Alaska’s Health Workforce Vacancy Study

2012 Findings Report

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August 2014
Letter from the Project Director

This study was conducted by the Alaska Center for Rural Health/Area Health Education Center (ACRH/AHEC) to assess health workforce vacancies in Alaska – one measure of demand. Funding was provided by the Alaska Mental Health Trust Authority, University of Alaska Anchorage’s Schools of Nursing and Allied Health and Office of Health Programs Development, and the State of Alaska Office of Rural Health. This funding allowed for collaboration with the Alaska Department of Labor and Workforce Development and the University’s Institute for Social and Economic Research for collection and analysis of the data. The results contained herein provide a snapshot of the health care industry’s demand for workers as of fall and winter 2012-2013. The statistics have implications for policy makers, health care employers and educational institutions, and can be used in identifying and addressing key health workforce issues and needs in the state.

Alaska and the nation are facing a severe shortage in healthcare workers, especially in primary care and behavioral health, which are especially critical in rural communities due to higher turnover and the mal-distribution of the workforce. This shortage is further compromised by projections recognized by the health care industry as likely to impact workforce needs. These include:

- Nearly 50,000 previously uninsured individuals in Alaska are now eligible for premium tax credits, and are steadily enrolling to obtain health insurance through the Affordable Care Act (Kaiser Family Foundation, 2014)
- By 2034, Alaska’s population is expected to reach 862,750 (a 21% increase from the current 710,231), according to Alaska’s Department of Labor and Workforce Development (August 2011)
- By 2034, Alaska’s senior population, which statistically accesses health services at a higher rate and has more complex health needs, is projected to increase from 54,938 to 124,857 (DOL/WD, 2011)
- Given the changes in health care delivery to a more patient-centric model focused on prevention and chronic disease management, occupations within the workforce are changing, and new ones are emerging

With these factors in mind, this Alaska Health Workforce Vacancy Study findings report includes important information for health policy, resource allocation and program development. We have gone to great lengths to ensure it provides the necessary level of detail to address key workforce issues, while aligning with other statewide and federal datasets to help draw a more complete picture of Alaska’s health workforce.

Sincerely,

Katy Branch
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2012 AK Health Workforce Vacancy Study
Alaska Center for Rural Health, University of Alaska Anchorage

August 2014
Final Report
Acknowledgements

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And, finally, and most importantly, to the numerous human resources personnel who took the time to respond to this survey – our heartfelt thanks to you.

This information is used by many, and is entirely dependent upon your participation.

Your time is invaluable and appreciated.

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- University of Alaska Anchorage:
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  o School of Nursing
  o School of Allied Health
Executive Summary

Alaska’s health care system has suffered a shortage of health providers for many years, especially in rural communities. This has led, in some cases, to innovative workforce development strategies such as the creation of the Dental Health Aide, Behavioral Health Aide and Community Health Aide programs in Alaska’s tribal health system. It led to the University of Alaska Anchorage’s expansion of the Nursing program to 13 remote settings across Alaska in less than 10 years. And, it led to the organization of the Alaska Health Workforce Coalition – a collaborative, statewide forum for organizations to monitor and address specific action items in order to stabilize an appropriate and adequate health workforce for the state.

The purpose of the 2012 Health Workforce Vacancy Study (HWVS) was to assess the current demand for health workers by occupation, as estimated through vacant, budgeted positions and reported by employers for a specific time-period. This was achieved through six (6) questions:

The following were asked for each occupation:

1. How many total positions do you have? Filled; Currently vacant, actively recruiting; and, Currently vacant, not actively recruiting
2. Of the currently filled positions, how many are filled by travelers, locums, temporary, contract, relief, or pool employees that you would PREFER to have filled by a regular employee?
3. How many positions require prior work experience in addition to any training/education you require?
4. How long have you been trying to fill the position that has been open the longest?

The following were posed per employer:

5. What are the top two reasons for not being able to fill or hire positions at your organization?
6. What are the top two reasons for not being able to retain employees at your organization?

To strengthen the dataset’s utility and comparability, the primary goal of the 2012 study was to align the main data points – occupations, employers and regions – with the State and Federal Departments of Labor and Workforce Development (DOL/WD) structure, wherever possible.

Methodology

This was a point-in-time, cross-sectional study that included a sample of 906 employers and achieved a response rate of 67% (N=608). This represented 79% (N=25,450) of health workers in Alaska. Surveys were distributed to the human resources department managers or individuals known to be responsible for this data. Responses were collected via on-line, interviewer phone calls, hard-copy, and e-mail, and then transcribed by trained research staff. Organizations were categorized according to their North American Industry Classification...
System (NAICS) code provided by the State of Alaska, DOL/WD. Occupational data were
organized according to the newly developed Alaska Standardized Health Occupations
Taxonomy (AK SHOT), and verified for accuracy with respondents when completed by the
research team. Regional data were calculated based on the Alaska DOL/WD’s Labor Market
Regions.

A sample was pulled using the Alaska DOL/WD’s Employer Unemployment Insurance database
comprised of those who reported in the 3rd quarter of 2011 that they employed a health
worker. All employers who reported 10 or more health workers, plus health education
institutions, were included in the sample (N=480). A random sample of the remaining
employers with fewer than 10 employers (N=426) was pulled with an emphasis on regional
representation.

Data collection occurred from August 24th – November 16th, 2012 for most organizations,
though a few of Alaska’s largest health employers extended into March 2013. Subsequently,
data was cleaned and analyzed in both Qualtrics and Statistical Package for the Social Sciences
(SPSS) software.

More Methodology details are provided further in this report and a full description is in the
Appendix.

**Key Findings**
The findings confirm and substantiate trends cited in recent studies and support anecdotal
evidence. Despite the marked progress in training health personnel, critical shortages in several
occupations persist.

- In general, vacancy rates tend to be lower in occupations where training programs
  exist in Alaska.
- Rural areas, in particular, continue to suffer from extreme shortages in traditional
  primary care occupations, which provide basic health care and serve as frontline
  providers. Estimated rural vacancy rates were: 21% for Family Physicians, 17% for
  Family Nurse Practitioners and 19% for Physician Assistants.
- Tribal health-specific occupations, serving Alaska’s most remote communities, saw
  some of the highest rural vacancy rates across the entire survey: Community Health
  Aide/Practitioners 18% (102 vacancies), Behavioral Health Aide/Therapists and
  Village Counselors 19% (18 vacancies), and Dental Health Aide/Therapists 21% (10
  vacancies).
- Psychiatrists are in high demand across Alaska with an estimated rural vacancy rate
  of 15% and urban vacancy rate of 22%; combined estimated vacancies were 19
  statewide with the majority (17) existing in urban regions.
- Counselors, Behavioral Health Therapists and Clinicians vacancies are dramatically
  higher in rural regions in all but two occupations in this category. This disparity is
  particularly evident with Clinical Psychologists (13% vs 6%), Clinical Social Workers
  (15% vs 8%), Mental and Behavioral Health Clinicians and Counselors (12% vs 6%)
  and other Behavioral Health Counselors (21% vs 3%). Urban employers had higher
estimated vacancy rates for Rehabilitation Counselors (17%) and Behavioral Health Clinical Associates (14%).

- **Therapies:** Physical Therapists, Occupational Therapists and Speech-Language Pathologists had overall high estimated vacancy rates, rural and urban alike, with state aggregate rates between 11% and 21%.

- **Key specialty nursing occupations** showed high estimated numbers of vacancies and vacancy rates, particularly in Perioperative (16%, 46 vacancies), Critical Care (17%, 56 vacancies) and Psychiatric nurses (18%, 22 vacancies).

- **While the General Dentist vacancy rate was a low 2%**, Dental Health Aides/Therapists in the tribal health system (described above) had a significant rate, and the impending retirements of many Alaska dentists is cause for attention.

- **In Allied Health and Ancillary occupations**, the most numerous vacancies and highest estimated rates were found with Emergency Medical Technicians at 25% rural and 11% urban, Medical and Clinical Lab Technicians at 17% rural and 6% urban, and Physical Therapy Aides at 38% rural and 13% urban.

Among respondents, Nursing and Residential Care Facilities have high estimated vacancies in occupations classified under Allied Health and Ancillary Services (Personal Care Aides/Assistants and Certified Nursing Assistants especially), and also under Healthcare Social Workers and Community Health Workers (Behavioral Case Managers and Care Coordinators especially). Hospitals also suffer with high estimated vacancies in Allied Health and Ancillary Services occupations (Community Health Aide/Practitioners and Allied Health Technologists, Technicians and Related Occupations), but also reported a need for Nurses and Healthcare Administrators. Offices of Dentists and Physicians generally have low overall estimated vacancy rates at 3% and 4%, respectively. The lowest overall vacancy rates reported by employers were in Home Health Care Services (1%) and Health Education Institutions (2%). However, the majority of educational institutions did not participate in the study.

The “supply side” of workforce development is obviously a challenge, as an “Inadequate Pool of Trained or Qualified Support Staff” was the top reason given for challenges in recruiting for vacant positions, cited by 22% of rural and 37% of urban respondents. Rural responses were closely followed by “Other” 20% and “Social and Geographic Isolation” 18%. Urban responses were closely followed by “No Issues” 15% and “Insufficient Compensation Package” 11%. The top reason for not being able to retain a workforce given by both rural and urban respondents was “Insufficient Compensation Package,” followed by “Social and Geographic Isolation” for rural and “Relocation or Reassignment” for urban employers.

**Key Recommendations**

Findings from the 2012 HWVS indicate Alaska would benefit from further occupational investigation into vacancy persistence, recruitment and retention strategies, cost and length of vacancies, impact on access to services, turnover, and projections/forecasts in the following areas:
- Allied Health and Ancillary Services, especially Certified Nursing Assistants, Therapies (Physical Therapists, Occupational Therapists, and Speech-Language Pathologists, and their assistants), and Dieticians and Nutritionists
- Counselors, Behavioral Health Therapists and Clinicians, especially Behavioral Health Clinical Associates, Clinical Social Workers, Mental and Behavioral Health Clinicians and Counselors (rural focus), and Substance Use Disorder Counselors
- Nurses, especially Advanced Practice Nurses – Family, Women’s Health, Psychiatric - and Registered Nurses – Critical Care, Perioperative, Psychiatric
- Physicians, Surgeons and Other Related Practitioners, especially General Practitioners and Family Physicians (rural focus), and Psychiatrists
- Tribal Health-specific occupations, especially Community Health Aides/ Practitioners, Dental Health Aides/Therapists, and Behavioral Health Aides/ Therapists

Additionally, due to the enormity of the situation and complexities involved in developing a health workforce, significant investment in a comprehensive, cross-organizational strategic plan addressing key occupations, such as the work being done by the Alaska Health Workforce Coalition, should be a top priority for Alaska. The University system, private industry, non-profit associations, the State of Alaska’s Departments of Health and Social Services, Labor, and Education, and other partners, all have a vested interest in health workforce development and should be involved in determining and invested in the strategies employed.

Finally, with the end-goal of not simply recruiting health workers, but also retaining them across Alaska, the state and its residents would benefit from investment in “Grow Our Own” programs that demonstrate a long-term impact in successfully preparing Alaskans to fill these positions.

In the face of unprecedented and impending changes in health care, it is critical that assessments such as the Health Workforce Vacancy Study (HWVS) be conducted regularly, and resulting data used to inform health policy, allocate funding, assess education and training programs, and identify strategies, to ensure Alaska residents have access to the health care they need, when and where they need it.
Introduction

Alaska’s healthcare sector continues to face a growing shortage of workers in an industry that is as critical to a developed nation as public education, fire and police protection. It is also a major economic driver, employing a broad spectrum of occupations distributed statewide in rural and urban communities alike.

The Alaska Department of Labor and Workforce Development has long stated that health care is the fastest and largest growing industry, projected to grow by 31% between 2010 and 2020, in large part due to the increased service demand caused by a burgeoning aging population. *(Alaska Economic Trends, October 2012)* During this period, 47 out of 50 highest growth occupations are projected to be health care related. Health practitioners, outpatient care centers and home health services organizations will gain nearly 6,000 jobs, and 3,600 of the gain is expected to be in hospital settings. Health Care Support, Health Care Practitioners/Technical, Personal Care and Service, and Community and Social Service jobs will grow between 19.3-30.9%. The next highest occupation growth in other industries is approximately 12.6%. *(Alaska Economic Trends, October 2012)*

The Alaska Health Care Commission’s vision is to make Alaskans the healthiest people in the nation by 2025 with access to the highest quality and most affordable care as indicated by 1) highest life expectancy, 2) highest percentage population with access to primary care, and 3) lowest per capita health care spending level *(Annual Report, 2012)*. A foundational component essential to obtaining this goal is the existence of an adequate workforce, which currently needs considerable attention and investment. In order to increase the supply of health care workers to ensure Alaskans have adequate access to services in the future, one must assess the existing workforce and related projections. Access depends on many factors, but essential to this is the availability and reasonable distribution of workers to provide services, and an understanding of what it takes to develop this workforce, especially in rural communities.

This report sheds light on the state of the existing workforce where vacancies are concerned. The study, overall, aimed to align this dataset with other available health workforce data resources to allow for meta-analysis.

Purpose and Significance

The purpose of the study was to:

- Assess health workforce vacancies for 157 health occupations in Alaska by region and organization type
- Assess health workforce vacancies currently filled by temporary staffing
- Utilize standard Department of Labor codes and taxonomies to collect, analyze and report findings.

This study organized respondents by the North American Industry Classification System (NAICS) codes, and by the following labor market regions in Alaska as defined by the Department of
Labor: Anchorage (urban), Fairbanks (urban), Juneau (rural), Gulf Coast – Rural South Central (rural), North (rural), Rural Interior (rural), Rural Southeast (rural), and Southwest (rural).

Occupation titles and definitions were based on the Alaska Standardized Health Occupations Taxonomy (AK SHOT), developed in a partnership between the Alaska Center for Rural Health and the Department of Labor and Workforce Development’s Research and Analysis section. The AK SHOT provides the first-ever crosswalk of detailed industry-identified health occupations with broader Standardized Occupation Classification (SOC) codes as defined by the federal Department of Labor. The complete AK SHOT, including categories, scope of work definitions, and typical minimum education requirements by occupation, is provided in the Appendix.

When referencing vacancy study data or putting it into context with other industry data, one should always consider three elements:

- What proportion of the estimated numbers was included in the sample population?
- What is the total population in that occupation?
- What does the vacancy rate actually represent (i.e. how many individual positions)?

The data and methodology provided in this report is meant to be transparent. Appendices include all confidence intervals, and users are encouraged to access this information in conjunction with this final report.

**Methods in Brief**

This study was designed by the University of Alaska Anchorage’s Alaska Center for Rural Health (ACRH) and Institute of Social and Economic Research (ISER), in consultation with the State of Alaska’s Department of Labor and Workforce Development (DOL/WD), Research and Analysis Section. The research team provided input and guidance for selecting health and health related occupations, reviewing and revising the study instrument, and providing the sample frame (population). The study surveyed organizations around the state to determine employment, vacancies, and vacancy rates, for health and health related occupations. The unit of analysis was the occupation, targeting 157 occupations defined in the Alaska Standard Healthcare Occupations Taxonomy (AK SHOT). The units of observation (the entities surveyed) were organizations that employed at least one person in a targeted occupation. For each occupation, the 2012 Health Workforce Vacancy Survey asks the following:

Answering separately for full-time and part-time positions –

1. How many total positions are: Currently filled; Currently vacant and actively recruiting; and Currently vacant, NOT actively recruiting?
2. Of the currently filled positions, how many are filled by travelers, locums, temporary, contract, relief, or pool employees that you would PREFER to fill with a regular employee?
3. For filled, vacant/recruiting and vacant/not recruiting, how many positions require prior work experience in addition to any training/education you require?
4. How long have you been trying to fill the position that has been open the longest?

Additionally, two questions were not occupation-specific:

5. What are the top two reasons for not being able to fill positions in your organization?
6. What are the top two reasons for not being able to retain employees at your organization?

Finally, respondents had the opportunity to provide comments, suggestions, and feedback.

**Sampling Process**

The DOL/WD Research and Analysis Section extracted the sample frame from Alaska’s unemployment insurance database. Employers reporting one or more health-related employees according to the Standard Occupational Classifications (SOC) codes (cross walked with the AK SHOT) were included. The sample frame included 2,050 organizations with one or more healthcare workers. An “employer” was an entity that reported employees to Alaska DOL/WD for unemployment insurance purposes. Thus, the sample frame excludes sole proprietorships and businesses with fewer than 20 employees. It includes public, tribal, private non-profit and private for-profit companies, and health instruction institutions. Staffing organizations were also excluded due to the risk of double counting those positions, first in the staffing agency and then in the employer where the temporary staff is placed.

