood I was dealing with a genetic problem and finally I got effective treatment.*

WHAT WOULD HAVE MADE IT EASIER FOR YOU TO PURSUE A HEALTH AND HUMAN SERVICES CAREER IN MAT-SU?

- *Affordable healthcare - not crazy high deductible plans. I'm on my husband's plan through an anchorage hospital with a deductible less than $500, because I do have chronic illnesses but with the right healthcare I can work 40 hours a week.*
- *Available education in Mat-Su.*
- *Better access to benefits and childcare.*
- *Better advertising about jobs. A centralized location for job resources.*
- *Better pay.*
- *Better scholarships and training programs.*
- *Business development support and an easy way to network with colleagues.*
- *Classes for my degree offered during the day when my kids were in school. More classes offered in Mat-Su instead of Anchorage.*
- *Competitive pay. Affordable, flexible childcare.*
- *Funding, mentor support, and job security.*
- *Having a Union to represent me.*
- *Having money for bills and rent to be able to go to school.*
- *Having more available training and more healthcare jobs for people with minimal training with the ability to advance in the field*
- *Having more options, as well as a place that has health care jobs in the valley.*
- *Having my CNA license.*
- *I can't think of anything.*
- *I did pursue a heath career in Mat-Su but transferred to Anchorage because the kind of nursing job I preferred was not available in Mat-Su*
- *I work in human services, but politics within the workplace is awful. Who knows who and past hurts need to be left at the door and focus on the people we're serving*
- *If there were more job openings.*

- *Knowing of the vast opportunities that are out there.*
- *Knowing that I could still have a career and be a mother. There is a stereotype that this is not possible, but it is!*
- *Local training resources.*
- *Maybe a job board that only has health and human services jobs on it.*
- *More accessibility to interview for positions.*
- *More educational opportunities in Alaska.*
- *More educational support while pursuing degree while working.*
- *More financial aid.*
- *More jobs offered.*
- *More jobs with better pay.*
- *More opportunities in May-Su instead of Anchorage.*
- *More opportunity.*
- *More options and opportunity for classes.*
- *More PT positions available.*
- *NAADAC certified addictions training for CEU's towards CT, CDC1, CDC2.*
- *opportunities for newly graduated potentials.*
- *Opportunity.*
- *Pay.*
- *People that are attending school should get their full PFD. I use my whole PFD for my spring semester of school and during the summer I save up for my fall semester. I do not want to take out student loans. I've applied for scholarships and won some but it's not enough to cover a $3,000 a semester tuition. So overall better financial options so I'm not still paying off my loan when I'm 60 years old, the PFD change, and more scholarships.*
- *Same pay.*
- *There seems to be significantly fewer job openings in comparison to Anchorage. I have looked at CNA jobs because I am certified and there seems to be very little information out there for it and I know that Alaska is in need of CNA's right now.*
- *Training and entering at entry level jobs.*
- *Transportation.*
- *Vocational training, or even a group that discusses different fields with pros/cons before putting money into a training program.*
- *Affordable childcare.*

WHAT COULD TRAINING PROGRAMS OR COLLEGES DO TO HELP MAT-SU RESIDENTS PURSUE A HEALTH CAREER?

- *Allow more high school students to join the dual enrollment program.*
- *Allow recent college grads to work without the common "2 to 4 years of experience". We cannot get experience without a job.*
- *Better access to free trainings.*
- *Better accessibility/availability.*
- *Classes offered in the Valley, not just Anchorage.*
- *Come into schools and explain not everyone needs to go to college. Explain that vocational programs exist and are usually cheaper than a 4-year institution. On the job training is a good option. Perhaps do a program at hospital on weekends or weekdays so kids can earn credit thru their schools for attending.*
- *Flexible class times engaged and enthusiastic staff.*
- *Full time program.*
- *Have more classes at the Mat-Su college*
- *Have more health-related courses provided locally. All mine is being taken through Fairbanks.*
- *Having the Bachelor of Nursing out here and offering scholarships and grants to non-citizens.*

- *Help with employment after program training is completed.*
- *I currently have an associate in human services, but it's hard to get my foot in the door. I'm currently working on my bachelor's in human services. What if you offered positions to students who are actively pursuing this career?*
- *I feel like there is a lack of space in programs. Especially nursing. But having more hands-on direct entry type programs in the health field could help.*
- *I think it would be beneficial to have a human services fair where different jobs are described so people might see the different possibilities.*
- *In office training like a dental hygienist.*
- *Inexpensive options with more availability to do distance education/online education.*
- *It would be nice if Mat-Su college had a nursing program, instead of going into UAA.*
- *Job placement.*
- *Lower the cost.*
- *Make it more accessible, as of right now there are too many hoops to jump through for students that are interested.*
- *Make it more affordable & available in more places.*
- *Make sure there is PLENTY of clinical experience.*
- *Mat-Su College has a Human Services program, which is what I'm studying right now.*
- *Maybe evening training or classes for some parents that must stay home while other partner works during the day. For hands on.*
- *More medical trade programs.*
- *More mental health programs.*
- *More outreach, recruiting, and tuition assistance.*
- *Offer a wide range of classes and training in more healthcare fields, open up some fields to more than just a handful of students.*
- *Offer certifications or degree programs locally.*
- *Offer CNA trainings.*
- *Offer in house training and internship.*
- *Offer more courses or courses with more attendees allowed for nursing and other jobs in need.*
- *Offer more flexible hours for classes, better tuition costs.*
- *Offer more health-related career courses*
- *Offer more of the required courses.*
- *Offer more online classes or flexible study times for students with children.*
- *Offer more variety of classes.*
- *On the job training.*
- *Open up as much learning opportunities and flexible schedules.*
- *Provide "school bus" transport from outlying areas such as Willow for training. Have major employment areas provide van transport also.*
- *Provide affordable education in the field.*
- *Provide more opportunities for high school students to get involved in the health sciences.*
- *Put on more health fairs with info on exact job openings and what is required.*
- *Send them to the right field of health care.*
- *Show more of a variety of different health careers.*
- *There needs to be some kind of nursing programs more readily available in the Mat-Su. I'm a single mom wanting to get in the field of nursing and cannot find a local venue to study what I want.*

