

Alaska Health Workforce Coalition:

Lessons Learned

<https://sites.google.com/site/alaskahealthworkforcecoalition/>



The AHCW formed around the significant challenge of ensuring an adequate and qualified health workforce for Alaska. While this was clearly important to many individual organizations, the Coalition demonstrated in just three years the value of collaboration among public, private and non-profit sectors to achieve collective impact and systems level changes.

Through an organic yet intentional and facilitated process – the diverse people and organizations came together to define and act on shared goals guided by shared principles for working together. They pooled resources and invested time according to various abilities of each organization. Key to success has been the attention and balance of two equally important aspects of collaborative work:

- Content, tasks and results – From the outset, members have been focused on results, not just planning. They also made an important distinction when determining where to focus the attention for Coalition research, planning and action. The Coalition targets the ‘net new’ areas where collective action will have the greatest impact and individual organizations are less likely to succeed. The Coalition encourages member led initiatives that support the overall goal without adding complexity or additional oversight. They will advocate for these as needed, leveraging their statewide ‘voice’ for the industry.
- Process, relationships and respect - The Coalition remains inclusive and ‘loosely led’, encouraging distributed ownership and modeling respect in asking for and offering assistance to fellow members. Coordinators, staff and contractors work as a team to provide group processes and facilitation that offer some predictability yet never imposing rigidity. The group routinely asks ‘Is this working for us?’ and adapt to the feedback received. As in any group, people have different personalities and styles; participants have been adept in recognizing when to weigh in and when others are needed. In addition to regular meetings for group activities, countless individual and small group meetings take place to retain alignment among partners and to promptly address challenges, which can surface due to miscommunication or misalignment.

This retrospective review of the AHCW first three years is offered as a summary reminder to current members of what has been working, and a guide for new members as organizations and individuals experience transition. It may be relevant to anyone working on civic sector collaboration – whether that be in workforce development, economic development, education, healthy communities, or regional goals that span across these domains. Many structures and processes in the civic space discourage collaboration and results can be slow and discouraging. This paper and the experience of the AHCW illustrates that it can work well when guided by respectful partners committed to a shared purpose, principles and adaptability.

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Alaska Health Workforce Coalition

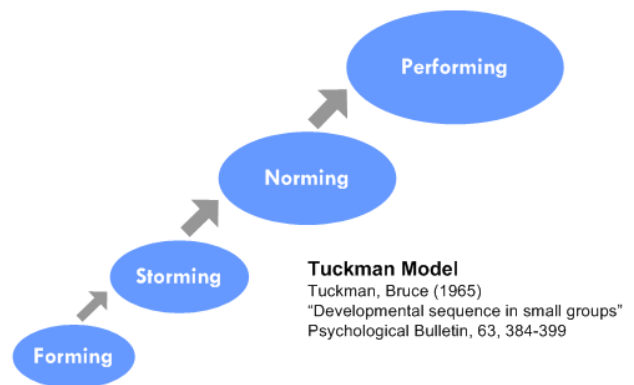
Background

Many challenges in Alaska are too large and complex for any individual organization to address on their own. A significant shared need can be the catalyst for collaboration among multiple entities to create systemic change that benefits each partner and ultimately the community / constituents / customers they serve. Addressing the daunting challenge of health workforce shortages in Alaska drove a diverse set of public, private and non-profit partners to work together to create an adequate and qualified health workforce for the state.

This paper summarizes the evolution of the Alaska Health Workforce Coalition (AHWC) from the initial concept in 2009 through development and planning efforts in 2010-11, to the current focus on action and sustained impact.

The collaboration and resulting outcomes of the AHWC have been recognized as model for the speed with which it was formed, focused and generated results. Inquiries about processes, lessons learned and best practices have been made as others consider similar needs in their industry or regional sectors. This summary uses a knowledge management process known as a 'retrospective' which inquires into the driving forces, what was done, the impact, and the key lessons / insights gleaned from the experience. The summary is valuable to the AHWC in guiding their ongoing work, and for other groups pursuing collaborative work on shared goals with public, private and non-profit partners.

At the heart of the Coalition's success were a set of principles and a process of adaptive evolution. These principles included: *Inclusive, Coordinated, Cooperative, Strategic, Adaptive and Results Focused*. A familiar team development model by Bruce Tuckman (1965) serves to illustrate the overall evolution from 2009 to 2012: from forming and storming, to norming and performing.



History

Prior to the AHWC, the Alaska Mental Health Trust Authority (The Trust), in partnership with the University of Alaska (UA), and the Department of Health and Social Services (DHSS), have had a rich history of collaboration in addressing workforce development issues across the breadth of professionals serving Trust beneficiaries.

The need for such an initiative grew out of the realization that workforce shortages across a number of professions (behavioral health, long-term care, and developmental disabilities) were expected to increase. This was compounded by the desire to identify ways to strengthen current training and education initiatives in order to produce workers who align with the needs

of the providers in the workforce system. In 2003, these partners agreed to facilitate a planning effort to address the preparation, recruitment, and retention of professional and paraprofessionals across multiple disciplines that serve Trust beneficiaries. It is a natural question to wonder “*why these three partners*” emerged as the leaders of this effort. Several reasons can be identified including, 1) a funding and statutory obligation to serve the four beneficiary groups based on the settlement of the lawsuit that created The Trust; 2) a statutory responsibility for oversight and implementation of services by DHSS; and 3) the University’s mission to educate and train health professionals and its partnership with K-12 that allows the University to encourage students to consider health careers. Outside of these factors which were driven by each partners’ mission to be instrumental in preparing professionals and overseeing services provided by these professionals, there was a great deal of respect and trust amongst the leaders and an genuine willingness to work together.