The sample frame was divided into 17 strata, first into eight geographic regions, and then identifying large (more than 10 health workers) and small (10 or fewer) employers within each region. Health education institutions were a separate stratum. To ensure adequate coverage for occupations with only a few positions, and for rural areas of the state, 100% of large employers in all 8 regions were sampled, as were 100% of small employers in Gulf Coast (rural Southcentral), Southeast, Southwest, Interior, and North regions, and 100% of health instruction institutions. A random stratified sample was pulled of small employers in Juneau, Fairbanks, and Anchorage.
Table 1: Sample Overview and response rate by labor region

<table>
<thead>
<tr>
<th>Region</th>
<th>Responses</th>
<th>Non-Responses</th>
<th>Total</th>
<th>Response Rate</th>
<th>Responses</th>
<th>Non-Response</th>
<th>Total</th>
<th>% of Health Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>34</td>
<td>23</td>
<td>57</td>
<td>60%</td>
<td>947</td>
<td>255</td>
<td>1202</td>
<td>78.8%</td>
</tr>
<tr>
<td>Rural Interior</td>
<td>21</td>
<td>10</td>
<td>31</td>
<td>68%</td>
<td>204</td>
<td>79</td>
<td>283</td>
<td>72.1%</td>
</tr>
<tr>
<td>Southwest</td>
<td>36</td>
<td>17</td>
<td>53</td>
<td>68%</td>
<td>1334</td>
<td>163</td>
<td>1497</td>
<td>89.1%</td>
</tr>
<tr>
<td>Gulf Coast - Rural Southcentral</td>
<td>59</td>
<td>34</td>
<td>93</td>
<td>63%</td>
<td>3040</td>
<td>679</td>
<td>3719</td>
<td>81.7%</td>
</tr>
<tr>
<td>Rural Southeast</td>
<td>75</td>
<td>28</td>
<td>103</td>
<td>73%</td>
<td>1890</td>
<td>193</td>
<td>2083</td>
<td>90.7%</td>
</tr>
<tr>
<td>Fairbanks</td>
<td>61</td>
<td>32</td>
<td>93</td>
<td>66%</td>
<td>2129</td>
<td>878</td>
<td>3007</td>
<td>70.8%</td>
</tr>
<tr>
<td>Anchorage/Mat-Su</td>
<td>240</td>
<td>125</td>
<td>365</td>
<td>66%</td>
<td>14321</td>
<td>4387</td>
<td>18708</td>
<td>76.6%</td>
</tr>
<tr>
<td>Juneau</td>
<td>68</td>
<td>25</td>
<td>93</td>
<td>73%</td>
<td>1585</td>
<td>150</td>
<td>1735</td>
<td>91.4%</td>
</tr>
<tr>
<td>Health Education Inst.</td>
<td>14</td>
<td>4</td>
<td>18</td>
<td>78%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Statewide Aggregate</strong></td>
<td><strong>608</strong></td>
<td><strong>298</strong></td>
<td><strong>906</strong></td>
<td><strong>67%</strong></td>
<td><strong>25450</strong></td>
<td><strong>6784</strong></td>
<td><strong>32234</strong></td>
<td><strong>79%</strong></td>
</tr>
</tbody>
</table>

Data Collection

A packet was mailed or e-mailed to selected employers including an introductory letter explaining the project, a sample of survey questions, and a list of the health occupations organized by the AKSHOT categories. The introductory letter explained the purpose of the study and listed options for completing the survey. The letter was customized for single vs. multi-site organizations, and for health vs. non health organizations.

The letter requested the staff person with the most knowledge about hiring and vacancies complete the survey. In multi-site organizations (those with multiple locations), one central location might provide information about multiple locations or work sites, or they might delegate to different contacts at each site, depending on their preference.

Data collection occurred via on-line submission, interviews, hard copy submission, or a combination of these methods (for example, an incomplete survey received on line was completed by phone). All surveys were reviewed for completeness and internal consistency. When necessary, incomplete or inconsistent surveys were returned to interviewers for resolution with the respondent organization.

Data collection commenced on August 24, 2012, with the mailing of the first wave of introductory packets to organizations with a single location, and concluded for most organizations on November 16, 2012. The collection period is unusually long for two reasons. First, the start of the survey was staggered, with single site organizations launched on August 24th, educational institutions on September 20th, and organizations with more than one location
on October 2-4th, 2012. Delaying the start for multi-site organizations allowed these employers to be called to verify contact information, work locations, and the best contact person or people. The second reason for the long collection period was the importance of including responses from very large organizations. The ACRH took on this data collection task on November 16, 2012, and continued until completion in March 2013.

Interviewers began follow-up calls to single site locations on September 10th and to multi-site organizations on October 11th. This provided a full six week telephone follow up period for multi-site locations, ending with the majority of data collection on November 30, 2012.

Data Cleaning
Initial data cleaning was done on two separately extracted sets of data. After datasets were cleaned in Qualtrics, they were extracted into SPSS for further cleaning.

Data Analysis
For analysis, employers were grouped (using their North American Industry Classification System, NAICS, codes) into the following types: ambulatory care services, offices of physicians, dentists and other health practitioners, home health services, hospitals, nursing and residential care facilities, social assistance organizations, state government, instructional institutions, and “all other.”

During the survey, we discovered that some of the organizations in the sample needed to be excluded from the survey. Some were out of business, some did not employ health workers, some were staffing agencies and some were duplicates. We removed these from the sample, and calculated our response rates by dividing the number of responses by the number of valid sampled organizations for each organizational type and for each region.

The overall response rate for the study was 67%. Response rates by organizational type varied from 54% for Home Health Care Services to 86% for Other Ambulatory Health Care Services. Rates by geographic region ranged from 59% in the North to 73% in Rural Southeast and Juneau.
Table 2: Sample and response rate by organization type (NAICS provided)

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Organizational Response</th>
<th>Health Worker Representation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Responses</td>
<td>Non-Responses</td>
</tr>
<tr>
<td>Offices of Physicians (6211)</td>
<td>100</td>
<td>56</td>
</tr>
<tr>
<td>Offices of Dentists (6212)</td>
<td>85</td>
<td>31</td>
</tr>
<tr>
<td>Offices of Other Health Practitioners (6213)</td>
<td>62</td>
<td>33</td>
</tr>
<tr>
<td>Home Health Care Services (6216)</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Other Ambulatory Health Care Services (621)</td>
<td>52</td>
<td>11</td>
</tr>
<tr>
<td>Health Education Institutions (611)</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Hospitals (622)</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Non Health Organization</td>
<td>158</td>
<td>96</td>
</tr>
<tr>
<td>Nursing and Residential Care Facilities (623)</td>
<td>53</td>
<td>27</td>
</tr>
<tr>
<td>Social Assistance (624)</td>
<td>46</td>
<td>19</td>
</tr>
<tr>
<td>State Government (921 &amp; 922)</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Statewide Aggregate</td>
<td><strong>608</strong></td>
<td><strong>298</strong></td>
</tr>
</tbody>
</table>

For weighting purposes, the strata counts were revised for the population by estimating the number of employers who would have been excluded had they been in the sample. To do this, the proportion of each excluded stratum sample was calculated, and that proportion was applied to the population for that stratum. The weights are calculated by dividing the revised population count for each stratum by the number of completed surveys in that stratum.

Quantitative survey data were entered directly into SPSS (Statistical Package for the Social Sciences version 21), and analyzed with SPSS and Stata 13. For each occupation, sample (unweighted) and population (weighted) estimates were calculated for:
(1) total number of positions;
(2) total number of vacancies;
(3) vacancy rate (vacancies/positions);
(4) the proportion of employing organizations for each occupation that hire new graduates
(5) total number of vacancies in the sample for which new graduates would be considered

Ninety-five percent (95%) confidence intervals at $\alpha=.05$ were generated for the number of positions, vacancies, and vacancies for new graduates, and are reported in the Appendix, with details on the procedures for generating them.
Data was analyzed statewide, by urban and rural, and by region. Urban organizations were those located in Anchorage, Eagle River/Chugiak, Fairbanks, North Pole, or Juneau. All others were classified as “rural.” The regional analysis used Alaska’s DOL/WD Labor Market Areas. Some organizations have positions in multiple regions. When community locations were provided for those positions, they were allocated according to their location, rather than that of the organizational headquarters.

Figure 1: State of Alaska, Department of Labor and Workforce Development Labor Market Regions

Finally, the qualitative answers to the questions about difficulty recruiting and retaining employees were analyzed. Respondents could choose from a list of several pre-defined reasons, or provide other reasons. All “other” responses were either coded into one of the existing options or new ones were created.
Allied Health and Ancillary Services

Allied Health and Ancillary Services represents the largest category of health occupations in the workforce, with nearly one-third of the entire health workforce in these occupations, yet there is little data indicating demand. In the AK SHOT, this category contains 63 individual occupations and includes the following sub-categories: First Responders; Pharmacy; Community Health; Nursing Support and Personal Care; Allied Technologists, Technicians, and Related; Therapies, Therapy Support and Related; and, Allied Dental Workers.

Table 3 provides an overview of the number of positions included in the sample, estimated positions, estimated vacancies, and estimated vacancy rates for rural and urban labor market regions, and the estimated statewide aggregate vacancy rate for each occupation in this category. It gives some insights into how these positions are distributed between urban and rural labor market regions. The information below summarizes some of the key data found in this table.

- In the Allied Technologists, Technicians and Related Occupations subcategory, there is an estimated 1,906 positions. Of these, 516 (27%) are represented in the sample. Most of these 26 occupations do not have large numbers of positions; however, they are critical to diagnostic testing, so vacancies may be especially hard on facilities. Estimated vacancy rates for this subcategory are high at 17% in rural areas and 13% in urban.

- Although the estimated rural vacancy rate is 11% overall in this broad category, this masks several rates and estimated vacancies that are critically high; especially for Emergency Medical Technicians, Community Health Aides/Practitioners, Physical Therapy Aides, Physical Therapists, Radiation Therapists, and Speech Language Pathologists.

Nursing Support and Personal Care Occupations:

- Certified Nursing Assistants (CNA) is a large occupation with an estimated 2,589 positions statewide. It is often a stepping stone wherein the worker continues to acquire training and education to advance careers. As such, this occupation experiences high turnover, but plays a pivotal role working directly with patients, especially in long term care settings, and allows general nurses and nurse specialists to work at the top of their scopes of practice. CNAs showed a 14% aggregate vacancy rate and a 16% vacancy rate in urban areas. In Table 4, Anchorage/Mat Su is estimated to have an 18% vacancy rate; though, it should be noted that North and Rural Interior vacancy rates were very high at 29% and 31%, respectively. In Table 5, Organizations that employ the majority of CNAs are Hospitals (9% estimated vacancy rate), Nursing and Residential Care Facilities (25%), and Offices of Physicians (13%).

Allied Technologists, Technicians and Related Occupations:

- The largest occupations in this category are CAT Scan Technicians, Diagnostic Medical Sonographers, Medical and Clinical Laboratory Technicians, Medical and Clinical Laboratory Technologists, Medical Equipment Technicians and Repairers, Dispensing Opticians, Phlebotomists, Psychiatric and Mental Health Aides, Surgical Technicians and Technologists, and All Other categories. Those with notable vacancy rates are: Medical and Clinical Laboratory Technologists in rural areas at 17%, Phlebotomists in rural areas at 18%, Surgical Technicians and Technologists in urban areas at 15%. The “All Other” categories are also high, but need more investigation.
Therapies, Therapy Support and Related Workers

- This group of occupations sees some of the highest estimated vacancy rates across the entire survey in urban and rural settings alike. Physical Therapists, Physical Therapy Aides, and Speech Language Pathologists are in especially high demand statewide.

**Table 3: Rural, Urban and Statewide – Estimated Positions, Vacancies, and Vacancy Rates by Occupation**

<table>
<thead>
<tr>
<th>Detail Occupation by Group</th>
<th>Sample</th>
<th>Total Estimated Positions</th>
<th>Total Estimated Vacancies</th>
<th>Estimated Vacancy Rates</th>
<th>Estimated Statewide Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td><strong>First Responders</strong></td>
<td></td>
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<tr>
<td>Emergency Medical Technicians</td>
<td>440</td>
<td>268</td>
<td>455</td>
<td>66</td>
<td>48</td>
</tr>
<tr>
<td>Emergency Trauma Technicians</td>
<td>54</td>
<td>41</td>
<td>36</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Firefighters, EMT or ETT Certified</td>
<td>290</td>
<td>285</td>
<td>231</td>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>Paramedics</td>
<td>172</td>
<td>58</td>
<td>198</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacists</td>
<td>423</td>
<td>157</td>
<td>516</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>Pharmacy Aides and Assistants</td>
<td>31</td>
<td>36</td>
<td>12</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>513</td>
<td>174</td>
<td>662</td>
<td>10</td>
<td>25</td>
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<tr>
<td><strong>Community Health</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Community Health Aide/Practitioners (CHA, CHA/P)</td>
<td>335</td>
<td>572</td>
<td>3</td>
<td>102</td>
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<tr>
<td><strong>Nursing Support and Personal Care</strong></td>
<td>5138</td>
<td>1805</td>
<td>6619</td>
<td>156</td>
<td>642</td>
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<td>Certified Nursing Assistants</td>
<td>1539</td>
<td>674</td>
<td>1915</td>
<td>54</td>
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<tr>
<td>Home Health Aides</td>
<td>332</td>
<td>277</td>
<td>250</td>
<td>9</td>
<td>26</td>
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<td>Medical Assistants</td>
<td>549</td>
<td>135</td>
<td>931</td>
<td>12</td>
<td>43</td>
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<tr>
<td>Orderlies</td>
<td>53</td>
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<td>80</td>
<td>0</td>
<td>5</td>
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<td>Personal Care Aides and Assistants</td>
<td>2661</td>
<td>717</td>
<td>3440</td>
<td>80</td>
<td>270</td>
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<td>Psychiatric and Mental Health Technicians</td>
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<td>3</td>
<td>1</td>
<td>0</td>
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<tr>
<td><strong>Allied Technologists, Technicians, and Related</strong></td>
<td>1667</td>
<td>728</td>
<td>2489</td>
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<td>177</td>
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<td>CAT Scan Technician</td>
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<td>Diagnostic Medical Sonographers</td>
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<td>20</td>
<td>102</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Dietetic Technicians</td>
<td>28</td>
<td>4</td>
<td>36</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Echocardiography Technicians</td>
<td>19</td>
<td>2</td>
<td>26</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Electrocardiology (EKG or ECG)</td>
<td>35</td>
<td>0</td>
<td>54</td>
<td>0</td>
<td>6</td>
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## Detail Occupation by Group

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Sample</th>
<th>Total Estimated Positions</th>
<th>Total Estimated Vacancies</th>
<th>Estimated Vacancy Rates</th>
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<tr>
<td><strong>Technicians</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Electroneurodiagnostic (END or EEG) Technicians</td>
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<td>15</td>
<td>3</td>
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<tr>
<td>Limited Radiologic Technicians</td>
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<td>34</td>
<td>0</td>
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<tr>
<td>Magnetic Resonance Imaging (MRI) Technologists</td>
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<td>15</td>
<td>81</td>
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<tr>
<td>Mammographers</td>
<td>22</td>
<td>13</td>
<td>42</td>
<td>0</td>
</tr>
<tr>
<td>Medical and Clinical Lab Technicians</td>
<td>148</td>
<td>87</td>
<td>140</td>
<td>5</td>
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<tr>
<td>Medical and Clinical Lab Technologists</td>
<td>191</td>
<td>101</td>
<td>195</td>
<td>17</td>
</tr>
<tr>
<td>Medical Equipment Technicians and Repairers</td>
<td>49</td>
<td>7</td>
<td>101</td>
<td>0</td>
</tr>
<tr>
<td>Nuclear Medicine Technicians and Technologists</td>
<td>15</td>
<td>4</td>
<td>30</td>
<td>0</td>
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<td>Ophthalmic Medical Technicians</td>
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<td>1</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Opticians, Dispensing</td>
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<td>23</td>
<td>118</td>
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<tr>
<td>Orthotists and Prosthetists</td>
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<td>0</td>
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<td>Phlebotomists</td>
<td>139</td>
<td>38</td>
<td>249</td>
<td>7</td>
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<td>Psychiatric and Mental Health Aides</td>
<td>160</td>
<td>97</td>
<td>151</td>
<td>11</td>
</tr>
<tr>
<td>Respiratory Therapy Technicians</td>
<td>14</td>
<td>0</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>Sterile Processing Technicians</td>
<td>82</td>
<td>19</td>
<td>106</td>
<td>1</td>
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<td>Surgical Technicians and Technologists</td>
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<td>60</td>
<td>197</td>
<td>4</td>
</tr>
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<td>X-ray Technicians and Technologists</td>
<td>68</td>
<td>55</td>
<td>50</td>
<td>3</td>
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<tr>
<td>All Other Allied Health Technologists, Technicians and Related Occupations</td>
<td>69</td>
<td>36</td>
<td>136</td>
<td>7</td>
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<td>All Other Practitioner Support Technologists and Technicians</td>
<td>117</td>
<td>55</td>
<td>298</td>
<td>5</td>
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<tr>
<td>All Other Radiologic Technologists and Technicians</td>
<td>48</td>
<td>8</td>
<td>93</td>
<td>1</td>
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<tr>
<td><strong>Therapists, Therapy Support, and Related</strong></td>
<td></td>
<td><strong>1176</strong></td>
<td><strong>516</strong></td>
<td><strong>1906</strong></td>
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<td>Athletic Trainers</td>
<td>61</td>
<td>24</td>
<td>85</td>
<td>0</td>
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<td>Audiologists</td>
<td>22</td>
<td>12</td>
<td>22</td>
<td>0</td>
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<td>Dieticians and Nutritionists</td>
<td>85</td>
<td>49</td>
<td>79</td>
<td>5</td>
</tr>
<tr>
<td>Exercise Physiologists</td>
<td>4</td>
<td>0</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Genetic Counselors</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
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</table>

2012 AK Health Workforce Vacancy Study  
Alaska Center for Rural Health, University of Alaska Anchorage  
Final Report August 2014
<table>
<thead>
<tr>
<th>Detail Occupation by Group</th>
<th>Sample</th>
<th>Total Estimated Positions</th>
<th>Total Estimated Vacancies</th>
<th>Estimated Vacancy Rates</th>
<th>Statewide Estimated Vacancy Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Aid Specialists</td>
<td>7</td>
<td>0</td>
<td>11</td>
<td>0 2</td>
<td>- 18% 18%</td>
</tr>
<tr>
<td>Massage Therapists</td>
<td>109</td>
<td>66</td>
<td>320</td>
<td>11 3</td>
<td>17% 1% 4%</td>
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<tr>
<td>Occupational Therapists</td>
<td>110</td>
<td>34</td>
<td>185</td>
<td>4 21</td>
<td>12% 11% 11%</td>
</tr>
<tr>
<td>Occupational Therapy Aides</td>
<td>6</td>
<td>8</td>
<td>0</td>
<td>0 0</td>
<td>- - -</td>
</tr>
<tr>
<td>Occupational Therapy Assistants</td>
<td>30</td>
<td>7</td>
<td>60</td>
<td>0 3</td>
<td>- 5% 5%</td>
</tr>
<tr>
<td>Physical Therapist Aides</td>
<td>27</td>
<td>34</td>
<td>23</td>
<td>13 3</td>
<td>38% 13% 28%</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>271</td>
<td>157</td>
<td>535</td>
<td>43 100</td>
<td>27% 19% 21%</td>
</tr>
<tr>
<td>Physical Therapy Assistants</td>
<td>41</td>
<td>13</td>
<td>71</td>
<td>0 9</td>
<td>- 13% 11%</td>
</tr>
<tr>
<td>Radiation Therapists</td>
<td>7</td>
<td>0</td>
<td>11</td>
<td>0 2</td>
<td>- 18% 18%</td>
</tr>
<tr>
<td>Recreational Therapists</td>
<td>21</td>
<td>12</td>
<td>19</td>
<td>3 0</td>
<td>25% - 9%</td>
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<tr>
<td>Respiratory Therapists</td>
<td>129</td>
<td>33</td>
<td>164</td>
<td>2 5</td>
<td>6% 3% 4%</td>
</tr>
<tr>
<td>Speech-Language Pathologists</td>
<td>69</td>
<td>38</td>
<td>82</td>
<td>7 17</td>
<td>18% 21% 20%</td>
</tr>
<tr>
<td>Speech-Language Pathologists Assistant</td>
<td>31</td>
<td>10</td>
<td>38</td>
<td>0 5</td>
<td>- 13% 10%</td>
</tr>
<tr>
<td>All Other Therapists Support Workers, Except Technologists and Technicians</td>
<td>144</td>
<td>19</td>
<td>192</td>
<td>0 49</td>
<td>- 26% 23%</td>
</tr>
<tr>
<td><strong>Allied Dental</strong></td>
<td>688</td>
<td>450</td>
<td>1199</td>
<td>36 34</td>
<td>8% 3% 4%</td>
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<tr>
<td>Dental Assistants</td>
<td>429</td>
<td>288</td>
<td>691</td>
<td>23 15</td>
<td>8% 2% 4%</td>
</tr>
<tr>
<td>Dental Health Aide Therapists</td>
<td>33</td>
<td>48</td>
<td>2</td>
<td>10 0</td>
<td>21% - 20%</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>226</td>
<td>114</td>
<td>506</td>
<td>3 19</td>
<td>3% 4% 3%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>10927</td>
<td>5090</td>
<td>14326</td>
<td>577 1236</td>
<td>11% 9% 9%</td>
</tr>
</tbody>
</table>
Table 4 shows the regional breakdown of positions, vacancies, and temporary rates. It paints a picture of the distribution of health care workers across Alaska in this category.