WHAT COULD MAT-SU EMPLOYERS DO TO HELP MAT-SU RESIDENTS PURSUE A HEALTH CAREER?

- *Advertise positions more frequently.*
- *Aid in payment of training or classes needed to peruse career.*

- *Ask individuals if they are interested training.*
- *Career day. Institute a program like they had years ago. Candy stripers but call it something different.*
- *Discuss the benefits of helping others, how rewarding it feels, etc.*
- *Do more on the job training programs. pay while you learn.*
- *Flexible scheduling.*
- *Give people a chance I'm new to Alaska been here 3years I recently graduated with high honors with my Associates degree in Allied Health and CMA certified with a local program. I been looking for employment 8 months now I just ask for a chance to gain experience in my field of study a lot of places don't hire without experience people.*
- *Give them health related training courses or allow time for schooling.*
- *Have a "see what this profession is" show and tell meeting so that we as students can see what interests us.*
- *Have more talks about it, such as career days.*
- *Help navigate jobs that they are qualified for and assistance with the application process?*
- *Help paying for college or training.*
- *Hire from a certification or degree program.*
- *Hire people with little experience and offer courses to help educate or assist in college courses.*
- *Internships.*
- *It would be nice if I had a job that would help pay a percentage of my courses. Even a small amount would help.*
- *Job fairs in the valley*
- *Make classes available.*
- *More grants and scholarships. Better outreach for intern/externships and volunteer opportunities.*
- *No programs that assist with the schooling.*
- *Not making experience a criterion for hiring, give new grads a chance.*
- *Offer a student loan payback.*
- *Offer class time off that enables the employee time to study without the threat of losing their job. Or reducing their hours. Basically, work with the employee.*
- *Offer education incentives to help their employees further their careers.*
- *Offer fare wages and flexible schedules for continued education.*
- *Offer incentives.*
- *Offer on the job training programs.*
- *Offer paid training or tuition reimbursement*
- *Offer scholarships, grants, internships.*
- *Offer to pay a portion of school or training, work around class schedules.*
- *Offer training intensives.*
- *Offer tuition assistance for good grades.*
- *Offer tuition free training.*
- *Offer tuition reimbursement, provide job shadowing opportunities, or go into middle schools and give presentations on careers in health fields.*
- *Offer work while learning.*
- *On the job training for new hires interested in that field of work. It's tiresome when looking for work and most employers ask for 1+ year of experience when you have other experience but not with that particular job classification.*
- *On the job training in conjunction with classes*
- *On the job training or maybe offer grant opportunities.*
- *On the job training, van transport from outlying areas, job open house- learn what the job actually entails.*
- *Pay for furthering both employee and non-employee education. Create a mentorship program for low income residents.*

- *Possibly hold little conventions, a health day type event, have speakers go around schools and introduce students to the health career. Also, because this day and age everything and everyone is on the internet, you can make ads, or anything to spread the word about health careers*
- *Provide more entry level healthcare related jobs.*
- *Provide on the job training. Recent college grads have necessary skills but need the specific training.*
- *Recruiting locally, partner with school district to foster interest in healthcare careers for students.*
- *Strong orientation.*
- *Support and recommendations.*

IF YOU ARE NOT CURRENTLY WORKING IN THE HEALTH AND HUMAN SERVICE FIELD, WHAT HAS PREVENTED YOU FROM DOING SO?

- *Currently pursuing MSW.*
- *Employers only higher experienced employees they don't even give new college graduates a chance lots don't want to take the time to train anyone they just want experienced workers.*
- *Have a job that pays better.*
- *Haven't been to school for it yet.*
- *I don't have experience or the time to attend school to become certified.*
- *I don't know what I'm qualified for. The descriptions can be vague. It's hard to fill out lots of applications for jobs and not get an interview. Maybe someone doesn't have the experience for that specific job, but what about another?*
- *I have not even gotten a call back from any of the jobs I have applied for.*
- *I would need to find a job that would allow me to work around my class schedule. That is not easy to find.*
- *I'm currently a senior in high school and have no prior training or knowledge of the specific job I want to pursue but definitely in the future it'll happen. My goal at the moment is to become a Certified Nursing Assistance, as our school provides a great CNA program for students like me to get a head start in the health field.*
- *I'm currently enrolled at UAF for Medical Coding and Billing.*
- *Offering an in house on the job training programs opens the door for career seekers and employers the opportunity to bridge the gap between good candidates and shortage on those to fill them.*
- *Waiting till children are a little older*
- *Worked in the health field for 5 years but it didn't pay enough to pay for college. Took a job in administration in order to pay for school, now I'm missing out on the job knowledge and experience in order to pursue a career in health care.*