AHWC Context

Describe what was going on in the environment (internal and external drivers relating to business, organization/culture and local conditions) where and when the knowledge was created. Think of what someone else would need to know to be able to make sense of what you did and adapt and apply it in their situation.

- Understanding the shared need was essential to galvanizing collective action. Health care is one of the largest, fastest growing, and most dynamic industries in Alaska with employers in virtually every community. It accounts for eight percent of total employment and around 16 percent of the value produced by the state’s economy.
- Multiple data sources existed to describe the need for health workers, but an industry wide projection had not been developed, nor had occupational priorities been identified to focus resources.
- Health reform, an aging workforce, rapidly changing technology and care models further complicate the challenges to developing, recruiting and retaining an adequate and qualified health workforce. While these hold true throughout the nation, Alaska’s challenges are exacerbated by our remote nature, vast geography and small population which leave many rural communities without access to health care due to a lack of health providers.
- For more than a decade, individual entities and a variety of discrete projects and partnerships initiated actions to enhance Alaska’s health workforce and ensure an adequate and qualified health workforce. Yet these lacked cohesion and identity; without alignment and focus, they could not leverage the diverse skills and resources that each partner brought nor gain the attention of state policy leaders and funders.
- The American Recovery and Reinvestment Act of 2009 was a catalyst for members of the health sector to actively work together on a comprehensive health workforce plan. Without a statewide coalition and coordinated set of priorities and plans, access to such funds and significant improvements were less likely to be achieved.

- Individuals in Alaska's health sector had seen the impact of industry / education coalitions for oil and gas (Alaska Process Industry Careers Consortium) and construction (Alaska Construction Academy) in coming together as competitor firms to define industry specific priorities, skill standards, and promoting targeted investments in workforce development programs to meet industry needs.
- The Alaska Workforce Investment Board recognized health as a priority occupation and invited the sector to document workforce needs using a template developed for the oil and gas industry. While the template did not fully meet industry needs, the request from AWIB encouraged the Coalition to develop a model that suited the complexities of the health sector.
- A Workforce Focus Area emerged for Behavioral Health (initially called the Behavioral Health Initiative Partnership) with joint funding and staff to support the Trust, UA, DHSS. This early model of resource sharing and collaboration across three major entities paved the way for the emerging Health Coalition.

What Was Done

Phase I – Building the Coalition and initial plan (2009-2010)

- **Creating Connections** – The above context was apparent to many and the critical first step was simply the 'invitation' to meet and explore collaboration. Individuals reached out to their colleagues within private employers, industry associations, state government and non-profits to raise the question about collaborating on a statewide industry plan to address health workforce needs. Many of these people had worked together in a variety of other efforts, so they were able to readily identify key players and move quickly into action based on existing relationships and trust.
- **Leadership** – The initial connections quickly resulted in a Core Team of individuals and organizations who recognized the value of working together towards the common goal. They committed their time and resources to research and document the needs, conduct outreach and review with stakeholders, and ultimately build a shared plan and associated actions. Of note, the organization continues today to be guided by this Core Team and there has not been the need to select a formal 'chair person' as they model a form of shared leadership based on their mutual respect.
- **Resourcing** – The Coalition began as a member driven effort with staffing and coordination coming from participating organizations. The result was a high degree of ownership and continuity in setting the agenda and advancing the work. Within six months, the Core Team recognized the need to pool resources to engage a contractor, Mary Lou Madden, to help produce the initial Alaska Health Workforce Plan. She brought her knowledge and experience in writing related workforce development plans for health and others sectors.
- **Group 'Norms'** – The group has benefited from good cross-sector attendance and rich, respectful conversations to hear differing concerns and align goals. They did not generate debate or conflict and instead focused on building synergy and identifying

solutions of greatest value to all. An organizational Charter was developed to ensure clarity for its diverse members on the purpose, principles and intended outcomes of the Coalition.