Anchorage/Mat Su and Fairbanks are considered Alaska’s urban labor market regions. The study indicates the following occupations had higher vacancy rates in these regions: Surgical Technicians and Technologists, and Other Radiologic Technicians and Technologists. The use of temporary staffing for Surgical Technicians and Technologist is also relatively high at 11% in Anchorage/Mat Su and 14% in Fairbanks, respectively.

Fairbanks had higher vacancy rates in Electrocardiology (EKG) Technicians (which also has a 13% temporary rate), Magnetic Resonance Imaging (MRI) Technicians, Medical and Clinical Lab Technicians, and Occupational Therapists.

The remaining rural labor market regions have higher vacancies in general, but particularly in these occupations where there are positions: Community Health Aides/Practitioners, and Medical and Clinical Laboratory Technicians and Technologists.

While vacancy rates for Pharmacy Workers are relatively low, Rural Southeast showed a 17% vacancy rate (8 of 47 estimated positions) for Pharmacists, and the North employs temporary staffing at an estimated rate of 20% for Pharmacists.

Certified Nursing Aides (CNA) vacancy rates were high in two regions – Anchorage/Mat Su (18%) and Rural Interior (32%)

The following occupations indicate high vacancy rates in both urban and rural regions, where there are positions:

- Speech Language Pathologists
- Physical Therapists
- Dieticians and Nutritionists
## Table 4: Estimated Positions, Vacancies, and Vacancy and Temporary Rates by Region and Occupation

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Anchorage/Mat-Su</th>
<th>Fairbanks</th>
<th>Gulf Coast - Rural Southcentral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>First Responders</td>
<td>412</td>
<td>619</td>
<td>84</td>
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<tr>
<td>Emergency Medical Technicians</td>
<td>251</td>
<td>377</td>
<td>48</td>
</tr>
<tr>
<td>Emergency Trauma Technicians</td>
<td>24</td>
<td>36</td>
<td>0</td>
</tr>
<tr>
<td>Firefighters, EMT or ETT Certified</td>
<td>18</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>Paramedics</td>
<td>119</td>
<td>179</td>
<td>36</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>559</td>
<td>842</td>
<td>26</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>250</td>
<td>376</td>
<td>9</td>
</tr>
<tr>
<td>Pharmacy Aides and Assistants</td>
<td>8</td>
<td>12</td>
<td>0</td>
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<tr>
<td>Pharmacy Technicians</td>
<td>301</td>
<td>454</td>
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<td>Community Health</td>
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<td>0</td>
</tr>
<tr>
<td>Community Health Aide/Practitioners</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Support and Personal Care</td>
<td>3116</td>
<td>5360</td>
<td>593</td>
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<tr>
<td>Certified Nursing Assistants</td>
<td>806</td>
<td>1524</td>
<td>280</td>
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<tr>
<td>Home Health Aides</td>
<td>144</td>
<td>250</td>
<td>26</td>
</tr>
<tr>
<td>Medical Assistants</td>
<td>415</td>
<td>800</td>
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<tr>
<td>Orderlies</td>
<td>53</td>
<td>80</td>
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</tr>
<tr>
<td>Personal Care Aides/Assts.</td>
<td>1696</td>
<td>2685</td>
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<tr>
<td>Psychiatric and Mental Health Aides</td>
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</tbody>
</table>

2012 AK Health Workforce Vacancy Study
Alaska Center for Rural Health, University of Alaska Anchorage
### Detailed Occupation by Group

#### Anchorage/Mat-Su

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Total Sample</th>
<th>Estimated Total Positions</th>
<th>Estimated Total Vacancies</th>
<th>Estimated Temp Rate</th>
<th>Estimated Vacancy Rate</th>
<th>Estimated Temp Rate</th>
<th>Estimated Vacancy Rate</th>
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</thead>
<tbody>
<tr>
<td>CAT Scan Technician</td>
<td>1054</td>
<td>2160</td>
<td>148</td>
<td>2%</td>
<td>7%</td>
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<tr>
<td>Diagnostic Medical Sonographers</td>
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<td>83</td>
<td>2</td>
<td>6%</td>
<td>7%</td>
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<tr>
<td>Dietetic Technicians</td>
<td>24</td>
<td>36</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Echocardiography Technicians</td>
<td>17</td>
<td>26</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
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#### Fairbanks

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#### Gulf Coast - Rural Southcentral

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2012 AK Health Workforce Vacancy Study
Alaska Center for Rural Health, University of Alaska Anchorage
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2012 AK Health Workforce Vacancy Study
Alaska Center for Rural Health, University of Alaska Anchorage
August 2014
Final Report
### Detailed Occupation by Group

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### Detailed Occupation by Group

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2012 AK Health Workforce Vacancy Study
Alaska Center for Rural Health, University of Alaska Anchorage
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<tr>
<td>Ophthalmic Medical Technicians</td>
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<td>0</td>
<td>0</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Phlebotomists</td>
<td>0</td>
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<td>2</td>
</tr>
<tr>
<td>Sterile Processing Techs</td>
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<td>4</td>
<td>0</td>
</tr>
<tr>
<td>X-ray Technicians and Technologists</td>
<td>1</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>All Other Allied Health</td>
<td>13</td>
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2012 AK Health Workforce Vacancy Study
Alaska Center for Rural Health, University of Alaska Anchorage
## Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Therapies, Therapy Support, and Related Occupations</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
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<tbody>
<tr>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
<td>Estimated Vacancy Rate</td>
</tr>
<tr>
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<td>Estimated Vacancy Rate</td>
</tr>
<tr>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
<td>Estimated Vacancy Rate</td>
</tr>
</tbody>
</table>

### Technologists, Technicians & Related Occupations

| All Other Practitioner Support Technologists and Technicians | 2 | 2 | 0 | - | - | 0 | 0 | 0 | - | - | 0 | 0 | 0 | - | - |

### Therapies, Therapy Support, and Related Occupations

| Audiologists | 8 | 11 | 4 | 64% | 36% | 4 | 8 | 0 | 25% | - | 0 | 0 | 0 | - | - |
| Dieticians and Nutritionists | 2 | 2 | 0 | - | - | 6 | 12 | 0 | - | - | 0 | 0 | 0 | - | - |
| Massage Therapists | 22 | 29 | 0 | - | - | 4 | 7 | 0 | - | - | 2 | 3 | 0 | - | - |
| Occupational Therapists | 3 | 4 | 0 | - | - | 1 | 2 | 0 | 100% | - | 1 | 2 | 0 | - | - |
| Physical Therapists | 10 | 13 | 1 | - | 8% | 4 | 8 | 0 | 25% | - | 1 | 2 | 0 | 100% | - | - |
| Recreational Therapists | 3 | 4 | 0 | - | - | 1 | 2 | 0 | - | - | 4 | 6 | 3 | - | 50% |
| Respiratory Therapists | 0 | 0 | 0 | - | - | 2 | 4 | 0 | - | - | 0 | 0 | 0 | - | - |
| Speech-Language Pathologists | 2 | 2 | 1 | - | 50% | 1 | 2 | 0 | 100% | - | 1 | 2 | 0 | - | - |
| All Other Therapists Support Workers, Except Technologists & Technicians | 4 | 6 | 0 | - | - | 0 | 0 | 0 | - | - | 0 | 0 | 0 | - | - |

### Allied Dental

| Dental Assistants | 35 | 48 | 5 | - | 10% | 34 | 67 | 6 | 4% | 9% | 8 | 11 | 1 | - | 9% |
| Dental Health Aide Therapists | 2 | 2 | 0 | - | - | 6 | 12 | 0 | - | - | 2 | 3 | 0 | - | - |
| Dental Hygienists | 19 | 27 | 0 | - | - | 3 | 5 | 0 | 60% | - | 0 | 0 | 0 | - | - |

### Grand Total

| Grand Total | 572 | 712 | 37 | 3% | 5% | 342 | 673 | 78 | 5% | 12% | 128 | 187 | 26 | 20% | 14% |

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<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
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<tr>
<td><strong>First Responders</strong></td>
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<tr>
<td>Emergency Medical Technicians</td>
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<tr>
<td>Emergency Trauma Technicians</td>
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<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Firefighters, EMT or ETT Certified</td>
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<td>142</td>
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<td>Paramedics</td>
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<td><strong>Pharmacy</strong></td>
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<td>8</td>
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<td>Community Health Aide/Practitioners</td>
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<td>23</td>
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<td>Orderlies</td>
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<tr>
<td>Personal Care Aides and Assistants</td>
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<td>166</td>
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<tr>
<td>Psychiatric and Mental Health Aides</td>
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</table>

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<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
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</thead>
<tbody>
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<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td><strong>Allied Technologists, Technicians, and Related</strong></td>
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<td>Dietetic Technicians</td>
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<td>0</td>
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<td>Detailed Occupation by Group</td>
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<td>Southwest</td>
<td>Statewide Aggregate</td>
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<td>Estimated Total Positions</td>
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<tr>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric and Mental Health Technicians</td>
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<td>0</td>
</tr>
<tr>
<td>Respiratory Therapy Technicians</td>
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<td>0</td>
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<td>4</td>
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<td>All Other Radiologic Technologists and Technicians</td>
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<td>Therapies, Therapy Support, and Related Servicesix</td>
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## Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Athletic Trainers</td>
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</tr>
<tr>
<td>Audiologists</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Dieticians and Nutritionists</td>
<td>8</td>
<td>9</td>
<td>2</td>
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<tr>
<td>Exercise Physiologists</td>
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<td>0</td>
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<tr>
<td>Genetic Counselors</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hearing Aid Specialists</td>
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<td>0</td>
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<tr>
<td>Massage Therapists</td>
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<td>10</td>
<td>2</td>
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<tr>
<td>Occupational Therapists</td>
<td>9</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Occupational Therapy Aides</td>
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<td>0</td>
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<tr>
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<td>2</td>
<td>0</td>
</tr>
<tr>
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</tr>
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<td>30</td>
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</tr>
<tr>
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<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Radiation Therapists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Recreational Therapists</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Respiratory Therapists</td>
<td>5</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Speech-Language Pathologists</td>
<td>10</td>
<td>14</td>
<td>1</td>
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<tr>
<td>Speech-Language Pathologists Assistant</td>
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<td>3</td>
<td>0</td>
</tr>
<tr>
<td>All Other Therapists Support Workers, Except Technologists &amp; Technicians</td>
<td>16</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td><strong>Allied Dental</strong></td>
<td>57</td>
<td>79</td>
<td>10</td>
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</tbody>
</table>

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| Detailed Occupation by Group | Rural Southeast | | | | | | Southwest | | | | | | Statewide Aggregate | | | | | | | | Total Sample | Estimated Total Positions | Estimated Total Vacancies | Estimated Temp Rate | Estimated Vacancy Rate | Total Sample | Estimated Total Positions | Estimated Total Vacancies | Estimated Temp Rate | Estimated Vacancy Rate | Total Sample | Estimated Total Positions | Estimated Total Vacancies | Estimated Temp Rate | Estimated Vacancy Rate |
| Dental Assistants | 32 | 45 | 8 | 11% | 18% | 50 | 80 | 8 | 4% | 10% | 429 | 979 | 38 | 3% | 4% |
| Dental Health Aide Therapists | 7 | 8 | 2 | - | 25% | 16 | 25 | 8 | - | 32% | 33 | 50 | 10 | - | 20% |
| Dental Hygienists | 18 | 26 | 0 | 8% | - | 7 | 11 | 2 | - | 18% | 226 | 619 | 21 | 2% | 3% |
| **Grand Total** | **886** | **1064** | **72** | **2%** | **7%** | **686** | **1081** | **188** | **2%** | **17%** | **10927** | **19415** | **1811** | **2%** | **9%** |
Table 5 below shows the distribution of positions and vacancies by organization type. As the largest healthcare employers, hospitals reported the largest number of positions, and show substantial need for Personal Care Aides and Assistants (36%), Magnetic Resonance Imaging Technologists (13%), Surgical Technicians and Technologists (14%), All Other Allied Health and Radiologic Technologist and Technicians (41% and 14%), Dieticians and Nutritionists (13%), and all Therapy and Therapy support positions - Occupational Therapists (16%), Occupational Therapy Assistants (29%), Physical Therapist Aides (17%), Physical Therapists (26%), Physical Therapy Assistants (18%), Speech-Language Pathologists (19%), and their Assistants (14%).

Offices of Physicians and Dentists have relatively low vacancy rates in the Allied Health and Ancillary Services category, although Physician Offices have a 13% estimated vacancy rate for CNAs. CNAs are also in demand in Other Ambulatory Health Care Services (41%) and Nursing and Residential Care facilities (25%).

Offices of Other Health Practitioners, which is a broad organizational category including an array of employers (i.e. pharmacies, and therapy and alternative medicine clinics), had notable vacancies in Pharmacists (13%), Audiologists (36%), Physical Therapy Aides (33%), Physical Therapists (23%), Speech Language Pathologists (22%), and Speech Language Pathology Assistants (29%).

Finally, of note, Nursing and Residential Care Facilities showed an overall estimated vacancy rate of 25%, with Medical Assistants (15%), Personal Care Aides and Assistants (28%), and All Other Therapists Support Workers (26%). And, Non-Health Organizations, surveyed for the first time in this study, reported substantial vacancies in First Responder occupations, especially Emergency Medical Technician (EMT) at 18% and Paramedics at 22%. Home Health Aides (15%) seem also to be needed in Non-Health Organizations with an estimated 98 positions.
Table 5: Estimated Positions, Vacancies and Vacancy Rates by Occupation and by Organization Type

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Hospitals</th>
<th>Offices of Physicians</th>
<th>Offices of Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>First Responders</td>
<td>23</td>
<td>40 8 20%</td>
<td>4 6 0</td>
</tr>
<tr>
<td>Emergency Medical Technicians</td>
<td>13</td>
<td>20 0</td>
<td>2 3 0</td>
</tr>
<tr>
<td>Paramedics</td>
<td>10</td>
<td>20 8 40%</td>
<td>2 3 0</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>349</td>
<td>540 24 4%</td>
<td>5 7 0</td>
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<tr>
<td>Pharmacists</td>
<td>195</td>
<td>299 15 5%</td>
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</tr>
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<td>Pharmacy Aides and Assistants</td>
<td>12</td>
<td>20 0</td>
<td>0 0 0</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>142</td>
<td>221 9 4%</td>
<td>5 7 0</td>
</tr>
<tr>
<td>Community Health</td>
<td>229</td>
<td>395 65 16%</td>
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<td>Community Health Aide/Practitioners</td>
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<td>395 65 16%</td>
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<tr>
<td>Nursing Support and Personal Care</td>
<td>961</td>
<td>1428 141 10%</td>
<td>172 596 37 6%</td>
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<tr>
<td>Certified Nursing Assistants</td>
<td>548</td>
<td>803 73 9%</td>
<td>25 186 24 13%</td>
</tr>
<tr>
<td>Home Health Aides</td>
<td>4</td>
<td>5 0</td>
<td>0 0 0</td>
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<tr>
<td>Medical Assistants</td>
<td>313</td>
<td>472 34 7%</td>
<td>147 410 13 3%</td>
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<td>45</td>
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<td>Personal Care Aides and Assistants</td>
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<td>50 161 3 2%</td>
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<tr>
<td>Diagnostic Medical Sonographers</td>
<td>44</td>
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<tr>
<td>Dietetic Technicians</td>
<td>27</td>
<td>39 0</td>
<td>0 0 0</td>
</tr>
<tr>
<td>Echocardiography Technicians</td>
<td>19</td>
<td>28 1 4%</td>
<td>0 0 0</td>
</tr>
<tr>
<td>Electrocardiology (EKG or ECG) Technicians</td>
<td>34</td>
<td>53 6 11%</td>
<td>1 2 0</td>
</tr>
<tr>
<td>Electroneurodiagnostic (END or EEG) Technicians</td>
<td>23</td>
<td>34 3 9%</td>
<td>0 0 0</td>
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<tr>
<td>Limited Radiologic Technicians</td>
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<td>5 0</td>
<td>0 0 0</td>
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<td>Occupation</td>
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<td>Total Sample</td>
<td>Estimated Total Positions</td>
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<tr>
<td>Magnetic Resonance Imaging (MRI) Technologists</td>
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<td>Medical and Clinical Lab Technologists</td>
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<td>251</td>
<td>23</td>
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<td>Medical Equipment Technicians and Repairers</td>
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<td>Nuclear Medicine Technicians and Technologists</td>
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<td>Ophthalmic Medical Technicians</td>
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<td>Opticians, Dispensing</td>
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2012 AK Health Workforce Vacancy Study  
August 2014  
Alaska Center for Rural Health, University of Alaska Anchorage
## Detailed Occupation by Group

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### Detailed Occupation by Group

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*Note: Detailed Occupation by Group includes various occupations with their respective estimated total positions, estimated total vacancies, and estimated vacancy rates.*

---

2012 AK Health Workforce Vacancy Study  
Alaska Center for Rural Health, University of Alaska Anchorage  
August 2014  
Final Report
### Detailed Occupation by Group

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<th>Health Education Institutions</th>
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### Detailed Occupation by Group

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## Detailed Occupation by Group

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<td><strong>517</strong></td>
<td><strong>734</strong></td>
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Counselors, Behavioral Health Therapists and Clinicians

The Counselors, Behavioral Health Therapists and Clinicians category represents the workforce on the AK SHOT responsible for providing the vast majority of behavioral and mental health services throughout Alaska. These occupations range from high school prepared to Doctorate level and include: Clinical Psychologists, Clinical Social Workers, Counseling Psychologists, Marriage and Family Therapists, Mental and Behavioral Health Clinicians and Counselors, Behavioral Health Clinical Associates, Behavioral Health Aides, including Village Counselors, Rehabilitation Counselors, Substance Use Disorder Counselors and All Other. A full description of each occupation’s scope of work and typical minimum education requirements are provided in the Appendix.