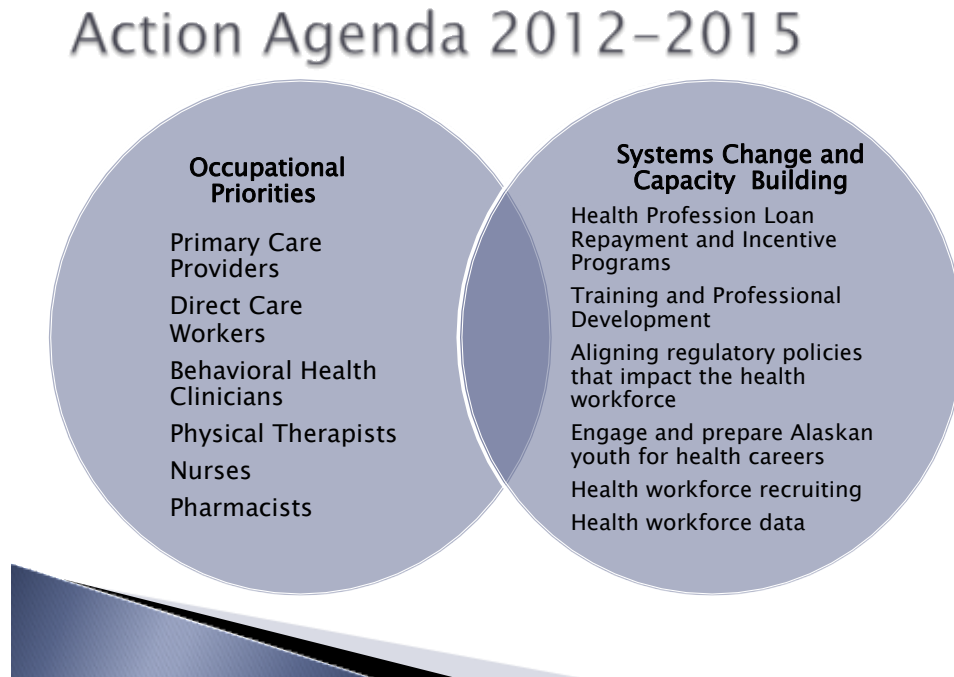
- **Results Focused** - The original Charter in 2009 also included the deliverables and timeline for their first collective product, the Alaska Health Care Workforce Plan that was subsequently approved by the Alaska Workforce Investment Board. This focus on tangible results and timelines has continued throughout the AHCW's efforts.
- **Framework** - The Coalition developed a simple framework to organize the vast array of health workforce needs and opportunities. These become the "*Engage, Train, Recruit and Retain*" framework, with an additional "Sustain" strategy during the early process which focused on determining the best way to assure organizational sustainability.
- **Research** - Members explored best practices with in-state and outside entities, particularly in regards to organizational design / models that would be sustainable, but also to broaden views on the issues specific to the health industry.
- **Collective Response to Federal Opportunities** – As anticipated with ARRA, and within the first six months, a federal grant application proved the value of working together as a statewide coalition. The nascent group was able to quickly agree on how to collaborate on a single proposal from Alaska. They worked with all members to define common goals and produce a quality \$5M proposal. The Coalition prevented separate and potentially overlapping or competing submissions from Alaska. While the grant was not awarded, the engagement and commitment of participants built trust and respect among key members. The relatively quick deadline and resulting proposal also accelerated the group's focus on outcomes, shared goals and priorities. Of note, in 2012, another federal opportunity through the Department of Labor surfaced – the Workforce Innovation Fund. The Coalition's active presence and recent work enabled them to work directly with Alaska DOLWD on a statewide proposal that addressed many priorities for the health sector. The Trust contributed contract resources towards the effort, enabling the Department to prepare a high quality proposal based on inputs from many parties. Both opportunities prove the merits of having a unified Coalition for rapid response and statewide coordination.
- **Data Driven Priorities** – Members of AHCW each had access to different data sources. A Data Workgroup compiled the multiple sources of demand and supply data and generated a summary of the needs while also acknowledging the limitations of the available data. They followed the example from the oil and gas sector to establish three tiers of occupational priorities using the data. This was reviewed and refined with input through a survey and a rollout to health care groups, associations, conferences, and networks throughout the state. Fifteen occupations were included as top priorities in the initial workforce plan.
- **Communication** – Upon completing the [Alaska Health Workforce Plan in 2010](#), lead members worked diligently for months to carry the plan to audiences throughout the state, always representing several members of the organization demonstrating the collaboration that led to the plan. This communication campaign resulted in a much

larger stakeholder base, support for the plan and the broad strategies defined, as well as encouragement to develop more specific actions that the Coalition could advance. During this first phase, the Coalition also adopted communication tools that enable reports, meetings, calendars and contacts to be open and accessible. Their Google website holds core reference information and the Coalition uses virtual meeting technology to ensure people from throughout the state can actively participate in Coalition activities. See <https://sites.google.com/site/alaskahealthworkforcecoalition/>.

Phase II – Sustaining the Coalition and Focusing Action (2010-2011)

- **State and Federal Support** - With the recognition of the Coalition’s existence and success in producing the Alaska Health Workforce Plan in their first year, AHCW was poised to apply with the Alaska Department of Labor and Workforce Development (DOLWD) for a federal Planning Grant from HRSA (Health Resources and Services Administration) of \$150,000. DOLWD was the fiscal agent for the grant and ASHNHA served as the lead partner for Coalition members.
- **Staffing**– Grant funds and member contributions enabled AHCW to engage dedicated staff at this time. Ellen Maling was hired by ASHNHA on behalf of the Coalition; she brought non-profit leadership and grants experience to the team. Kitty Farnham was engaged as a consultant with strategic planning and workforce development experience in Alaska’s private, public and non-profit sectors. Both provided continuity to the efforts given their roles with Providence Health & Services Alaska during the formative stages of the Coalition.
- **Planning** – The focus for the next level of research, analysis, prioritization and planning was defined by the Coalition’s Core Team and aligned with the deliverables outlined in the HRSA planning grant. The group focused on health workforce data to narrow the occupational priorities, identification of policy or regulatory barriers and recommendations, and worked to develop a focused set of actionable goals.
- **Current State / Future Needs** – The Coalition spent the first half of 2011 working through each of the top tier occupational priorities. The organizations and individuals who best understood each occupation completed a short template to communicate the current state and future needs. They documented the barriers and opportunities based on data and experience through the four lenses of *Engage, Train, Recruit and Retrain*.
- **Refine Priorities** – The detailed assessments surfaced a subset of priorities where the Coalition determined it could have the greatest impact during the next the next three years. The results were a set of six priority occupations and – where crosscutting issues emerged fro multiple occupations – six systems change and capacity building initiatives. Part of the screening process was to recognize where Coalition’s collaborative effort could have an impact where individual organizations could not, or were not already in action. These were referred to the “net new” opportunities as distinct from a wide set

of ongoing workforce initiatives that members continue to advance. They are summarized in figure 1.