Table 6 shows the distribution of positions and vacancies across rural and urban settings and statewide. Typically, the rural behavioral and mental health workforce consists of Mental and Behavioral Health Clinicians and Counselors (master’s prepared providers), Behavioral Health Clinical Associates (typically trained to the Associate’s degree level), and Behavioral Health Aides and Village Counselors (typically trained through a tribal health organization).

The data show considerably higher vacancy rates in rural regions in every occupation except for Behavioral Health Clinical Associates, which highlights the huge disparity in access to mental and behavioral health services that exists in Alaska.

Rural regions have approximately 51% (814) of the number of estimated positions in urban settings (1587 total positions). However, they showed 117 total estimated vacancies versus 114 estimated vacancies for urban respondents.

Table 6: Rural, Urban and Statewide – Estimated Positions, Vacancies, and Vacancy Rates by Occupation

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<th>Detailed Occupation by Group</th>
<th>Sampled Positions</th>
<th>Estimated Total Positions Rural</th>
<th>Estimated Total Positions Urban</th>
<th>Estimated Vacancy Rates Rural</th>
<th>Estimated Vacancy Rates Urban</th>
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<td>327</td>
<td>964</td>
<td>42</td>
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<td>Clinical Psychologists</td>
<td>87</td>
<td>31</td>
<td>134</td>
<td>4</td>
<td>8</td>
<td>13%</td>
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<tr>
<td>Clinical Social Workers</td>
<td>61</td>
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<td>62</td>
<td>4</td>
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<td>15%</td>
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<td>Marriage and Family Therapists</td>
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<td>6</td>
<td>12</td>
<td>29%</td>
</tr>
<tr>
<td>Clinical Associates</td>
<td>223</td>
<td>146</td>
<td>173</td>
<td>14</td>
<td>25</td>
<td>10%</td>
</tr>
<tr>
<td>Behavioral Health Clinical Associates</td>
<td>223</td>
<td>146</td>
<td>173</td>
<td>14</td>
<td>25</td>
<td>10%</td>
</tr>
<tr>
<td>Behavioral, Mental Health,</td>
<td>484</td>
<td>341</td>
<td>450</td>
<td>61</td>
<td>32</td>
<td>18%</td>
</tr>
</tbody>
</table>
Table 7 shows the number of positions included in the sample, the estimated positions, vacancies, vacancy rate, and temporary rate for each region.

The seemingly low vacancy rates in Anchorage/Mat Su and Fairbanks in the Professional Counselors, Therapists and Clinicians category mask an usage of temporary employees in Anchorage/Mat Su for Mental and Behavioral Health Clinicians (37% of 19 vacancies), with the vacancy rate for All Other Health Related Therapists and Clinicians at 13% (12 vacancies). In Fairbanks, estimated temporary rates are negligible, but when the report was conducted high estimated vacancy rates persisted for Clinical Psychologists, Clinical Social Workers, and Behavioral Health Clinical Associates.

Across rural regions, estimated vacancy rates were high for the tribal-specific Behavioral Health Aides/Therapists occupation ranging from 15%-50% with an accumulative 20 positions vacant – the majority in the North region (14 vacancies, 21% vacancy rate).

The Gulf-Coast/Rural South Central, Rural Southeast, North and Juneau showed Substance Use Disorder Counselors to be a critical demand at the time the survey was conducted.
### Table 7: Estimated Positions, Vacancies, and Vacancy and Temporary Rates by Occupation and by Region

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Anchorage/Mat-Su</th>
<th>Fairbanks</th>
<th>Gulf Coast - Rural Southcentral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Professional Counselors, Therapists, and Clinicians</td>
<td>415</td>
<td>627</td>
<td>38</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
<td>33</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Social Workers</td>
<td>38</td>
<td>58</td>
<td>2</td>
</tr>
<tr>
<td>Counseling Psychologists</td>
<td>17</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>Marriage and Family Therapists</td>
<td>49</td>
<td>74</td>
<td>5</td>
</tr>
<tr>
<td>Mental and Behavioral Health Clinicians and Counselors</td>
<td>214</td>
<td>323</td>
<td>19</td>
</tr>
<tr>
<td>All Other Health Related Therapists and Clinicians</td>
<td>64</td>
<td>96</td>
<td>12</td>
</tr>
<tr>
<td>Clinical Associates</td>
<td>78</td>
<td>118</td>
<td>10</td>
</tr>
<tr>
<td>Behavioral Health Clinical Associates</td>
<td>78</td>
<td>118</td>
<td>10</td>
</tr>
<tr>
<td>Behavioral, Mental Health, and Rehabilitation Counselors</td>
<td>223</td>
<td>346</td>
<td>15</td>
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<tr>
<td>Behavioral Health Aides (BHA) including Village Counselors</td>
<td>1</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Rehabilitation Counselors</td>
<td>9</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Substance Use Disorder Counselors</td>
<td>129</td>
<td>194</td>
<td>12</td>
</tr>
<tr>
<td>All Other Behavioral Health Counselors</td>
<td>84</td>
<td>126</td>
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</tr>
<tr>
<td>Grand Total</td>
<td>716</td>
<td>1091</td>
<td>63</td>
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## Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Professional Counselors, Therapists, and Clinicians</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
</tr>
</thead>
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<td>55</td>
<td>23</td>
<td>13</td>
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<tr>
<td>Estimated Total Positions</td>
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<td>13</td>
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<tr>
<td>Estimated Total Vacancies</td>
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<tr>
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<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Estimated Temp Rate</td>
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<td>5%</td>
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<tr>
<td>Estimated Vacancy Rate</td>
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<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Total Sample</td>
<td>23</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Estimated Total Positions</td>
<td>46</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>Estimated Total Vacancies</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Estimated Vacancy Rate</td>
<td>2%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Estimated Temp Rate</td>
<td>4%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Total Sample</td>
<td>13</td>
<td>67</td>
<td>30</td>
</tr>
<tr>
<td>Estimated Total Positions</td>
<td>20</td>
<td>134</td>
<td>10</td>
</tr>
<tr>
<td>Estimated Total Vacancies</td>
<td>14</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Estimated Vacancy Rate</td>
<td>1%</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td>Estimated Temp Rate</td>
<td>9%</td>
<td>19%</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Professional Counselors, Therapists, and Clinicians

<table>
<thead>
<tr>
<th>Category</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Psychologists</td>
<td>22</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Social Workers</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Counseling Psychologists</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Marriage and Family Therapists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mental and Behavioral Health Clinicians and Counselors</td>
<td>24</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>All Other Health Related Therapists and Clinicians</td>
<td>6</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Associates</td>
<td>38</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Behavioral Health Clinical Associates</td>
<td>38</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Behavioral, Mental Health, and Rehabilitation Counselors</td>
<td>38</td>
<td>39</td>
<td>5</td>
</tr>
<tr>
<td>Behavioral Health Aides (BHA) including Village Counselors</td>
<td>11</td>
<td>33</td>
<td>4</td>
</tr>
<tr>
<td>Rehabilitation Counselors</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Substance Use Disorder Counselors</td>
<td>6</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>All Other Behavioral Health Counselors</td>
<td>18</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Grand Total</td>
<td>131</td>
<td>162</td>
<td>14</td>
</tr>
</tbody>
</table>

### Estimated Vacancy Rate

- **Juneau**: 3%
- **North**: 5%
- **Rural Interior**: 3%
## Detailed Occupation by Group

<table>
<thead>
<tr>
<th></th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Professional Counselors, Therapists, and Clinicians</td>
<td>92</td>
<td>116</td>
<td>15</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
<td>16</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Clinical Social Workers</td>
<td>14</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>Counseling Psychologists</td>
<td>3</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Marriage and Family Therapists</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Mental and Behavioral Health Clinicians/Counselors</td>
<td>48</td>
<td>58</td>
<td>5</td>
</tr>
<tr>
<td>All Other Health Related Therapists and Clinicians</td>
<td>9</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Associates</td>
<td>51</td>
<td>61</td>
<td>7</td>
</tr>
<tr>
<td>Behavioral Health Clinical Associates</td>
<td>51</td>
<td>61</td>
<td>7</td>
</tr>
<tr>
<td>Behavioral, Mental Health, and Rehabilitation Counselors</td>
<td>17</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td>Behavioral Health Aides (BHA) including Village Counselors</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Rehabilitation Counselors</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Substance Use Disorder Counselors</td>
<td>10</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>All Other Behavioral Health Counselors</td>
<td>3</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Grand Total</td>
<td>160</td>
<td>201</td>
<td>31</td>
</tr>
</tbody>
</table>
Hospitals, Other Ambulatory Health Care Services, Nursing and Residential Care Facilities and Social Assistance organizations employ the vast majority of this category’s positions. There was considerable need for specific occupations shown through reported and estimated vacancy rates.

A large number of Behavioral Health Aides/Therapists are employed by tribally-owned hospitals; an estimated 21% vacancy rate was calculated with 10 positions open, in Table 8.

Other Ambulatory Health Care Services employers reported estimated vacancy rate for Clinical Social Workers at 21% (6 vacancies), Substance User Disorder Counselors at 24% (23 vacancies) and Behavioral Health Aides/Therapists at 24% (9 vacancies).

The All Other Health Related Therapists and Clinicians category, which would include all occupations not represented by those detailed occupations provided, was high in Offices of Other Health Practitioners (14%) and Nursing and Residential Care Facilities (24%).

Finally, in these last employer categories, Social Assistance is the largest employer of these occupations, and although calculated vacancy rates were high in some categories, the number of positions and vacancies were quite low. Given this, their needs are consistent with others in that Behavioral Health Aides/Therapists vacancy rate was estimated at 14% (2 vacancies) and Clinical Psychologists at 17% (1 vacancy).
Table 8: Estimated Positions, Vacancies and Vacancy Rates by Occupation and by Organization Type

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Hospitals</th>
<th>Offices of Physicians</th>
<th>Offices of Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Vacancies</td>
</tr>
<tr>
<td>Professional Counselors, Therapists, and Clinicians</td>
<td>127</td>
<td>201</td>
<td>13</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
<td>7</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Social Workers</td>
<td>20</td>
<td>29</td>
<td>3</td>
</tr>
<tr>
<td>Counseling Psychologists</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Marriage and Family Therapists</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Mental and Behavioral Health Clinicians and Counselors</td>
<td>92</td>
<td>149</td>
<td>10</td>
</tr>
<tr>
<td>All Other Health Related Therapists and Clinicians</td>
<td>4</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Associates</td>
<td>49</td>
<td>82</td>
<td>7</td>
</tr>
<tr>
<td>Behavioral Health Clinical Associates</td>
<td>49</td>
<td>82</td>
<td>7</td>
</tr>
<tr>
<td>Behavioral Mental Health and Rehabilitation Counselors</td>
<td>152</td>
<td>253</td>
<td>42</td>
</tr>
<tr>
<td>Behavioral Health Aides (BHA) including Village Counselors</td>
<td>24</td>
<td>48</td>
<td>10</td>
</tr>
<tr>
<td>Rehabilitation Counselors</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Substance Use Disorder Counselors</td>
<td>30</td>
<td>46</td>
<td>3</td>
</tr>
<tr>
<td>All Other Behavioral Health Counselors</td>
<td>98</td>
<td>159</td>
<td>29</td>
</tr>
<tr>
<td>Grand Total</td>
<td>328</td>
<td>536</td>
<td>62</td>
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### Detailed Occupation by Group

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<th>Professional Counselors, Therapists, and Clinicians</th>
<th>Offices of Other Health Practitioners</th>
<th>Other Ambulatory Health Care Services</th>
<th>Nursing and Residential Care Facilities</th>
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<tr>
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<td>Estimated Total Positions</td>
<td>Estimated Vacancies</td>
</tr>
<tr>
<td></td>
<td>41</td>
<td>64</td>
<td>5</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
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</tr>
<tr>
<td>Clinical Social Workers</td>
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<td>8</td>
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</tr>
<tr>
<td>Counseling Psychologists</td>
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<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Marriage and Family Therapists</td>
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<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Mental and Behavioral Health Clinicians and Counselors</td>
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<td>8</td>
<td>0</td>
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<tr>
<td>All Other Health Related Therapists and Clinicians</td>
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<td><strong>0</strong></td>
</tr>
<tr>
<td>Behavioral Health Clinical Associates</td>
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<td>0</td>
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<tr>
<td><strong>Behavioral Mental Health and Rehabilitation Counselors</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
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<td>Behavioral Health Aides (BHA) including Village Counselors</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rehabilitation Counselors</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Substance Use Disorder Counselors</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Behavioral Health Counselors</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
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<td><strong>64</strong></td>
<td><strong>5</strong></td>
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<td>Detailed Occupation by Group</td>
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</tr>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Vacancies</td>
</tr>
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<td>Professional Counselors, Therapists, and Clinicians</td>
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<td>0</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Social Workers</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Counseling Psychologists</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Marriage and Family Therapans</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mental and Behavioral Health Clinicians and Counselors</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Health Related Therapists and Clinicians</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Associates</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Behavioral Health Clinical Associates</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Behavioral Mental Health and Rehabilitation Counselors</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Behavioral Health Aides (BHA) including Village Counselors</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rehabilitation Counselors</td>
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<tr>
<td>Substance Use Disorder Counselors</td>
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<td>0</td>
</tr>
<tr>
<td>All Other Behavioral Health Counselors</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Professional Counselors, Therapists, and Clinicians</th>
<th>Non Health Organizations</th>
<th>State Government</th>
</tr>
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<td>Estimated Total Positions</td>
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<td>9</td>
</tr>
<tr>
<td>Clinical Social Workers</td>
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<td>5</td>
</tr>
<tr>
<td>Counseling Psychologists</td>
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<td>18</td>
</tr>
<tr>
<td>Marriage and Family Therapists</td>
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<tr>
<td>Mental and Behavioral Health Clinicians and Counselors</td>
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<td>64</td>
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<td>All Other Health Related Therapists and Clinicians</td>
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<td>6</td>
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<tr>
<td>Clinical Associates</td>
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<tr>
<td>Behavioral Mental Health and Rehabilitation Counselors</td>
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<tr>
<td>Behavioral Health Aides (BHA) including Village Counselors</td>
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<td>17</td>
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<tr>
<td>Rehabilitation Counselors</td>
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<td>0</td>
</tr>
<tr>
<td>Substance Use Disorder Counselors</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>All Other Behavioral Health Counselors</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>73</td>
<td>123</td>
</tr>
</tbody>
</table>
Dentists

The Dental and Allied Dental workforce, especially in Alaska, has undergone considerable transformation in the last eight years with the implementation of the Alaska Native Tribal Health Consortium's (ANTHC's) Dental Health Aide/Therapist program. The use of these workers in the tribal health system, and expanded functions assistants and hygienists in oral health delivery generally, helps extend dentists’ practice. It should be noted that the aging workforce for Dentists, General and Dentists, Specialized should be seriously considered. In 2009, Alaska’s Oral Health Plan stated 26% of Alaska’s dentists are aged 65 or older. Additionally, the report states dentists’ retirements will outnumber dental graduates in the ensuing decade (State of Alaska, 2009). The impact of impending retirements is expected to be dire over the next decade, particularly impacting access to oral health care in rural communities and for Medicaid recipients and elderly patients.

In the AK SHOT, the Dentists category consists of two subgroups: Dentists, General and Dentists, Specialized. All Dental Support occupations (Dental Health Aides/Therapists, Dental Assistants and Dental Hygienists) can be found under the Allied Health and Ancillary Services category.

Table 9 shows that, although position numbers are low, Dentists, All Other Specialties showed the highest estimated vacancy rates overall in this category. The majority of these positions is found in urban regions and employed in Offices of Dentists.

Table 9: Rural, Urban and Statewide – Estimated Positions, Vacancies, and Vacancy Rates by Occupation

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Sampled Positions</th>
<th>Estimated Total Positions</th>
<th>Estimated Total Vacancies</th>
<th>Estimated Vacancy Rates</th>
<th>Estimated Statewide Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists, General</td>
<td>249</td>
<td>249</td>
<td>123</td>
<td>10</td>
<td>8% 6% 2%</td>
</tr>
<tr>
<td>Dentists</td>
<td>249</td>
<td>249</td>
<td>123</td>
<td>10</td>
<td>8% 1% 2%</td>
</tr>
<tr>
<td>Dentists, Specialized</td>
<td>39</td>
<td>39</td>
<td>45</td>
<td>10</td>
<td>2% 2% 2%</td>
</tr>
<tr>
<td>Dentists, All Other Specialties</td>
<td>12</td>
<td>12</td>
<td>9</td>
<td>1</td>
<td>11% 14% 12%</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgeons</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>- - -</td>
</tr>
<tr>
<td>Orthodontists</td>
<td>14</td>
<td>14</td>
<td>36</td>
<td>0</td>
<td>- - -</td>
</tr>
<tr>
<td>Prosthodontists</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>- - -</td>
</tr>
<tr>
<td>Grand Total</td>
<td>288</td>
<td>288</td>
<td>613</td>
<td>11</td>
<td>7% 1% 2%</td>
</tr>
</tbody>
</table>

In Table 10, the estimated temporary rates are shown by region, and the statewide aggregate shows Oral and Maxillofacial Surgeons rely on a temporary workforce at 17% and Dentists, All Other Specialties at 12%. Both of these seem to come largely from the Anchorage/Mat Su region, although reported vacant positions are 0.
Table 10: Estimated Positions, Vacancies, Vacancy and Temporary Rates by Occupation and by Region

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Anchorage/Mat-Su</th>
<th>Fairbanks</th>
<th>Gulf Coast - Rural Southcentral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Dentists, General</td>
<td>139</td>
<td>461</td>
<td>5</td>
</tr>
<tr>
<td>Dentists</td>
<td>139</td>
<td>461</td>
<td>5</td>
</tr>
<tr>
<td>Dentists, Specialized</td>
<td>23</td>
<td>58</td>
<td>0</td>
</tr>
<tr>
<td>Dentists, All Other Specialties</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgeons</td>
<td>7</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Orthodontists</td>
<td>8</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td>Prosthodontists</td>
<td>5</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>162</td>
<td>519</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
<td>Estimated Vacancy Rate</td>
</tr>
<tr>
<td>Dentists, General</td>
<td>27</td>
<td>36</td>
<td>0</td>
</tr>
<tr>
<td>Dentists</td>
<td>27</td>
<td>36</td>
<td>0</td>
</tr>
<tr>
<td>Dentists, Specialized</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Dentists, All Other Specialties</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

2012 AK Health Workforce Vacancy Study
Alaska Center for Rural Health, University of Alaska Anchorage

August 2014
Final Report
### Oral and Maxillofacial Surgeons

<table>
<thead>
<tr>
<th></th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Total Positions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Vacancies</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Temp Rate</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Vacancy Rate</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Sample</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Total Positions</td>
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</tr>
<tr>
<td>Estimated Vacancies</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Estimated Temp Rate</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Vacancy Rate</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Grand Total</td>
<td>30</td>
<td>39</td>
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<tr>
<td>Estimated Total Positions</td>
<td>16</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Estimated Vacancies</td>
<td>17</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Estimated Temp Rate</td>
<td>7</td>
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</tr>
<tr>
<td>Estimated Vacancy Rate</td>
<td>17</td>
<td>30</td>
<td>1</td>
</tr>
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</table>

### Orthodontists

<table>
<thead>
<tr>
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<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>Estimated Total Positions</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Vacancies</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Temp Rate</td>
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<td>0</td>
</tr>
<tr>
<td>Estimated Vacancy Rate</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Sample</td>
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</tr>
<tr>
<td>Estimated Total Positions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Vacancies</td>
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<td>0</td>
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<td>Estimated Temp Rate</td>
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<td>0</td>
</tr>
<tr>
<td>Estimated Vacancy Rate</td>
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</tr>
<tr>
<td>Grand Total</td>
<td>3</td>
<td>5</td>
<td>0</td>
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<tr>
<td>Estimated Total Positions</td>
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<tr>
<td>Estimated Vacancies</td>
<td>28</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Temp Rate</td>
<td>28</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Vacancy Rate</td>
<td>28</td>
<td>39</td>
<td>0</td>
</tr>
</tbody>
</table>

### Prosthodontists

<table>
<thead>
<tr>
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<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
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<td>Total Sample</td>
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<td>0</td>
</tr>
<tr>
<td>Estimated Total Positions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Vacancies</td>
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<tr>
<td>Estimated Temp Rate</td>
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<td>Estimated Vacancy Rate</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Sample</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Total Positions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Vacancies</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Estimated Temp Rate</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
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<td>Estimated Vacancy Rate</td>
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<td>0</td>
<td>0</td>
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<td>Grand Total</td>
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<td>3</td>
<td>0</td>
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<tr>
<td>Estimated Total Positions</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>Estimated Vacancies</td>
<td>17</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Estimated Temp Rate</td>
<td>4</td>
<td>17</td>
<td>-</td>
</tr>
<tr>
<td>Estimated Vacancy Rate</td>
<td>17</td>
<td>30</td>
<td>1</td>
</tr>
</tbody>
</table>
### Table 11: Estimated Positions, Vacancies and Vacancy Rates by Occupation and by Organization

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Hospitals</th>
<th>Offices of Physicians</th>
<th>Offices of Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimated Total Positions</td>
<td>Estimated Vacancies</td>
<td>Estimated Vacancy Rate</td>
</tr>
<tr>
<td>Dentists, General</td>
<td>24</td>
<td>42</td>
<td>8</td>
</tr>
<tr>
<td>Dentists</td>
<td>24</td>
<td>42</td>
<td>8</td>
</tr>
<tr>
<td>Dentists, Specialized</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dentists, All Other Specialties</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgeons</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orthodontists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prosthodontists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>24</td>
<td>42</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Offices of Other Health Practitioners</th>
<th>Other Ambulatory Health Care Services</th>
<th>Nursing and Residential Care Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Vacancies</td>
</tr>
<tr>
<td>Dentists, General</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Dentists</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Dentists, Specialized</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dentists, All Other Specialties</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgeons</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orthodontists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prosthodontists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
### Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Home Health Care Services</th>
<th>Social Assistance</th>
<th>Health Education Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Dentists, General</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dentists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dentists, Specialized</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dentists, All Other Specialties</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgeons</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orthodontists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prosthodontists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Non Health Organizations</th>
<th>State Government</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
</tr>
<tr>
<td>Dentists, General</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Dentists</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Dentists, Specialized</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Dentists, All Other Specialties</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgeons</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Orthodontists</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Prosthodontists</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Grand Total</td>
<td>9</td>
<td>12</td>
</tr>
</tbody>
</table>
Healthcare Administration

Healthcare Administration includes occupations responsible for the daily operations, budgeting, and management of facilities and/or departments. While their training may not be health care specific, individuals in management and leadership, occupational health and safety, and administrative support must possess health care-specific knowledge and skills in order to perform their duties.

The AK SHOT identifies 19 prevalent and essential occupations in health care settings. Their definitions are provided in the Appendix. It should be noted, however, that with the expanded use of Electronic Medical Record software and other health management systems, many of these positions are in current fluctuation. The scopes of work are changing, especially in the Administrative Support Occupations Group – Healthcare Billing Clerks and Technicians, Medical Records Filing Clerks, Medical Transcriptionists and Professional Medical Coders, in particular.

Table 12 estimates the rural and urban positions, vacancies and vacancy rates. It also provides the estimated statewide vacancy rate for comparison.

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Sampled Positions</th>
<th>Estimated Total Positions</th>
<th>Estimated Total Vacancies</th>
<th>Estimated Vacancy Rates</th>
<th>Estimated Statewide Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare Managers, Directors and Supervisors</strong></td>
<td>1292</td>
<td>765</td>
<td>1635</td>
<td>43</td>
<td>58</td>
</tr>
<tr>
<td>Behavioral Health Directors and Supervisors</td>
<td>167</td>
<td>87</td>
<td>173</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Chief Executive Officers (CEO), Healthcare-specific</td>
<td>46</td>
<td>33</td>
<td>57</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Chief Medical Officers (CMO)</td>
<td>59</td>
<td>29</td>
<td>70</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Chief Nursing Officers and Directors</td>
<td>46</td>
<td>33</td>
<td>38</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Financial Managers and Officers, Healthcare-specific</td>
<td>123</td>
<td>105</td>
<td>108</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Healthcare Social and Community Services Managers</td>
<td>86</td>
<td>36</td>
<td>101</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Hospital Administrators</td>
<td>32</td>
<td>30</td>
<td>19</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Operations Managers and Officers, Healthcare-specific</td>
<td>293</td>
<td>146</td>
<td>519</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td><strong>All Other Healthcare-specific Managers, Directors, and Supervisors</strong></td>
<td>440</td>
<td>266</td>
<td>550</td>
<td>14</td>
<td>15</td>
</tr>
</tbody>
</table>
As the data in this table indicate, while overall the estimated vacancy rates are low in this category and somewhat even between rural and urban settings, Occupational Health and Safety Technicians stand out with 18% estimated vacancy in rural and 12% estimated vacancy in urban regions.

More significant disparities are apparent when comparing vacancies between regions. In Table 13, the Gulf-Coast / Rural South Central region shows rates of 10% or 1 position vacancy in the Chief Medical Officer and Chief Nursing Officer /Director categories. As there is only one of each of these positions at a facility, prolonged vacancies can be particularly detrimental to the facility.

The use of temporary staffing is quite high in this category, especially in the North and Rural Interior regions in the occupations of Behavioral Health Directors and Supervisors and Professional Medical Coders.
Table 13: Estimated Positions, Vacancies, Vacancy and Temporary Rates by Occupation and by Region

<table>
<thead>
<tr>
<th>Detail Occupation by Group</th>
<th>Anchorage/Mat-Su</th>
<th>Fairbanks</th>
<th>Gulf Coast - Rural Southcentral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Healthcare Managers, Directors and Supervisors</td>
<td>627</td>
<td>1296</td>
<td>45</td>
</tr>
<tr>
<td>Behavioral Health Directors and Supervisors</td>
<td>106</td>
<td>160</td>
<td>9</td>
</tr>
<tr>
<td>Chief Executive Officers (CEO), Healthcare-specific</td>
<td>15</td>
<td>33</td>
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</tr>
<tr>
<td>Chief Medical Officers (CMO)</td>
<td>33</td>
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<td>0</td>
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<tr>
<td>Chief Nursing Officers and Directors</td>
<td>25</td>
<td>38</td>
<td>2</td>
</tr>
<tr>
<td>Financial Managers and Officers, Healthcare-specific</td>
<td>57</td>
<td>97</td>
<td>5</td>
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<tr>
<td>Healthcare Social and Community Services Managers</td>
<td>51</td>
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<tr>
<td>Hospital Administrators</td>
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<td>19</td>
<td>2</td>
</tr>
<tr>
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<td>304</td>
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<td>Detail Occupation by Group</td>
<td>Anchorage/Mat-Su</td>
<td>Fairbanks</td>
<td>Gulf Coast - Rural Southcentral</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------</td>
<td>----------</td>
<td>--------------------------------</td>
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<tr>
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<td>233</td>
<td>29</td>
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<td>Administrative Support Occupations</td>
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<td>2341</td>
<td>99</td>
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<td>460</td>
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<td>2</td>
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<tr>
<td>Medical Records and Health Information Technician</td>
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<td>147</td>
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<td>Medical Records Filing Clerks</td>
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<td>273</td>
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<tr>
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<td>905</td>
<td>31</td>
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<tr>
<td>Grand Total</td>
<td>1681</td>
<td>4174</td>
<td>176</td>
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<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dentists, General</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Directors and Supervisors</td>
<td>58</td>
<td>49</td>
<td>13</td>
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<tr>
<td>Chief Executive Officers (CEO), Healthcare-specific</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Chief Medical Officers (CMO)</td>
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<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Chief Nursing Officers and Directors</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Financial Managers and Officers, Healthcare-specific</td>
<td>4</td>
<td>6</td>
<td>1</td>
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<tr>
<td>Healthcare Social and Community Services Managers</td>
<td>8</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Hospital Administrators</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Operations Managers and Officers, Healthcare-specific</td>
<td>13</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>All Other Healthcare-specific Managers, Directors, and Supervisors</td>
<td>28</td>
<td>35</td>
<td>19</td>
</tr>
<tr>
<td><strong>Occupational Health and Safety Occupations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Health and Safety Specialists</td>
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<td>41</td>
<td>6</td>
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<tr>
<td>Occupational Health and Safety Technicians</td>
<td>7</td>
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<table>
<thead>
<tr>
<th>Administrative Support Occupations</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Billing Clerks and Technicians</td>
<td>10</td>
<td>28</td>
<td>3</td>
</tr>
<tr>
<td>Healthcare Insurance Claims Processors</td>
<td>7</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Medical Records and Health Information Technician</td>
<td>12</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Medical Records Filing Clerks</td>
<td>6</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>Medical Secretaries</td>
<td>30</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Medical Transcriptionists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Professional Medical Coders (CPC, CCS, or CCS-P required)</td>
<td>11</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>All Other Health Information Occupations</td>
<td>9</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

**Grand Total**: 150 | 193 | 4 | 169 | 325 | 22 | 41 | 59 | 3 | 5% | 5%
<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total</td>
<td>Estimated Total</td>
</tr>
<tr>
<td></td>
<td>Positions</td>
<td>Vacancies</td>
<td>Temp Rate</td>
</tr>
<tr>
<td>Healthcare Managers, Directors and Supervisors</td>
<td>146</td>
<td>175</td>
<td>9</td>
</tr>
<tr>
<td>Behavioral Health Directors and Supervisors</td>
<td>13</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Chief Executive Officers (CEO), Healthcare-specific</td>
<td>5</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Chief Medical Officers (CMO)</td>
<td>5</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Chief Nursing Officers and Directors</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Financial Managers and Officers, Healthcare-specific</td>
<td>10</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Healthcare Social and Community Services Managers</td>
<td>9</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Hospital Administrators</td>
<td>5</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Operations Managers and Officers, Healthcare-specific</td>
<td>13</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>All Other Healthcare-specific Managers, Directors, and Supervisors</td>
<td>82</td>
<td>97</td>
<td>6</td>
</tr>
<tr>
<td>Occupational Health and Safety Occupations</td>
<td>13</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>Occupational Health and Safety Specialists</td>
<td>6</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Occupational Health and Safety Specialists</td>
<td>7</td>
<td>11</td>
<td>3</td>
</tr>
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</table>

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<table>
<thead>
<tr>
<th>Detailed Occupation by</th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety Technicians</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Administrative Support Occupations</strong></td>
<td>211</td>
<td>252</td>
<td>11</td>
</tr>
<tr>
<td>Healthcare Billing Clerks and Technicians</td>
<td>25</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>Healthcare Insurance Claims Processors</td>
<td>9</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Medical Records and Health Information Technician</td>
<td>14</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Medical Records Filing Clerks</td>
<td>10</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Medical Secretaries</td>
<td>57</td>
<td>69</td>
<td>3</td>
</tr>
<tr>
<td>Medical Transcriptionists</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Professional Medical Coders (CPC, CCS, or CCS-P required)</td>
<td>17</td>
<td>19</td>
<td>2</td>
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<tr>
<td>All Other Health Information Occupations</td>
<td>78</td>
<td>94</td>
<td>6</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>370</strong></td>
<td><strong>446</strong></td>
<td>23</td>
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</table>
In Table 14, it shows that while Hospitals have the largest number of these types of occupations, they are relatively evenly distributed amongst employer types except for Education Institutions, Non-Health Organizations, and State Government, as one would expect. This is an indication of the criticality of these types of positions and how common they are in the health system.

Hospitals show high vacancy rates of 18% for Behavioral Health Directors and Supervisors (7 positions), Health Care Social and Community Service Managers (2 positions) and 2 vacant positions each for Occupational Health and Safety Officers and Technicians.

Other Ambulatory Health Care Services employers calculated the next highest vacancy estimates in, again, Healthcare Social and Community Managers (19%, 6 positions) and Occupational Health and Safety Technicians (20%, 3 positions).

State Government, Hospitals, and Other Ambulatory Health Care Services employers all have high calculated estimated vacancy rates for Healthcare Social and Community Managers.

Table 14: Estimated Positions, Vacancies and Vacancy Rates by Occupation and by Organization

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Hospitals</th>
<th></th>
<th></th>
<th></th>
<th>Offices of Physicians</th>
<th></th>
<th></th>
<th></th>
<th>Offices of Dentists</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
<td>Estimated Vacancy Rate</td>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
<td>Estimated Vacancy Rate</td>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Healthcare Managers, Directors and Supervisors</td>
<td>475</td>
<td>735</td>
<td>43</td>
<td>6%</td>
<td>93</td>
<td>232</td>
<td>5</td>
<td>2%</td>
<td>48</td>
<td>142</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Behavioral Health Directors and Supervisors</td>
<td>23</td>
<td>38</td>
<td>7</td>
<td>18%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>0</td>
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</tr>
<tr>
<td>Chief Executive Officers (CEO), Healthcare-specific</td>
<td>13</td>
<td>19</td>
<td>1</td>
<td>5%</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Chief Medical Officers (CMO)</td>
<td>36</td>
<td>54</td>
<td>1</td>
<td>2%</td>
<td>4</td>
<td>7</td>
<td>0</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Chief Nursing Officers and Directors</td>
<td>34</td>
<td>52</td>
<td>5</td>
<td>10%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
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<td>76</td>
<td>9</td>
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<td>6</td>
<td>9</td>
<td>0</td>
<td>-</td>
<td>8</td>
<td>31</td>
<td>0</td>
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</tr>
<tr>
<td>Healthcare Social and Community Services Managers</td>
<td>6</td>
<td>11</td>
<td>2</td>
<td>18%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Hospital Administrators</td>
<td>17</td>
<td>26</td>
<td>2</td>
<td>8%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
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<td>184</td>
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<td>4%</td>
<td>50</td>
<td>155</td>
<td>3</td>
<td>2%</td>
<td>29</td>
<td>75</td>
<td>3</td>
<td>4%</td>
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<tr>
<td>All Other Healthcare-specific Managers, Directors</td>
<td>184</td>
<td>275</td>
<td>8</td>
<td>3%</td>
<td>30</td>
<td>56</td>
<td>2</td>
<td>4%</td>
<td>6</td>
<td>31</td>
<td>0</td>
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</table>
### Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Hospitals</th>
<th>Offices of Physicians</th>
<th>Offices of Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>and Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Occupational Health and Safety Occupations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Health and Safety Specialists</td>
<td>6</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Occupational Health and Safety Specialists</td>
<td>5</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Occupational Health and Safety Technicians</td>
<td>1</td>
<td>2</td>
<td>100%</td>
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<tr>
<td><strong>Administrative Support Occupations</strong></td>
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<td><strong>1299</strong></td>
<td><strong>103</strong></td>
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<tr>
<td>Healthcare Billing Clerks and Technicians</td>
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<td>240</td>
<td>18%</td>
</tr>
<tr>
<td>Healthcare Insurance Claims Processors</td>
<td>12</td>
<td>20</td>
<td>10%</td>
</tr>
<tr>
<td>Medical Records and Health Information Technician</td>
<td>79</td>
<td>123</td>
<td>6%</td>
</tr>
<tr>
<td>Medical Records Filing Clerks</td>
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<td>167</td>
<td>8%</td>
</tr>
<tr>
<td>Medical Secretaries</td>
<td>206</td>
<td>309</td>
<td>23%</td>
</tr>
<tr>
<td>Medical Transcriptionists</td>
<td>31</td>
<td>46</td>
<td>0%</td>
</tr>
<tr>
<td>Professional Medical Coders (CPC, CCS, or CCS-P required)</td>
<td>131</td>
<td>199</td>
<td>15%</td>
</tr>
<tr>
<td>All Other Health Information Occupations</td>
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<td>195</td>
<td>31%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
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<td><strong>2044</strong></td>
<td><strong>150</strong></td>
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### Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Offices of Other Health Practitioners</th>
<th>Other Ambulatory Health Care Services</th>
<th>Nursing and Residential Care Facilities</th>
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<tbody>
<tr>
<td>and Supervisor</td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Vacancies</td>
</tr>
<tr>
<td><strong>Healthcare Managers, Directors and Supervisors</strong></td>
<td>31</td>
<td>101</td>
<td>0</td>
</tr>
<tr>
<td>Behavioral Health Directors and Supervisors</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Chief Executive Officers (CEO), Healthcare-specific</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Chief Medical Officers (CMO)</td>
<td>1</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Chief Nursing Officers and Directors</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Financial Managers and Officers, Healthcare-</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