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Figure 1

- **Action Planning** – For each of the resulting 12 priorities, partners with the greatest level of responsibility and ownership defined 2-6 objectives for each. Each objective had a clear owner, outcome and timetable. The resulting 43 objectives form the core of the [AHWC 2012-2015 Action Agenda](#), published in 2011 and endorsed by the AWIB again, as well as individual member organizations.
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- **Research** – Part of the HRSA Planning Grant called for a series of issue papers that were researched and documented. Meetings with the relevant parties surfaced alignment on the current reality as well as practical opportunities for improvement, many of which were included in the Action Agenda. The issue papers listed below were each included in the full [Implementation Plan](#) that complemented the 2012-2015 Action Agenda.
 - o [Background Check Program](#)
 - o [Health Workforce and Registered Apprenticeships](#)
 - o [Health Workforce Data](#)
 - o [Professional Licensing](#)
- **Communications and Advocacy** – Throughout the development of the Action Agenda and Implementation Plan, the Coalition continued extensive outreach. Core Group members were regular presenters at key venues to offer presentations of priorities and more recently, of results. Each year, a set of [legislative priorities](#) were documented and

shared widely so that individual entities working with legislators could reinforce the shared goals of the Coalition and advocate for targeted State investments and actions.

- **Joining Forces** – The Coalition welcomed the opportunity to join forces with related groups where their goals were aligned and they could support one another’s efforts to go further together than either might achieve alone. Three examples are noted below.
 - o The Alaska Health Care Commission recognized workforce shortages as a priority when they were initially formed. Rather than conducting independent research and developing their own recommendations, the HCC aligned their direction with the AHWC, endorsing the work of the Coalition as their own.
 - o The Alaska Mental Health Trust had several years of experience advancing their Workforce Focus Area. They realized that sustaining their efforts and participation in the AHWC could be aligned with the Focus Area into a unified approach. As a result, the two efforts merged in 2011 to unite health workforce planning and action for Alaska, inclusive of the distinct needs of The Trust and it’s beneficiaries.
 - o The Alaska Tech Prep Consortium decided in late 2010 to extend their ‘tech prep’ model and build a comprehensive Program of Study framework. They selected health as the sector in which they would pilot their work and held a summit in June 2011. The Program of Study Task Force was formed to focus on health education and careers, building the framework, tools, align courses and support implementation for health programs from grade 9-14.
- **Sustainability** – The Coalition researched alternative approaches to forming a sustainable organization to advance their goals around health workforce issues. A number of models were identified and explored using the principles from the initial Charter to guide the process. The Core Group determined that continuing their loose collaboration without formally establishing a new non-profit entity was preferred. Kathy Craft who had been a member since 2009 is now the statewide coordinator. Kathy provides support to the Trust Focus Area on behalf of the Trust, DHSS and the University, and her scope was extended to include AHWC activities in late 2011 when planning grant funds ended the contract staff position. Consulting support has continued to provide additional resource and continuity in the facilitation and documentation of Coalition and Core meetings and activities.

Phase III – Maintaining Momentum / Continuous Improvement (2011-current)

- **Monitor Performance** – The Coalition has adopted the use of a simple ‘Scorecard’ to monitor the status of each item in the Action Agenda. At 4-6 month intervals, the full Coalition reviews each item to determine the overall status and to reinforce communications and linkages across the activities. As of June 2012, most are “green” as they are either complete or on track. Seven objectives are “yellow” meaning they are some concerns to achieving, and three are “red” meaning they have missed the timeline expected or will not be able to be accomplished. The Coalition uses the review process

to celebrate accomplishments and where needed, to redirect or refocus efforts to adapt to current reality and challenges.

- **Alaska Standardized Healthcare Occupations Taxonomy (AK SHOT) & The 2012 Vacancy Study** – The Coalition sought to crosswalk Alaska’s health occupations with Department of Labor and Workforce Development’s (DOL/WD) federally-designated Standardized Occupation Classification (SOC) codes. Accomplishing this goal would allow the industry to correlate real-world health occupations with DOL’s SOC codes and enable multiple, robust data sets to be compared and correlated, and, thus, a deeper understanding of the workforce would result.

An earlier attempt proved to only scratch the surface of the project’s complexity, so in planning for the 2012 Alaska Health Workforce Vacancy Study (Vacancy Study), the Alaska Area Health Education Center (AHEC) incorporated development of the Alaska Standardized Healthcare Occupations Taxonomy (AK SHOT) into the project plan. Coalition members, who also participate in the Vacancy Study Advisory Committee, increased the funding and staffing resources necessary for this foundational work to be completed.

- **Deeper Dives** – Upon completing the Action Agenda and establishing a monitoring process, the Coalition began to conduct “Deeper Dives” on key topics to advance existing objectives or to explore emerging issues as they surface the dynamic field of health. The Coalition thus serves as a forum for continuously scanning the horizon of health care issues, exploring the potential impact to Alaska’s health workforce needs, and adapting efforts in response to experience and opportunities.
- **Growth and Transition** – Interest and membership in the Coalition has continued to grow with new participants at each meeting and the interest by more sub-networks, such as recent engagement by the All-Alaska Pediatric Partnership and the Chiropractors Association. Transitions are another fact of ongoing sustainability. As individuals and organizations experience turnover, Coalition membership changes. This naturally occurring process needs to be anticipated and addressed with personal outreach to new participants and organizations with vacancies. The Coalition has worked actively with organizations to ensure such transitions are made smoothly and that incoming leaders and representatives have a solid foundation in the purpose of the Coalition, and they are given opportunities to contribute.