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## Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Occupation by Group</th>
<th>Offices of Other Health Practitioners</th>
<th>Other Ambulatory Health Care Services</th>
<th>Nursing and Residential Care Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Social and Community Services Managers</td>
<td>0 0 0</td>
<td>21 32 6</td>
<td>19% 13 29 0</td>
</tr>
<tr>
<td>Hospital Administrators</td>
<td>0 0 0</td>
<td>9 14 2</td>
<td>14% 3 5 0</td>
</tr>
<tr>
<td>Operations Managers and Officers, Healthcare-specific</td>
<td>15 55 0</td>
<td>36 81 0</td>
<td>- 9 39 0</td>
</tr>
<tr>
<td>All Other Healthcare-specific Managers, Directors and Supervisor</td>
<td>11 27 0</td>
<td>41 111 1</td>
<td>1% 104 157 14</td>
</tr>
<tr>
<td>Occupational Health and Safety Occupations</td>
<td>0 0 0</td>
<td>11 17 3</td>
<td>18% 0 0 0</td>
</tr>
<tr>
<td>Occupational Health and Safety Specialists</td>
<td>0 0 0</td>
<td>1 2 0</td>
<td>- 0 0 0</td>
</tr>
<tr>
<td>Occupational Health and Safety Technicians</td>
<td>0 0 0</td>
<td>10 15 3</td>
<td>20% 0 0 0</td>
</tr>
<tr>
<td>Administrative Support Occupations</td>
<td>125 413 10</td>
<td>251 601 13</td>
<td>2% 150 250 30</td>
</tr>
<tr>
<td>Healthcare Billing Clerks and Technicians</td>
<td>14 51 0</td>
<td>66 133 7</td>
<td>5% 28 56 8</td>
</tr>
<tr>
<td>Healthcare Insurance Claims Processors</td>
<td>6 8 0</td>
<td>24 36 0</td>
<td>- 5 7 0</td>
</tr>
<tr>
<td>Medical Records and Health Information Technician</td>
<td>0 0 0</td>
<td>25 36 1</td>
<td>3% 5 7 0</td>
</tr>
<tr>
<td>Medical Records Filing Clerks</td>
<td>13 37 0</td>
<td>27 47 0</td>
<td>- 21 40 2</td>
</tr>
<tr>
<td>Medical Secretaries</td>
<td>73 234 10</td>
<td>77 303 5</td>
<td>2% 11 16 0</td>
</tr>
<tr>
<td>Medical Transcriptionists</td>
<td>3 5 0</td>
<td>2 3 0</td>
<td>- 0 0 0</td>
</tr>
<tr>
<td>Professional Medical Coders (CPC, CCS, or CCS-P required)</td>
<td>3 15 0</td>
<td>16 23 0</td>
<td>- 10 14 2</td>
</tr>
<tr>
<td>All Other Health Information Occupations</td>
<td>13 63 0</td>
<td>14 20 0</td>
<td>- 70 110 18</td>
</tr>
<tr>
<td>Grand Total</td>
<td><strong>156</strong> <strong>514</strong> <strong>10</strong></td>
<td><strong>469</strong> <strong>1023</strong> <strong>32</strong></td>
<td><strong>384</strong> <strong>656</strong> <strong>52</strong></td>
</tr>
</tbody>
</table>

## Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Occupation by Group</th>
<th>Home Health Care Services</th>
<th>Social Assistance</th>
<th>Health Education Institutions</th>
</tr>
</thead>
</table>

---

**2012 AK Health Workforce Vacancy Study**

**Alaska Center for Rural Health, University of Alaska Anchorage**

**August 2014**

**Final Report**
### Detailed Occupation by Group

<table>
<thead>
<tr>
<th></th>
<th>Home Health Care Services</th>
<th>Social Assistance</th>
<th>Health Education Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total</td>
<td>Estimated Vacancies</td>
</tr>
<tr>
<td><strong>Healthcare Managers, Directors, and Supervisors</strong></td>
<td>18</td>
<td>49</td>
<td>0</td>
</tr>
<tr>
<td>Behavioral Health Directors and Supervisors</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chief Executive Officers (CEO), Healthcare-specific</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chief Medical Officers (CMO)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chief Nursing Officers and Directors</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Financial Managers and Officers, Healthcare-specific</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Healthcare Social and Community Services Managers</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hospital Administrators</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Operations Managers and Officers, Healthcare-specific</td>
<td>8</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>All Other Healthcare-specific Managers, Directors and Supervisor</td>
<td>9</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td><strong>Occupational Health and Safety Occupations</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Occupational Health and Safety Specialists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Occupational Health and Safety Technicians</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Administrative Support Occupations</strong></td>
<td>21</td>
<td>31</td>
<td>0</td>
</tr>
<tr>
<td>Healthcare Billing Clerks and Technicians</td>
<td>7</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Healthcare Insurance Claims Processors</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Records and Health Information Technician</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Records Filing Clerks</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Medical Secretaries</td>
<td>8</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Medical Transcriptionists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Detailed Occupation by Group

<table>
<thead>
<tr>
<th></th>
<th>Home Health Care Services</th>
<th>Social Assistance</th>
<th>Health Education Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total</td>
<td>Estimated Vacancies</td>
</tr>
<tr>
<td>Professional Medical Coders (CPC, CCS, or CCS-P required)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Health Information Occupations</td>
<td>4</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>39</strong></td>
<td><strong>80</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

### Non Health Organizations

<table>
<thead>
<tr>
<th></th>
<th>Non Health Organizations</th>
<th>State Government</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
</tr>
<tr>
<td>Healthcare Managers, Directors, and Supervisors</td>
<td>28</td>
<td>95</td>
</tr>
<tr>
<td>Behavioral Health Directors and Supervisors</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Chief Executive Officers (CEO), Healthcare-specific</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Chief Medical Officers (CMO)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chief Nursing Officers and Directors</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Financial Managers and Officers, Healthcare-specific</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Healthcare Social and Community Services Managers</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Hospital Administrators</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Operations Managers and Officers, Healthcare-specific</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>All Other Healthcare-specific Managers, Directors and Supervisor</td>
<td>11</td>
<td>71</td>
</tr>
<tr>
<td>Occupational Health and Safety Occupations</td>
<td>114</td>
<td>604</td>
</tr>
<tr>
<td>Occupational Health and Safety Specialists</td>
<td>84</td>
<td>384</td>
</tr>
<tr>
<td>Occupational Health and Safety Technicians</td>
<td>30</td>
<td>220</td>
</tr>
<tr>
<td>Administrative Support Occupations</td>
<td>41</td>
<td>174</td>
</tr>
</tbody>
</table>
## Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Non Health Organizations</th>
<th>State Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Billing Clerks and Technicians</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Healthcare Insurance Claims Processors</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Records and Health Information Technician</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Medical Records Filing Clerks</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Medical Secretaries</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Medical Transcriptionists</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Professional Medical Coders (CPC, CCS, or CCS-P required)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Health Information Occupations</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>183</strong></td>
<td><strong>88</strong></td>
</tr>
</tbody>
</table>

**2012 AK Health Workforce Vacancy Study**

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Final Report
Healthcare Educators

The Healthcare Educators category includes occupations essential to workforce development and community health. Two subgroups: Nursing and Health Specialties Educators, and Community-Based Healthcare Educators, distinguish these two functions.

Nursing and Health Specialties Educators is predominately the group that teaches and trains students at the post-secondary level to enter a variety of health careers, including nursing and behavioral health. However, existing human resource systems in some large institutions could not provide the needed information, so this data was suppressed. Some regional data is available in Table 16. Health employers were able to respond with data regarding Nurse Educators (Healthcare Facility or Multi-site), which is insightful and provided below. Position information for Community Based Healthcare Educators, serving in a public health capacity to inform and educate populations on health issues and concerns, was readily provided. However, Community Wellness Advocates data was insufficient to analyze in Table 15.

Table 15: Rural, Urban and Statewide – Estimated Positions, Vacancies, and Vacancy Rates by Occupation

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Sampled Positions</th>
<th>Total Positions</th>
<th>Total Vacancies</th>
<th>Vacancy Rates</th>
<th>Estimated Statewide Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td>Nursing and Health Specialties Educators</td>
<td>115</td>
<td>45</td>
<td>127</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Health Specialties Teachers, University or College</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Health Specialties Teachers, Vocational/Technical</td>
<td>8</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Nurse Educators (Healthcare Facility or Multi-site)</td>
<td>101</td>
<td>33</td>
<td>118</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, University or College</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, Vocational/Technical</td>
<td>5</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Community-Based Healthcare Educators</td>
<td>187</td>
<td>159</td>
<td>182</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Community Wellness Advocates</td>
<td>43</td>
<td>44</td>
<td>21</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health Educators</td>
<td>90</td>
<td>69</td>
<td>73</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>All Other Community-based Healthcare Educators</td>
<td>54</td>
<td>46</td>
<td>88</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>All Other Healthcare Educators</td>
<td>67</td>
<td>10</td>
<td>87</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>All Other Healthcare</td>
<td>67</td>
<td>10</td>
<td>87</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 16 breaks down estimated positions, vacancies, and vacancy and temporary rates, by region, showing the approximate distribution of Healthcare Educators statewide. Of note, Nurse Educators, typically a Registered Nurse responsible for ensuring a facility has an adequate precepting or onboarding plan for new hires, and has timely access to regulatory and other continuing education trainings so staff can maintain current licenses, showed the most robust data. Nurse Educators are in need both in urban and rural regions. Anchorage/Mat Su (18%, 18 estimated vacancies) and Fairbanks (14%, 2 vacancies) have a combined estimated total of 115 positions out of the grand total of 152 positions statewide, likely because the largest hospitals in Alaska reside in these communities. In rural regions, the analysis shows vacancy rates as high as 58% (seven of twelve positions in Southwest were vacant), and the mean rural vacancy rate is 39%. This is critically high, especially when you consider the role these positions play in ensuring high quality care is provided.

Health Educators, largely fulfilling a public or community health education role, are also predominately employed in Anchorage/Mat Su and Fairbanks (64 of 141 positions). However, these positions may have responsibility for extending health information to rural regions. Higher estimated vacancy rates were calculated in Juneau (44%, 4 estimated vacancies) and Southwest (17%, 5 estimated vacancies).
## Table 16: Estimated Positions, Vacancies, Vacancy and Temporary Rates by Occupation and by Region

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Anchorage/Mat-Su</th>
<th>Fairbanks</th>
<th>Gulf Coast - Rural Southcentral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Nursing and Health Specialties Educators</td>
<td>69</td>
<td>104</td>
<td>18</td>
</tr>
<tr>
<td>Health Specialties Teachers, University or College</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health Specialties Teachers, Vocational/Technical</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Nurse Educators (Healthcare Facility or Multi-site)</td>
<td>67</td>
<td>101</td>
<td>18</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, University or College</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, Vocational/Technical</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community-Based Healthcare Educators</td>
<td>72</td>
<td>164</td>
<td>7</td>
</tr>
<tr>
<td>Community Wellness Advocates</td>
<td>14</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>Health Educators</td>
<td>40</td>
<td>61</td>
<td>5</td>
</tr>
<tr>
<td>All Other Community-based Healthcare Educators</td>
<td>18</td>
<td>82</td>
<td>2</td>
</tr>
<tr>
<td>All Other Healthcare Educators</td>
<td>59</td>
<td>86</td>
<td>2</td>
</tr>
<tr>
<td>All Other Healthcare Ed.</td>
<td>59</td>
<td>86</td>
<td>2</td>
</tr>
<tr>
<td>Grand Total</td>
<td>200</td>
<td>354</td>
<td>27</td>
</tr>
</tbody>
</table>
### Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Nursing and Health Specialties Educators</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Specialties Teachers, University or College</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health Specialties Teachers, Vocational/Technical</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nurse Educators (Healthcare Facility or Multi-site)</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, University or College</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, Vocational/Technical</td>
<td>5</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Community-Based Healthcare Educators</td>
<td>12</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Community Wellness Advocates</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health Educators</td>
<td>7</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>All Other Community-based Healthcare Educators</td>
<td>5</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>All Other Healthcare Educators</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>All Other Healthcare Ed.</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>21</td>
<td>26</td>
<td>5</td>
</tr>
</tbody>
</table>

**2012 AK Health Workforce Vacancy Study**

Alaska Center for Rural Health, University of Alaska Anchorage

August 2014

Final Report
## Detailed Occupation by Group

### Nursing and Health Specialties Educators

<table>
<thead>
<tr>
<th></th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
<td>Estimated Temp Rate</td>
</tr>
<tr>
<td>Health Specialties Teachers, University or College</td>
<td>10</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Health Specialties Teachers, Vocational/Technical</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nurse Educators (Healthcare Facility or Multi-site)</td>
<td>10</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, University or College</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, Vocational/Technical</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Community-Based Healthcare Educators

<table>
<thead>
<tr>
<th></th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
<td>Estimated Temp Rate</td>
</tr>
<tr>
<td>Community Wellness Advocates</td>
<td>24</td>
<td>33</td>
<td>1</td>
</tr>
<tr>
<td>Health Educators</td>
<td>14</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>All Other Community-based Healthcare Educators</td>
<td>9</td>
<td>14</td>
<td>0</td>
</tr>
</tbody>
</table>

### All Other Healthcare Educators

<table>
<thead>
<tr>
<th></th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
<td>Estimated Temp Rate</td>
</tr>
<tr>
<td>All Other Healthcare Educators</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>All Other Healthcare Educators</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### Grand Total

<table>
<thead>
<tr>
<th></th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
<td>Estimated Temp Rate</td>
</tr>
<tr>
<td>Grand Total</td>
<td>35</td>
<td>45</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 17 shows that Healthcare Educators tend to be employed by Hospitals, Non-Health Organizations, and Other Ambulatory Health Care Services. Hospital-based Nurse Educators had an estimated vacancy rate of 26%, with 25 estimated vacancies. Other Ambulatory Health Care Services employers had an estimated vacancy rate of 25%; however, this represents only two vacant positions. Finally, State Government, which has a responsibility to provide public health, had a 15% estimated vacancy rate for Nurse Educators and 11% overall in this category.
## Table 17: Estimated Positions, Vacancies and Vacancy Rate by Occupation and by Organization Type

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Hospitals</th>
<th>Offices of Physicians</th>
<th>Offices of Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td><strong>Nursing and Health Specialties Educators</strong></td>
<td>70</td>
<td>109</td>
<td>25</td>
</tr>
<tr>
<td>Health Specialties Teachers, University or College</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Health Specialties Teachers, Vocational/Technical</td>
<td>6</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Nurse Educators (Healthcare Facility or Multi-site)</td>
<td>63</td>
<td>97</td>
<td>25</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, University or College</td>
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<td>0</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, Vocational/Technical</td>
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</tr>
<tr>
<td><strong>Community-Based Healthcare Educators</strong></td>
<td>32</td>
<td>51</td>
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<tr>
<td>Community Wellness Advocates</td>
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<tr>
<td>Health Educators</td>
<td>27</td>
<td>42</td>
<td>5</td>
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<tr>
<td>All Other Community-based Healthcare Educators</td>
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</tr>
<tr>
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<tr>
<td>All Other Healthcare Educators</td>
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<tr>
<td><strong>Grand Total</strong></td>
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<td>161</td>
<td>30</td>
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<tr>
<td>Detailed Occupation by Group</td>
<td>Offices of Other Health Practitioners</td>
<td>Other Ambulatory Health Care Services</td>
<td>Nursing and Residential Care Facilities</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------</td>
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<td>----------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total</td>
<td>Estimated Vacancies</td>
</tr>
<tr>
<td>Nursing and Health Specialties Educators</td>
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<td>0</td>
</tr>
<tr>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health Specialties Teachers, Vocational/Technical</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nurse Educators (Healthcare Facility or Multi-site)</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, University or College</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, Vocational/Technical</td>
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<td>Community-Based Healthcare Educators</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Community Wellness Advocates</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Health Educators</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Community-based Healthcare Educators</td>
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<td>0</td>
</tr>
<tr>
<td>All Other Healthcare Educators</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Healthcare Educators</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Detailed Occupation by Group</td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>--------------</td>
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</tr>
<tr>
<td><strong>Home Health Care Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Assistance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Education Institutions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing and Health Specialties Educators</strong></td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
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<td>0</td>
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<td>Health Specialties Teachers, Vocational/Technical</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Nurse Educators (Healthcare Facility or Multi-site)</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, University or College</td>
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<td>0</td>
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<tr>
<td>Nursing Teachers and Instructors, Vocational/Technical</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community-Based Healthcare Educators</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community Wellness Advocates</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health Educators</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Community-based Healthcare Educators</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Healthcare Educators</td>
<td>0</td>
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<tr>
<td>All Other Healthcare Educators</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
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</table>
### Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Non Health Organizations</th>
<th>State Government</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>Estimated Total Positions</td>
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<tr>
<td><strong>Nursing and Health Specialties Educators</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health Specialties Teachers, University or College</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health Specialties Teachers, Vocational/Technical</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nurse Educators (Healthcare Facility or Multi-site)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, University or College</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Teachers and Instructors, Vocational/Technical</td>
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<td>0</td>
</tr>
<tr>
<td><strong>Community-Based Healthcare Educators</strong></td>
<td>42</td>
<td>124</td>
</tr>
<tr>
<td>Community Wellness Advocates</td>
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<td>1</td>
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<tr>
<td>Health Educators</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>All Other Community-based Healthcare Educators</td>
<td>39</td>
<td>112</td>
</tr>
<tr>
<td><strong>All Other Healthcare Educators</strong></td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>All Other Healthcare Educators</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>60</td>
<td>151</td>
</tr>
</tbody>
</table>
Healthcare Social Workers and Community Health Workers

The Healthcare Social Workers and Community Health Workers category represents occupations responsible for patient navigation, care coordination, and advocacy. In the coming years, it is likely these occupations will experience transformation due to the changing health care delivery system and the increase of patient-centered care.