Impact

The creation of the Alaska Health Workforce Coalition has resulted in several benefits to its members and to the Alaskan health system as a whole. These include:

- An industry-led workforce plan with tangible actions, accountabilities, and committed resources.
- Use and integration of data to establish occupational priorities.

- Actions focused on occupational and systems change priorities that drive health workforce activities and investments by members and other stakeholders.
- Unified approach to advocacy for policy changes and funding opportunities.
- Increased resource commitments, actions and emerging results that all serve to build the Alaska health workforce.

- Successes during 2011-2012 include:

Legislative

- ▶ Loan Repayment and Incentives (HB78)
- ▶ Nurse Practitioner appropriation
- ▶ Funding Perioperative program
- ▶ Physical Therapy funding

Other Results

- ▶ AK-PIC second cohort graduation
- ▶ Perioperative first cohort graduation
- ▶ API funding for joint position with UAA
- ▶ Established bi-annual meetings between School of Nursing and ASHNHA Chief Nursing Officers
- ▶ AADSC website revised; now links to DOLWD sites
- ▶ Data needs and improvement opportunities determined
- ▶ Health Program of Study framework and implementation supported by grants from DOLWD/AWIB
- ▶ TTC/AHEC collaboration on Alaska Cache/Learning Management System

The Coalition developed an overall approach to the way they continuously identify and respond to address health workforce issues. The elements include:

- **Data** - Building a foundation of data by compiling, creating and analyzing data from a variety of sources. See Appendix A, provided by Katy Branch, Alaska AHEC, for a detailed description of the health sector data efforts with DOL/WD.
- **Define Priorities** – Using data and with broad stakeholder input, a set of priorities are defined for **Occupations** as well as **System Change and Capacity Building** initiatives.
- **Develop and Maintain Actionable Plans** in the form of broad strategies supported by specific, measurable objectives. Monitor results and remain vigilant to recognize and adapt to emergent opportunities and challenges.

These concepts are illustrated in Figure 2 below.

Coalition Approach

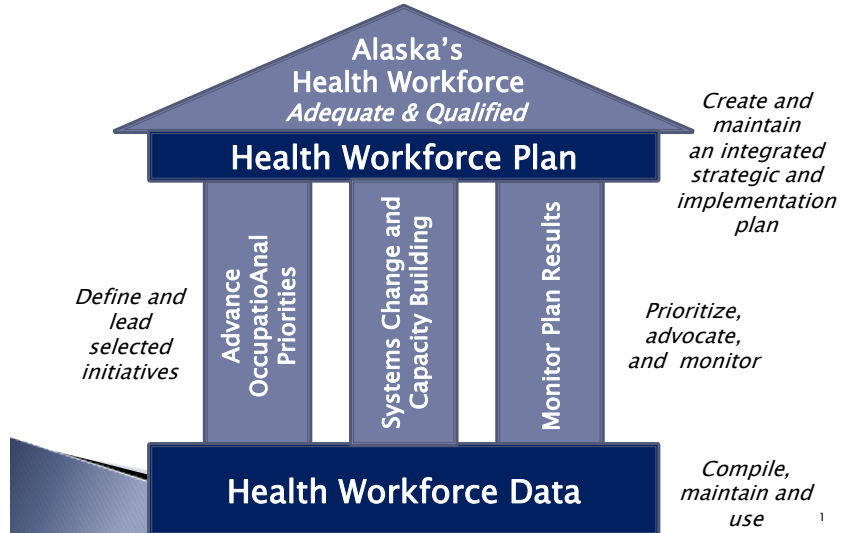


Figure 2

Appendix A

Lessons Learned: Developing Alaska's Standardized Healthcare Occupations Taxonomy

History

The Alaska Health Workforce Coalition (AHWC) sought to crosswalk Alaska's health occupations with Department of Labor and Workforce Development's (DOL/WD) federally-designated Standardized Occupation Classification (SOC) codes. AHWC recognized accomplishing this goal would allow the industry to correlate real-world health occupations with DOL's SOC codes and enable multiple, robust data sets to be compared and correlated, and, thus, a deeper understanding of the workforce would result.

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This document describes the strategies used to develop the AK SHOT and the major challenges and successes encountered. It is intended for current and future AHWC members to gain an understanding of the consideration and process undertaken and for other industries interested in developing a similar taxonomy structure for their occupations. The collaborative nature of the project resulted in a multi-faceted, detailed taxonomy of 160+ health occupations. This level of detail allows analysis and planning at the sub-specialty level and the ability to condense and match the AK SHOT data to SOC-based data sets.

Strategies

- **Project management** - For a project that is so encompassing, it was important to establish a management structure that clearly identified roles and responsibilities for the primary players. For the AK SHOT, Alaska AHEC, an organization known as a "bridge between the University and the health industry" oversaw the project. The Director acted as the project manager (PM) and several organizations participated on the Advisory Committee. This allowed for decisions to be made efficiently and for information to flow in a way that promoted progress.
- **Subject matter expertise** - Developing the AK SHOT was a true collaboration between the Alaska healthcare industry (led by the Alaska AHEC) and the Alaska Department of Labor and Workforce Development, Research and Analysis Department (DOL/WD RA). The entities were ideal choices because each had relevant experts. Alaska AHEC was the health industry connection and the Director had extensive experience in healthcare workforce development. DOL/WD RA use the SOC extensively for their data sets and a wide variety of projects and a lead economist had experience developing and using taxonomies and development of criteria-based occupation subsets such as STEP occupations.