In this study, it is important to clarify the Healthcare Social Workers occupation included here is only a small subset of Social Workers. The 2012 Health Workforce Vacancy Study examined Clinical Social Workers and Healthcare Social Workers only, because others types were considered to be in the Social Assistance industry, rather than in Health Care.

Table 18 shows Behavioral Health Case Managers and Care Coordinators with high estimated vacancy rates in rural (15%) and urban (14%) communities. Community Health Representatives, an Indian Health Services occupation, had similarly high rates, with rural at 15% and urban estimated at 17%. Healthcare Social Workers and All Other Community Health Workers were relatively low, and considered within the realm of expected vacancy. However, in the regional and organizational tables below, pockets of need are highlighted.

Table 18: Rural, Urban and Statewide – Estimated Positions, Vacancies, and Vacancy Rates by Occupation

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Sampled Positions</th>
<th>Total Positions</th>
<th>Total Vacancies</th>
<th>Vacancy Rates</th>
<th>Estimated Statewide Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Workers, Behavioral and Other Healthcare</td>
<td>790</td>
<td>379</td>
<td>808</td>
<td>54 103</td>
<td>14% 13% 13%</td>
</tr>
<tr>
<td>Behavioral Health Case Managers and Care Coordinators</td>
<td>670</td>
<td>336</td>
<td>636</td>
<td>50 91</td>
<td>15% 14% 15%</td>
</tr>
<tr>
<td>Healthcare Social Workers</td>
<td>120</td>
<td>43</td>
<td>172</td>
<td>4 12</td>
<td>9% 7% 8%</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>342</td>
<td>352</td>
<td>171</td>
<td>11 17</td>
<td>3% 10% 5%</td>
</tr>
<tr>
<td>Community Health Representatives (Indian Health Services)</td>
<td>77</td>
<td>61</td>
<td>52</td>
<td>9 9</td>
<td>15% 17% 15%</td>
</tr>
<tr>
<td>All Other Community Health Workers</td>
<td>265</td>
<td>291</td>
<td>119</td>
<td>2 8</td>
<td>1% 7% 2%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1132</td>
<td>731</td>
<td>979</td>
<td>65 120</td>
<td>9% 12% 11%</td>
</tr>
</tbody>
</table>

Table 19 shows Behavioral Health Case Managers and Care Coordinators posted estimated vacancy rates that are considered very high in all except three regions – North (where there are no positions), Rural Interior (where there are only two positions), and Rural Southeast (where there are 56 positions, but only 4 vacancies). The Statewide aggregate estimated vacancy rate was 15%, but Southwest had 25% with 9 vacancies, Gulf Coast – Rural Southcentral had 15% with 37 vacancies, Anchorage/Mat-
Su had 13% with 66 vacancies. Although vacancy rates in these regions are quite high, employers did not report using temporary staffing to fill the gap.

Healthcare Social Workers had lower vacancy rates in Anchorage/Mat-Su, Gulf Coast – Rural Southcentral, and Rural Southeast. However, there were significant openings in Southwest (29%) and Fairbanks (17%).

Community Health Workers occupations (520 positions) have relatively low vacancy numbers. Even so, six vacancies in Southwest translated to a 19% estimated vacancy rate in that region, and three vacancies each in Fairbanks (23%) and Juneau (30%) resulted in high vacancy rates. The tribal health system employs these workers to fill a vital public health role.
Table 19: Estimated Positions, Vacancies, Vacancy and Temporary Rates by Occupation and by Region

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Anchorage/Mat-Su</th>
<th>Fairbanks</th>
<th>Gulf Coast - Rural Southcentral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total</td>
<td>Estimated Vacancies</td>
</tr>
<tr>
<td>Social Workers, Behavioral and Other Healthcare</td>
<td>401</td>
<td>637</td>
<td>74</td>
</tr>
<tr>
<td>Behavioral Health Case Managers and Care Coordinators</td>
<td>339</td>
<td>510</td>
<td>66</td>
</tr>
<tr>
<td>Healthcare Social Workers</td>
<td>62</td>
<td>127</td>
<td>8</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>86</td>
<td>142</td>
<td>10</td>
</tr>
<tr>
<td>Community Health Representatives (Indian Health Services)</td>
<td>18</td>
<td>28</td>
<td>2</td>
</tr>
<tr>
<td>All Other Community Health Workers</td>
<td>68</td>
<td>114</td>
<td>8</td>
</tr>
<tr>
<td>Grand Total</td>
<td>487</td>
<td>779</td>
<td>84</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total</td>
<td>Estimated Vacancies</td>
</tr>
<tr>
<td>Social Workers, Behavioral and Other Healthcare</td>
<td>111</td>
<td>135</td>
<td>22</td>
</tr>
<tr>
<td>Behavioral Health Case Managers and Care Coordinators</td>
<td>97</td>
<td>118</td>
<td>22</td>
</tr>
</tbody>
</table>
### Detailed Occupation by Juneau, North, and Rural Interior

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Social Workers</td>
<td>14</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>13</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Community Health Representatives (Indian Health Services)</td>
<td>9</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>All Other Community Health Workers</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>124</td>
<td>150</td>
<td>25</td>
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</table>

### Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Group</th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Workers, Behavioral and Other Healthcare</td>
<td>49/66/5</td>
<td>27/43/11</td>
<td>790/1188/158</td>
</tr>
<tr>
<td>Behavioral Health Case Managers and Care Coordinators</td>
<td>41/56/4</td>
<td>23/36/9</td>
<td>670/972/141</td>
</tr>
<tr>
<td>Healthcare Social Workers</td>
<td>8/10/1</td>
<td>4/7/2</td>
<td>120/216/17</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>189/279/2</td>
<td>31/47/6</td>
<td>342/520/27</td>
</tr>
<tr>
<td>Community Health Representatives (Indian Health Services)</td>
<td>13/14/0</td>
<td>20/31/6</td>
<td>77/111/17</td>
</tr>
<tr>
<td>All Other Community Health Workers</td>
<td>176/265/2</td>
<td>11/16/0</td>
<td>265/409/10</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>238/345/7</td>
<td>58/90/17</td>
<td>1132/1708/185</td>
</tr>
</tbody>
</table>

2012 AK Health Workforce Vacancy Study
Alaska Center for Rural Health, University of Alaska Anchorage
August 2014
Final Report
In Table 20, Nursing and Residential Care Facilities (16% estimated vacancy rate; 115 vacancies) and Social Assistance (16% estimated vacancy rate; 14 vacancies) employers reported the highest vacancy rates for Behavioral Health Case Managers and Care Coordinators. Other Ambulatory Health Services employers showed the highest estimated vacancy rates for Healthcare Social Workers with six vacancies and a 27% rate.
Table 20: Estimated Positions, Vacancies and Vacancy Rates by Occupation and by Organization Type

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Hospitals Total Sample</th>
<th>Estimated Total Estimated Total Vacancies</th>
<th>Estimated Vacancy Rate</th>
<th>Offices of Physicians Total Sample</th>
<th>Estimated Total Estimated Total Vacancies</th>
<th>Estimated Vacancy Rate</th>
<th>Offices of Dentists Total Sample</th>
<th>Estimated Total Estimated Total Vacancies</th>
<th>Estimated Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Workers, Behavioral and Other Healthcare</strong></td>
<td>Total</td>
<td>Estimated Estimated Estimated Vacancies Rate</td>
<td></td>
<td>Estimated Estimated Estimated Vacancies Rate</td>
<td></td>
<td></td>
<td>Estimated Estimated Estimated Vacancies Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Case Managers and Care Coordinators</td>
<td>33</td>
<td>52</td>
<td>7</td>
<td>13%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Healthcare Social Workers</td>
<td>39</td>
<td>62</td>
<td>7</td>
<td>11%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td><strong>Community Health Workers</strong></td>
<td>8</td>
<td>14</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Community Health Representatives (Indian Health Svcs)</td>
<td>8</td>
<td>14</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>All Other Community Health Workers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>80</td>
<td>128</td>
<td>14</td>
<td>11%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</table>

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Offices of Other Total Sample</th>
<th>Estimated Estimated Estimated Vacancies Rate</th>
<th>Estimated Vacancy Rate</th>
<th>Other Ambulatory Total Sample</th>
<th>Estimated Estimated Estimated Vacancies Rate</th>
<th>Estimated Vacancy Rate</th>
<th>Nursing and Residential Total Sample</th>
<th>Estimated Estimated Estimated Vacancies Rate</th>
<th>Estimated Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Case Managers and Care Coordinators</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>50</td>
<td>80</td>
<td>9</td>
<td>11%</td>
<td>530</td>
</tr>
<tr>
<td>Healthcare Social Workers</td>
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<td>0</td>
<td>0</td>
<td>-</td>
<td>39</td>
<td>58</td>
<td>3</td>
<td>5%</td>
<td>516</td>
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<tr>
<td><strong>Community Health Workers</strong></td>
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<td>0</td>
<td>0</td>
<td>-</td>
<td>11</td>
<td>22</td>
<td>6</td>
<td>27%</td>
<td>14</td>
</tr>
<tr>
<td>Community Health Representatives (Indian Health Svcs)</td>
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<td>19</td>
<td>23</td>
<td>5</td>
<td>22%</td>
<td>45</td>
</tr>
<tr>
<td>All Other Community Health Workers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>-</td>
<td>45</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
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<td>-</td>
<td>69</td>
<td>103</td>
<td>14</td>
<td>14%</td>
<td>575</td>
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</table>
### Detailed Occupation by Group

**Home Health Care Services**

<table>
<thead>
<tr>
<th>Social Workers, Behavioral and Other Healthcare</th>
<th>Total Sample</th>
<th>Estimated Total Positions</th>
<th>Estimated Total Vacancies</th>
<th>Estimated Vacancy Rate</th>
<th>Social Assistance</th>
<th>Total Sample</th>
<th>Estimated Total Positions</th>
<th>Estimated Total Vacancies</th>
<th>Estimated Vacancy Rate</th>
<th>Health Education Institutions</th>
<th>Total Sample</th>
<th>Estimated Total Positions</th>
<th>Estimated Total Vacancies</th>
<th>Estimated Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Case Managers and Care Coordinators</td>
<td>14</td>
<td>22</td>
<td>0</td>
<td>-</td>
<td>78</td>
<td>112</td>
<td>15</td>
<td>13%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare Social Workers</td>
<td>11</td>
<td>17</td>
<td>0</td>
<td>-</td>
<td>21</td>
<td>27</td>
<td>1</td>
<td>4%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>179</td>
<td>269</td>
<td>4</td>
<td>1%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Representatives (Indian Health Services)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other Community Health Workers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>176</td>
<td>266</td>
<td>4</td>
<td>2%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>14</td>
<td>22</td>
<td>0</td>
<td>-</td>
<td>257</td>
<td>381</td>
<td>19</td>
<td>5%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
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</table>

**Non Health Organizations**

<table>
<thead>
<tr>
<th>Social Workers, Behavioral and Other Healthcare</th>
<th>Total Sample</th>
<th>Estimated Total Positions</th>
<th>Estimated Total Vacancies</th>
<th>Estimated Vacancy Rate</th>
<th>Community Health Workers</th>
<th>Total Sample</th>
<th>Estimated Total Positions</th>
<th>Estimated Total Vacancies</th>
<th>Estimated Vacancy Rate</th>
<th>State Government</th>
<th>Total Sample</th>
<th>Estimated Total Positions</th>
<th>Estimated Total Vacancies</th>
<th>Estimated Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Case Managers and Care Coordinators</td>
<td>22</td>
<td>64</td>
<td>1</td>
<td>2%</td>
<td>31</td>
<td>58</td>
<td>0</td>
<td>-</td>
<td>60</td>
<td>90</td>
<td>14</td>
<td>16%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare Social Workers</td>
<td>12</td>
<td>50</td>
<td>0</td>
<td>-</td>
<td>12</td>
<td>19</td>
<td>2</td>
<td>11%</td>
<td>12</td>
<td>19</td>
<td>2</td>
<td>11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>31</td>
<td>58</td>
<td>0</td>
<td>-</td>
<td>60</td>
<td>90</td>
<td>14</td>
<td>16%</td>
<td>60</td>
<td>90</td>
<td>14</td>
<td>16%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Representatives (Indian Health Services)</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>-</td>
<td>48</td>
<td>71</td>
<td>12</td>
<td>17%</td>
<td>48</td>
<td>71</td>
<td>12</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other Community Health Workers</td>
<td>30</td>
<td>56</td>
<td>0</td>
<td>-</td>
<td>12</td>
<td>19</td>
<td>2</td>
<td>11%</td>
<td>12</td>
<td>19</td>
<td>2</td>
<td>11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>53</td>
<td>122</td>
<td>1</td>
<td>1%</td>
<td>84</td>
<td>128</td>
<td>18</td>
<td>14%</td>
<td>84</td>
<td>128</td>
<td>18</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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2012 AK Health Workforce Vacancy Study  
Alaska Center for Rural Health, University of Alaska Anchorage  
August 2014  
Final Report
Medical Scientists and Engineers

The Medical Scientists and Engineers group consists of Epidemiologists, Medical Microbiologists, Biomedical Engineers, and Other Medical Scientists occupations. These professions tend to be master’s or doctoral prepared, and work in the realm of public health (epidemiologists), medical research and laboratories (medical microbiologists), and engineering as it applies to diagnostic and therapeutic medicine (biomedical engineering).

In Alaska, these positions tend to exist in Hospitals and State Government organizations where vacancies remain opened until filled, as no temporary staffing was reported for these positions. Regionally, the majority of Medical Scientist positions are located in urban settings (61 out of 64 total) and Medical Engineers are located in rural settings (15 out of 18 total).

Overall, these occupations have estimated vacancy rates that are within expectations; some acute vacancies exist that are worth noting.

In Table 21, the data show an estimated urban vacancy rate of 11% for Medical Microbiologists and an estimated rural vacancy rate of 13% for Biomedical Engineers.

Table 21: Rural, Urban and Statewide – Estimated Positions, Vacancies, and Vacancy Rates by Occupation

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Sampled Positions</th>
<th>Total Positions</th>
<th>Total Vacancies</th>
<th>Vacancy Rates</th>
<th>Estimated Statewide Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td>Medical Scientists</td>
<td>41</td>
<td>3</td>
<td>61</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Epidemiologists</td>
<td>7</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Microbiologists</td>
<td>28</td>
<td>0</td>
<td>45</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Medical Scientists</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Engineers</td>
<td>13</td>
<td>15</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Biomedical Engineers</td>
<td>13</td>
<td>15</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>54</td>
<td>18</td>
<td>64</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

In Table 22, more significant estimated vacancy rates are shown, especially for Anchorage/Mat-Su in filling Medical Microbiologists positions (25% vacancy rate; 4 of 16 positions vacant), and Biomedical Engineers in Southwest where a 40% estimated vacancy rate existed and 2 of 5 positions were open.
Table 22: Estimated Positions, Vacancies, Temporary and Vacancy Rates by Occupation and by Region

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Anchorage/Mat-Su</th>
<th>Fairbanks</th>
<th>Gulf Coast - Rural Southcentral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td><strong>Medical Scientists</strong></td>
<td>20</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>Epidemiologists</td>
<td>6</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Medical Microbiologists</td>
<td>10</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>All Other Medical Scientists</td>
<td>4</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td><strong>Medical Engineers</strong></td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Biomedical Engineers</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>22</td>
<td>34</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td><strong>Medical Scientists</strong></td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Epidemiologists</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Medical Microbiologists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Medical Scientists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Medical Engineers</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Biomedical Engineers</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
### Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Medical Scientists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Epidemiologists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Microbiologists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Medical Scientists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Medical Engineers</strong></td>
<td>7</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Biomedical Engineers</td>
<td>7</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>7</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 23 data shows that Hospitals were experiencing high vacancy rates at 18% for Biomedical Engineers, and State Government had five vacancies and a 14% estimated vacancy rate for Medical Microbiologists.
<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Hospitals</th>
<th>Offices of Physicians</th>
<th>Offices of Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Medical Scientists</td>
<td>14</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Epidemiologists</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Medical Microbiologists</td>
<td>6</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>All Other Medical Scientists</td>
<td>6</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Medical Engineers</td>
<td>7</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Biomedical Engineers</td>
<td>7</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Grand Total</td>
<td>21</td>
<td>33</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Offices of Other Health Practitioners</th>
<th>Other Ambulatory Health Care Services</th>
<th>Nursing and Residential Care Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Medical Scientists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Epidemiologists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Microbiologists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Medical Scientists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Engineers</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Biomedical Engineers</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Home Health Care Services</th>
<th>Social Assistance</th>
<th>Health Education Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Vacancies</td>
</tr>
<tr>
<td><strong>Medical Scientists</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epidemiologists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Microbiologists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other Medical Scientists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Engineers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biomedical Engineers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Non Health Organizations</th>
<th>State Government</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
</tr>
<tr>
<td><strong>Medical Scientists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epidemiologists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Microbiologists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other Medical Scientists</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Engineers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biomedical Engineers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nurses

Alaska’s nursing workforce is strong in numbers and occupation diversity, but appears to suffer from a lack of advanced practice nurses (APN) such as Family Nurse Practitioners, and specialty nurses such as perioperative nurses. With basic nursing programs throughout Alaska, preparing General Registered Nurses (RNs) at the bachelor’s and associates degree levels to meet industry demand occurs. Mal-distribution in rural regions remains a concern, as do shortages of specialty and advanced practice nurses.

In Table 24, a comprehensive look at nursing vacancies in rural and urban settings and statewide is presented. Although the aggregate Statewide Nursing estimated vacancy rates are relatively modest at 13% for APNs and 8% for RNs, these numbers mask much higher shortages in some specialty occupations.