- **Clearly defined parameters** – The project team defined the parameters for the AK SHOT from the beginning. These included:
 - Each occupation would have a unique definition based on its scope of practice, which needed to be substantially different from any other included in the taxonomy.
 - Like the SOC, occupations would be organized into a specific categorization system:
 - Major Categories
 - Occupation Groups
 - Broadly Defined Occupations
 - Detailed occupations
- ”Typical” minimum education requirements would be provided.
- Associated lay titles and common job titles would be provided to assist employers in correctly identifying their staff by the titles they use in their own organization.

Although at times it was challenging to adhere to such a seemingly “in the box” approach, in the end, we believe the AK SHOT—and those who use it—will benefit from its clear framework, definitions and distinctions. The structure of AK SHOT is not designed to constrain the ability to do meaningful research and analysis, it is meant to facilitate it. Think of it as “flexibility within a box.”

- **Industry Involvement** – While developing the taxonomy, the AHEC regularly reached out to industry partners for review and feedback to ensure it accurately depicted the Alaska healthcare industry. In addition to discipline-specific meetings pertaining to particular occupation types, feedback was requested from groups involved with multiple disciplines. In one case, there was a full-day taxonomy work-session with one group to iron out the details for a group of occupations. The importance of having widely representative industry involvement cannot be overstated.
- **Attention to Detail** – Throughout the course of creating the AK SHOT, there were many drafts passed between the project team that requiring close reading and editing by the various parties. The level of detail involved in creating and revising files requiring unique definitions based on scope of practice, accurate minimum education requirements and multiple associated job titles for each of the 160+ occupations was considerable. DOL/WD RA also accessed staff members that were not directly involved in the project to edit the document for consistency in grammar and formatting and to develop a crosswalk from common job titles to AK SHOT occupation titles. DOL/WD RA’s expertise and objectivity proved to be invaluable in finalizing the tool.

- **Testing** – In aligning the development of the AK SHOT with the 2012 Vacancy Study, the structure and content of the taxonomy will be tested immediately. The Project Team is working closely with the Institute for Social and Economic Research (ISER), the research entity for the Vacancy Study, to ensure appropriate technical assistance is available for employers using the AK SHOT. Having such a large, statewide study using the AK SHOT so quickly after its development will allow the Project Team to make necessary revisions while the content is still fresh in minds.

Successes

- **User friendly structure** – the AK SHOT is designed to be user friendly and navigable by a broad audience. Each occupation contains the same information i.e. definition based on scope of practice, typical minimum education requirements and other applicable job titles. These are all formatted and written similarly to help orient users. The AK SHOT is intended to form the basis for, not only the 2012 Vacancy Study, but for other applied health workforce research in Alaska. As such, it was a priority to create a user friendly interface.
- **Resource documents** – To assist users in learning and navigating the AK SHOT, a companion document was created to help users cross-walk the occupation titles with common job titles identified—the latter includes over 800 alone. This document can be searched electronically and linked with the AK SHOT occupations and definitions. In cases where more than one occupation matches with the searched job title, the document directs the user to review both definitions and determine which best suits their individual situation. The intention behind this AK SHOT tool is that health industry employers responding to surveys using the structure will be able to quickly and easily navigate the document and correctly identify their staff.
- **Model for other industries** – In the end, the AK SHOT serves as a model other industries can use to establish their own workforce taxonomy. Its structure can be easily adapted and the processes were documented so others can learn from the health industry's experience.

Challenges

- **Diversity of health industry** – The sheer diversity of the healthcare industry proved to be a challenge in developing a single taxonomy. Because healthcare has multiple agency-types including, for-profit, non-profit, government-owned, small businesses, multi-site management companies, etc. and multiple occupations, finding single occupation definitions to suit each entity was a challenge. To address this, the Project team consulted with occupation groups from multiple settings to review and provide comments on definitions. This feedback was elicited both via in-person workgroup sessions and e-mail throughout development. Although, the true test will be in using the taxonomy in the

2012 Vacancy Study, feedback from the initial outreach was positive and the Project Team is confident that only minor revisions will be necessary moving forward.

- **Rapidly changing occupations** – Healthcare is an industry on the cusp of significant changes that will directly impact its workforce. To accommodate that reality, the AK SHOT was developed not only to reflect the current occupational make-up of the industry, but also to maintain enough flexibility that future additions or changes can be made without revamping the main structure of the taxonomy. The AK SHOT will need to be reviewed and revised periodically and "owned" by a single entity to ensure it gets done. However, DOL/WD RA must be involved in any revisions to the taxonomy to ensure that the structure of the taxonomy maintains continuity and that it is a viable taxonomy for cross-walking to SOC-based data sets. Without this insurance, the taxonomy runs the risk of becoming nonviable for tie-ins to SOC-based and AK SHOT-based DOL/WD RA data sets and customized research and analysis.

Although it is important that AK SHOT evolve with industry changes, the goal should be to only make changes when absolutely necessary. Changes to the AK SHOT should, as much as possible, reflect important changes in division of labor amongst occupations, changes in technology, or other changes in industry practice. Changes due to oversights, inaccuracies, poor categorization, or trendy labels of ill-defined occupation groups are to be avoided. This is why it was so important to take the time to make the inaugural AK SHOT as complete, as clearly defined, as well structured, and as flexible as possible.

- **Development Time** - Developing the AK SHOT took much longer than initially planned; approximately three months longer, to be exact. This may, in large part, be attributed to the complexities of the healthcare industry. However, the level of detail necessary to clearly define occupations across settings was considerable and getting this part right was critically important because so many future research projects would be based on this structure. Time, in the end, had to be carefully monitored and a final date determined to allow the Vacancy Study, and testing, to begin.

Alaska Health Workforce Coalition 2012-2015 Action Agenda Summary

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#	Priorities and Objective	Date	Status
OCCUPATIONAL PRIORITY -- PRIMARY CARE PROVIDERS			
1	Complete a medical education assessment	Jun-13	WWAMI is re-doing their curriculum. Planning for the assessment has been postponed until the new curriculum plan is in evidence.
2	Conduct a feasibility study to establish an accredited family practice residency in Fairbanks	Jan-12	n/a; check in with Jim Lynch
3	Recommend expansion and evolution of the UAA School of Nursing nurse practitioner programs	Dec-12	Funding was received for additional graduate progr.am faculty in FY12. Expansion is underway. Work on the DNP is proceeding.
4	Pursue increased support-for-service resources	Dec-12	n/a
5	Complete a community assessment on the recruitment and retention of physicians; communities will be encouraged to use the recommendations to enhance their success	Dec-13	Year 1 completed; community presentations underway; reassessment occurs in Year2
6	Support those involved in planning for medical residencies; develop a plan for these efforts	Sep-13	.The plan is not yet formulated. Work on this is, however, ongoing.
OCCUPATIONAL PRIORITIES – DIRECT CARE WORKERS			
7	Ensure that the Alaska Core Competencies for Direct Care Workers will be used by 20 agencies	Jun-13	Action item in ARBHTA and TTC this year; will conduct training for 20 providers next week – in progress; on schedule
8	Ensure that the Assessment Tools designed for the core competencies will be used by 10 agencies	Jun-13	Action item in ARBHTA and TTC this year; will conduct training for 20 providers next week – in progress; on schedule
9	Overcome barriers to the implementation of a registered apprenticeship for CNAs	Dec-13	n/a
10	Conclude discussions, identify and incorporate training improvements, and brief the Coalition and other pertinent groups on its findings and plans	Dec-13	Testified at Board of Nursing in July; OHPD and ASHNHA led presentation; received CMS direction re: fed regulation that the LTC requirement can be more broadly interpreted. Internal UAA discussions ensue and will have more to report in Oct. More instructors should qualify to be supervisors of CNAs. Clinical placement sites in Anchorage are drastically reduced and Board of nursing is looking into it. Will look into testifying again during Jan. meeting
OCCUPATIONAL PRIORITIES – BEHAVIORAL HEALTH CLINICIANS			
11	Secure funding from the State of Alaska for the Psychiatry Residency	May-12	
12	Support a joint position for a Psychiatric/Mental Health Nurse Practitioner faculty member at the University of Alaska	Dec-12	In progress. Have not yet had applicants for position despite wide recruitment.
13	Initiate a planning process to develop structures, models and frameworks for shared learning among behavioral health professionals	Dec-14	In progress; need to look at cross-professional training opportunities for primary care and BH professionals (new direction)
14	Work toward the increase of funds available annually for Loan Repayment and Incentives for BHC	Dec-14	Received new 3 year SHARP grant from Feds, reduction b/c CF was not allowed; 380K in GF/MH request; total 580K per

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#	Priorities and Objective	Date	Status
			year to match by Trust; may be duplicative and overlapping with HB78 (2.6 million) and NHSC federal prog (750K). New federal application period opening in Oct. For HB78; regs may be out in next 2 weeks for public comment; only 30 days will be allowed. Want to make sure people review and revise, especially regarding the match requirement. Applications for these funds should be available in January. This item will be considered "done" once it is up and running smoothly (with regs finished and industry using)
OCCUPATIONAL PRIORITIES – PHYSICAL THERAPISTS / PHYSICAL THERAPY ASSISTANTS			
15	Complete an assessment of options for physical therapy career education in Alaska	Dec-11	Completed.
16	Secure industry commitments to provide equipment and other support for the development of a Physical Therapy Assistant degree program	Jan-12	(Check w ASHNHA re any discussions re equipment support.)
17	Work with UAA to seek 2013 state funding for implementing partnerships or local programs in physical therapy and physical therapy assistant	Dec-12	Funding was received for development of both PT and PTA programs.
18	Implement a PTA program in Alaska and have a memorandum of agreement with an institutional partner school to deliver a doctoral-level Physical Therapy program	Dec-14	Work on the PTA program is underway. In discussion with 2 potential partners for Alaska PT program.
OCCUPATIONAL PRIORITIES – NURSES			
19	Provide for regular formal industry input into nursing education programs by scheduling the Nursing Education Advisory Council meeting in conjunction with the ASHNHA Chief Nurses meeting twice per year	Ongoing	This is established and ongoing, twice per year.
20	Work with Fairbanks Memorial Hospital to pilot an enhanced, cohort-model RN-to-BS program	Aug-13	Discussions were held but FMH is not ready to proceed with a pilot at this time. Date changed to allow more time for preparation.
21	Review exemplary models of the nursing pathway and revise curricula to facilitate nurse participation in academic advancement and seamless program articulation	Jun-14	The planning for curriculum change is underway. This has to be a deliberate process and will take the time allotted.
22	Form a workgroup to engage employers in encouraging nurses to advance their education while working; implement initiative	Aug-14	Surveys of nurses and employers will include related questions as background information.
23	Implement an industry-led program for peri-operative sub-specialty training	Dec-13	Completed; ASHNHA received legislative funding to support this residency program
24	Form a task group to work on approaches to facilitate nurse involvement and preparation as nurse educators and implement plans	Jun-13	Check in with Nursing Action Coalition as its agenda develops. This may be the appropriate group to address this item.
OCCUPATIONAL PRIORITIES – PHARMACISTS			
25	Strengthen the pre-pharmacy curriculum to ensure students are well-positioned to apply to pharmacy schools of their choice; develop advising materials, resources and informational approaches	Jun-13	In progress; bachelor's of health sciences will be offered with this as track; materials are developed and being readied for distribution to advisors.

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#	Priorities and Objective	Date	Status
26	Ascertain the potential for a robust partnership for in-state delivery of pharmacy education and base next steps on the outcome of this process	Jun-13	Discussions with a potential partner are underway.
27	Continue to support and strengthen the current model of pharmacy education in association with Creighton University	Dec-14	This partnership is in its second year; more marketing is needed.
28	Form a task group, including Coalition partners, to implement a strategy to cultivate and steward non-residents who participate in Alaska rotations to ensure they are aware of current openings	Jun-12	Many rotations are coordinated by the AHECs; Pharmacists Association did convene a subcommittee to recruit.
SYSTEM CHANGE AND CAPACITY BUILDING – HEALTH PROFESSIONAL LOAN REPAYMENT AND INCENTIVE PROGRAM			
29	Collectively pursue increased support-for-service resources through state and federal funding	May-12	See loan repayment status above.
30	Continue to provide support for service resources to at least 20 health care providers in Alaska each year through continued and enhanced funding from federal and state sources, The Trust and other resources	Ongoing	SHARP; received funds, slight reduction.
SYSTEM CHANGE AND CAPACITY BUILDING – TRAINING AND PROFESSIONAL DEVELOPMENT			
31	Conduct a baseline survey and/or key informant interviews with training entities across the state to determine and document the benefits of the LMS	Jun-12	CHD Research team and Karen Ward met to discuss and develop instrument; delayed.
32	Provide information on and access to at least 350 individual non-academic trainings for direct service providers and their supervisors, have a minimum of 1,400 non-duplicated, active users and support 40 agencies with marketing trainings in the LMS catalogue	Jun-12	340 non-academic trainings; 97%; 1,414 unique users ; 42 agencies were provided support.
33	Provide information on and access to at least 300 individual CE/CME events, have a minimum of 200 unduplicated, active users and have at least 2 member organizations	Jun-13	On track; facility functions are delayed, so organizational members may be delayed.
34	A minimum of 25 health professionals will have completed Alaska AHEC's Clinical Coaching course resulting in trained preceptors and mentors in multiple disciplines available to train students studying in a health program	Jun-13	Pilot is underway to evaluate the course; need more reviewers in October.
SYSTEM CHANGE AND CAPACITY BUILDING – ALIGNING REGULATORY POLICIES THAT IMPACT THE HEALTH WORKFORCE			
35	Convene a workgroup of industry representatives to identify opportunities and obstacles to improving the systems needed to ensure adequate regulatory oversight of health workers	Dec-11	On target; letter was sent to Commissioner Streur to suspend the renewal process while BCP gets online with federal systems
36	Conduct a review of agency processes throughout 2011 and distribute to the work group and the public in early 2012	Mar-12	(Check in with Dennis Murray.)
SYSTEM CHANGE AND CAPACITY BUILDING – ENGAGE AND PREPARE ALASKAN YOUTH FOR HEALTH CAREERS			
37	Develop a Health Education Program of Study framework that aligns secondary and post-secondary courses in health career pathways and academics, provides student assessment and intervention activities to address assessment results and is accessible for implementation on a local level throughout the state	Jun-12	On target; meeting on Sept 24 th will give more.
38	Partner with three local school districts, the Allied Health Alliance, the AHEC in each region, and UA Tech Prep staff to implement the Health CTE Program of Study. Results will be shared and extended to further districts across Alaska	Mar-12	On track; awaiting CTE/AWIB proposal determinations for Oct. – June 30 project period
SYSTEM CHANGE AND CAPACITY BUILDING – HEALTH WORKFORCE RECRUITING: USING EXISTING RESOURCES MORE EFFECTIVELY			
39	Convene an industry and state workgroup to explore the possibilities of coordinated recruiting and retention efforts	Dec-12	Brad Clark presented to the Core Team; working well in Fairbanks, no changes anticipated.

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40	Develop and implement a project plan for increased communication among the myriad of partners concerned with statewide recruitment focused on enhancing the resources (ALEXsys and the Health careers website) currently hosted by the Employment Security Division at Department of Labor and Workforce Development (DOLWD) to meet the needs of industry	Dec-12	On target
SYSTEM CHANGE AND CAPACITY BUILDING – HEALTH WORKFORCE DATA			
41	Determine what data is available and what needs to be developed in order to compile a comprehensive picture of the Alaska health workforce	Dec-11	Completed; report was shared with the Coalition in a prior meeting
42	Collect, analyze and document the additional data determined above in #41	Jun-13	Data Collaborative group is using a comprehensive nursing workforce study to test “deep look” elements.
43	Produce a compendium of health workforce data	Dec-13	Will proceed with other studies once nursing study is complete. Will determine contents of report after assessing results.