In general, there are 913 positions estimated for Advanced Practice Nurses versus 7,855 for Registered Nurses – that is more than eight times more registered nursing positions statewide. 63% or 5,533 nursing positions were included in the sample.

Highest estimated vacancy rates were calculated in specialty areas across both sub-groups. Particularly high rural vacancy rates and position vacancies existed in Family Nurse Practitioners (17%, 41 vacancies), Nurse Anesthetists (15%, 3 vacancies) and Women’s Healthcare Nurse Practitioners (44%, 4 vacancies) in the APN subgroup; while high rural vacancies existed in Case Management Nurses (20%, 22 vacancies) and Perioperative Nurses (17%, 9 vacancies) in the RN subgroup.

Advanced Practice Nurses:

Overall, estimated vacancy rates in rural and urban settings for Advanced Practice Nurses tended to be higher than for Registered Nurses. The APN estimated rural rate topped 16% with 48 of 303 positions vacant, and the estimated urban rate was 12% with 73 of 610 positions vacant.

Although there are only 38 Women’s Healthcare Nurse Practitioners reported statewide, 16 are reported vacant, giving this occupation a rural vacancy rate of 44% and urban rate of 41%.

Specialty APNs such as Certified Nurse Midwives (13%), Clinical Nurse Specialists (13%), and Psychiatric Nurse Practitioners (16%), only show vacancy rates in the urban analysis due to low or non-existent positions in rural regions.

Registered Nurses:

Although the aggregate Statewide Registered Nurses vacancy rate is 8%, the data details much greater shortages in some specialty nursing occupations: Critical Care Nurses (17%), Perioperative Nurses (16%), and Psychiatric Nurses (18%). Critical Care (CCU) and Psychiatric Nurse vacancies are predominately in Anchorage, with CCU seeing 20% and Psychiatric seeing 19%. Case Management Nurse vacancy rates are higher in the rural areas at 20%, versus 9% urban.
Table 24: Rural, Urban and Statewide – Estimated Positions, Vacancies, and Vacancy Rates by Occupation

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Sampled Positions</th>
<th>Total Positions</th>
<th>Total Vacancies</th>
<th>Vacancy Rates</th>
<th>Estimated Statewide Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td><strong>Advanced Practice Nurses</strong></td>
<td>470</td>
<td>303</td>
<td>610</td>
<td>48</td>
<td>16%</td>
</tr>
<tr>
<td>Adult Acute Care Nurse Practitioners</td>
<td>8</td>
<td>17</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adult/Geriatric Nurse Practitioners</td>
<td>7</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Certified Nurse Midwives (CNM)</td>
<td>46</td>
<td>9</td>
<td>89</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Clinical Nurse Specialists (CNS)</td>
<td>12</td>
<td>1</td>
<td>16</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Family Nurse Practitioners</td>
<td>258</td>
<td>246</td>
<td>247</td>
<td>41</td>
<td>28</td>
</tr>
<tr>
<td>Nurse Anesthetists</td>
<td>37</td>
<td>20</td>
<td>33</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Pediatric Acute Care Nurse Practitioners</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pediatric Nurse Practitioners</td>
<td>8</td>
<td>0</td>
<td>23</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioners</td>
<td>52</td>
<td>0</td>
<td>88</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Women’s Healthcare Nurse Practitioners</td>
<td>11</td>
<td>9</td>
<td>29</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>All Other Advanced Practice Nurses</td>
<td>27</td>
<td>1</td>
<td>51</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>All Other Nurse Practitioners (Specialized)</td>
<td>4</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Registered Nurses (Except Advanced Practice Nurses)</td>
<td>5043</td>
<td>1640</td>
<td>6215</td>
<td>157</td>
<td>489</td>
</tr>
<tr>
<td>Case Management Nurses</td>
<td>256</td>
<td>112</td>
<td>273</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>Critical Care Nurses (CCU)</td>
<td>222</td>
<td>36</td>
<td>288</td>
<td>3</td>
<td>53</td>
</tr>
<tr>
<td>Emergency Room Nurses (ER)</td>
<td>233</td>
<td>102</td>
<td>246</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>Geriatric Nurses</td>
<td>36</td>
<td>55</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Nurse Managers (patient care setting)</td>
<td>264</td>
<td>124</td>
<td>270</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>Obstetric Nurses</td>
<td>253</td>
<td>49</td>
<td>326</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>Perioperative Nurses</td>
<td>190</td>
<td>52</td>
<td>229</td>
<td>9</td>
<td>38</td>
</tr>
<tr>
<td>Psychiatric Nurses</td>
<td>79</td>
<td>1</td>
<td>118</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Public Health Nurses</td>
<td>110</td>
<td>84</td>
<td>79</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Registered Nurses (General RN)</td>
<td>2832</td>
<td>908</td>
<td>3644</td>
<td>85</td>
<td>224</td>
</tr>
<tr>
<td>Registered Nurses, All Other Specialties</td>
<td>568</td>
<td>117</td>
<td>740</td>
<td>10</td>
<td>44</td>
</tr>
<tr>
<td>Detailed Occupation by Group</td>
<td>Sampled Positions</td>
<td>Total Positions</td>
<td>Total Vacancies</td>
<td>Vacancy Rates</td>
<td>Estimated Statewide</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>--------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><em>Vocational Nurses</em></td>
<td>315</td>
<td>131</td>
<td>447</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Licensed Practical Nurses (LPN)</td>
<td>315</td>
<td>131</td>
<td>447</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td><em>Grand Total</em></td>
<td>5828</td>
<td>2074</td>
<td>7272</td>
<td>217</td>
<td>574</td>
</tr>
</tbody>
</table>

In Table 25, data show the distribution of nursing positions across regions and their estimated temporary and vacancy rates.

For Advanced Practice Nurses, regional vacancy rates show critical shortages in the Fairbanks area (22%, 16 of 73 positions vacant), Gulf Coast – Rural Southcentral (17%, 7 of 42 positions vacant), North region (22%, 8 of 36 positions vacant), and Rural Interior (24%, 11 of 45 positions vacant).

In urban settings, Anchorage/Mat-Su shows high estimated vacancies for Family Nurse Practitioners (12%, 26 vacancies) and Women’s Healthcare Nurse Practitioners (50% vacancy rate, 12 vacancies). Fairbanks experienced high vacancies in Psychiatric Nurse Practitioners (50% vacancy rate, 6 vacancies) and Certified Nurse Midwives (19% vacancy rate, 8 vacancies).

In rural regions, Family Nurse Practitioners showed the most persistent high rates across the state ranging from 11% to 29% estimated vacancy rates.

Temporary rates by region show high usage of temporary APN staffing in Rural Interior with 16 of 45 positions filled with a temporary Family Nurse Practitioner (36%). The Southeast region had 9 of 51 positions filled with a temporary APN (18%).

In the Registered Nurse subgroup, the highest regional vacancy rates for Registered Nurses were in the Rural Interior (20%), and Southwest (14%). The Rural Interior utilizes temporary staffing solutions at an estimated rate of 20% as well.

For urban and rural regions alike, specialty registered nurses are in high demand. In Anchorage/Mat-Su, Critical Care Nurses (CCU) posted a 20% estimated vacancy rate (53 vacancies), and Psychiatric Nurses were close behind with 19% (22 vacancies), followed by Perioperative (38 vacancies) and Public Health Nurses (4 vacancies), both at 17%.

Across rural regions, Case Management Nurses were needed in the Rural Interior (33%), Southwest (22%), North (20%) and Gulf Coast – Southcentral (18%). In the Rural Southeast, where there is a high concentration of acute-care hospitals, Perioperative (31%), CCU (20%), and Emergency Room (14%) nurses had high estimated vacancy rates.

Overall, an estimated 3% of the Registered Nurse occupation is a temporary placement. However, the Perioperative specialty has an estimated 13% temporary staffing rate, which adds considerable cost for employers. It is as high as 15% (33 of 226 total positions) for this occupation in Anchorage/Mat-Su, where the majority of surgeries are conducted.
Table 25: Estimated Positions, Vacancies, Temporary and Vacancy Rates by Occupation and by Region

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Anchorage/Mat-Su</th>
<th>Fairbanks</th>
<th>Gulf Coast - Rural Southcentral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimated Total Positions</td>
<td>Estimated Vacancies</td>
<td>Estimated Temp Rate</td>
</tr>
<tr>
<td>Advanced Practice Nurses</td>
<td>244</td>
<td>532</td>
<td>56</td>
</tr>
<tr>
<td>Adult Acute Care Nurse Practitioners</td>
<td>5</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Adult/Geriatric Nurse Practitioners</td>
<td>7</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Certified Nurse Midwives (CNM)</td>
<td>29</td>
<td>44</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Nurse Specialists (CNS)</td>
<td>9</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Family Nurse Practitioners</td>
<td>83</td>
<td>223</td>
<td>26</td>
</tr>
<tr>
<td>Nurse Anesthetists</td>
<td>22</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>Pediatric Acute Care Nurse Practitioners</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pediatric Nurse Practitioners</td>
<td>7</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioners</td>
<td>50</td>
<td>76</td>
<td>8</td>
</tr>
<tr>
<td>Women's Healthcare Nurse Practitioners</td>
<td>2</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>All Other Advanced Practice Nurses</td>
<td>26</td>
<td>51</td>
<td>5</td>
</tr>
<tr>
<td>All Other Nurse Practitioners (Specialized)</td>
<td>4</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Registered Nurses (Except Advanced Practice Nurses)</td>
<td>3307</td>
<td>5234</td>
<td>408</td>
</tr>
<tr>
<td>Case Management Nurses</td>
<td>150</td>
<td>226</td>
<td>21</td>
</tr>
<tr>
<td>Critical Care Nurses (CCU)</td>
<td>179</td>
<td>270</td>
<td>53</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Detailed Occupation by</th>
<th>Anchorage/Mat-Su</th>
<th>Fairbanks</th>
<th>Gulf Coast - Rural Southcentral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room Nurses (ER)</td>
<td>141</td>
<td>212</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>1%</td>
<td>8%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Geriatric Nurses</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Nurse Managers (patient care setting)</td>
<td>175</td>
<td>263</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>1%</td>
<td>9%</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Obstetric Nurses</td>
<td>202</td>
<td>305</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>10%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Perioperative Nurses</td>
<td>150</td>
<td>226</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>15%</td>
<td>17%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric Nurses</td>
<td>75</td>
<td>114</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>2%</td>
<td>19%</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Public Health Nurses</td>
<td>15</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>17%</td>
<td>24</td>
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<tr>
<td>Registered Nurses (General RN)</td>
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<td>2877</td>
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</tr>
<tr>
<td></td>
<td>2%</td>
<td>5%</td>
<td>405</td>
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<tr>
<td>Registered Nurses, All Other Specialties</td>
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<td>715</td>
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<tr>
<td></td>
<td>3%</td>
<td>6%</td>
<td>9</td>
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<tr>
<td>Vocational Nurses</td>
<td>154</td>
<td>265</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>1%</td>
<td>3%</td>
<td>56</td>
</tr>
<tr>
<td>Licensed Practical Nurses (LPN)</td>
<td>154</td>
<td>265</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>1%</td>
<td>3%</td>
<td>56</td>
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<td>Grand Total</td>
<td>3705</td>
<td>6031</td>
<td>473</td>
</tr>
<tr>
<td></td>
<td>3%</td>
<td>8%</td>
<td>535</td>
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Alaska Center for Rural Health, University of Alaska Anchorage
<table>
<thead>
<tr>
<th>Detail Occupation by Group</th>
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<th>North</th>
<th>Rural Interior</th>
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<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total</td>
<td>Estimated Vacancies</td>
</tr>
<tr>
<td><strong>Advanced Practice Nurses</strong></td>
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<td>14</td>
<td>1</td>
</tr>
<tr>
<td>Adult Acute Care Nurse Practitioners</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adult/Geriatric Nurse Practitioners</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Certified Nurse Midwives (CNM)</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Nurse Specialists (CNS)</td>
<td>2</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Family Nurse Practitioners</td>
<td>6</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Nurse Anesthetists</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pediatric Acute Care Nurse Practitioners</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pediatric Nurse Practitioners</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioners</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Women’s Healthcare Nurse Practitioners</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>All Other Advanced Practice Nurses</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Nurse Practitioners (Specialized)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Registered Nurses (Except Advanced Practice Nurses)</strong></td>
<td>159</td>
<td>193</td>
<td>13</td>
</tr>
<tr>
<td>Case Management Nurses</td>
<td>13</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Critical Care Nurses (CCU)</td>
<td>15</td>
<td>18</td>
<td>0</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Detail Occupation by Group</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room Nurses (ER)</td>
<td>28</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Geriatric Nurses</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Nurse Managers (patient care setting)</td>
<td>4</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Obstetric Nurses</td>
<td>18</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Perioperative Nurses</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric Nurses</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Public Health Nurses</td>
<td>14</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Registered Nurses (General RN)</td>
<td>54</td>
<td>91</td>
<td>5</td>
</tr>
<tr>
<td>Registered Nurses, All Other Specialties</td>
<td>9</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Vocational Nurses</td>
<td>22</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>Licensed Practical Nurses (LPN)</td>
<td>22</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>194</td>
<td>197</td>
<td>39</td>
</tr>
</tbody>
</table>

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## Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Advanced Practice Nurses</td>
<td>42</td>
<td>51</td>
<td>6</td>
</tr>
<tr>
<td>Adult Acute Care Nurse Practitioners</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Adult/Geriatric Nurse Practitioners</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Certified Nurse Midwives (CNM)</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Nurse Specialists (CNS)</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Family Nurse Practitioners</td>
<td>34</td>
<td>41</td>
<td>6</td>
</tr>
<tr>
<td>Nurse Anesthetists</td>
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<tr>
<td>Pediatric Acute Care Nurse Practitioners</td>
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<td>0</td>
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<tr>
<td>Pediatric Nurse Practitioners</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioners</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Women's Healthcare Nurse Practitioners</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Advanced Practice Nurses</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Other Nurse Practitioners (Specialized)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Registered Nurses (Except Advanced Practice Nurses)</td>
<td>401</td>
<td>449</td>
<td>39</td>
</tr>
<tr>
<td>Case Management Nurses</td>
<td>19</td>
<td>21</td>
<td>2</td>
</tr>
</tbody>
</table>

2012 AK Health Workforce Vacancy Study
Alaska Center for Rural Health, University of Alaska Anchorage
<table>
<thead>
<tr>
<th>Detailed Occupation by</th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care Nurses (CCU)</td>
<td>14 15 3</td>
<td>0 0 0</td>
<td>222 324 56 5% 17%</td>
</tr>
<tr>
<td>Emergency Room Nurses (ER)</td>
<td>6 7 1 29% 14%</td>
<td>16 26 0</td>
<td>233 347 28 1% 8%</td>
</tr>
<tr>
<td>Geriatric Nurses</td>
<td>0 0 0</td>
<td>- -</td>
<td>36 57 3 - 5%</td>
</tr>
<tr>
<td>Nurse Managers (patient care setting)</td>
<td>29 32 3 - 9%</td>
<td>22 36 3 - 8%</td>
<td>264 393 30 1% 8%</td>
</tr>
<tr>
<td>Obstetric Nurses</td>
<td>6 7 0 29% -</td>
<td>0 0 0</td>
<td>- -</td>
</tr>
<tr>
<td>Perioperative Nurses</td>
<td>12 13 4 23% 31%</td>
<td>0 0 0</td>
<td>- -</td>
</tr>
<tr>
<td>Psychiatric Nurses</td>
<td>0 0 0 - -</td>
<td>0 0 0</td>
<td>- -</td>
</tr>
<tr>
<td>Public Health Nurses</td>
<td>15 17 0 - -</td>
<td>14 23 3 - 13%</td>
<td>110 164 16 - 10%</td>
</tr>
<tr>
<td>Registered Nurses (General RN)</td>
<td>250 281 25 5% 9%</td>
<td>79 127 17 2% 13%</td>
<td>2832 4552 308 3% 7%</td>
</tr>
<tr>
<td>Registered Nurses, All Other Specialties</td>
<td>50 56 1 - 2%</td>
<td>5 8 3 - 38%</td>
<td>568 858 54 3% 6%</td>
</tr>
<tr>
<td><strong>Vocational Nurses</strong></td>
<td><strong>19 21 0 5% -</strong></td>
<td><strong>9 14 3 - 21%</strong></td>
<td><strong>315 577 23 1% 4%</strong></td>
</tr>
<tr>
<td>Registered Practical Nurses (LPN)</td>
<td>19 21 0 5% -</td>
<td>9 14 3 - 21%</td>
<td>315 577 23 1% 4%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>462 521 45 6% 9%</strong></td>
<td><strong>246 398 55 1% 14%</strong></td>
<td><strong>5828 9342 784 3% 8%</strong></td>
</tr>
</tbody>
</table>
In Table 26, data shows Nursing occupations distributed across organizational types. Hospitals are, by far, the largest employers of both APNs and RNs. They have high estimated vacancy rates for Women’s Health Practitioners (100%, 3 vacancies), and for RNs in Case Management (16%, 29 vacancies), CCU (18%, 51 vacancies), and Perioperative (17%, 42 vacancies).

Offices of Physicians show greatest demand for APNs, particularly in the occupations of Family Nurse Practitioners (17%, 24 vacancies) and Women’s Healthcare Practitioners (41%, 12 vacancies). Family Nurse Practitioners were also in demand in Other Ambulatory Health Care Services (18%, 27 vacancies) and Social Assistance (25%, 2 vacancies) settings.

Psychiatric Nurse Practitioners had high estimated vacancy rates in Other Ambulatory Health Care Services (29%, 10 vacancies), and Nursing and Residential Care Facilities (25%, 2 vacancies).

Organizations with the highest APN estimated vacancies were Nursing and Residential Care Facilities (40%), Social Assistance (18%), Other Ambulatory Health Care Services (16%), and Offices of Physicians (16%).

Home Health Care Services organizations have the largest vacancy rates for Registered Nurses at 15%, followed by Social Assistance organizations at 13%. The smallest RN vacancy rates found by organization type were in Offices of Physicians (4%), and Nursing and Residential Care Facilities (7%). Hospitals and Offices of Dentists reported the same rate at 8%.

Specialty RNs were, as mentioned, in high demand in Hospital settings. Geriatric Nursing positions were needed in Other Ambulatory Health Care Services (25%, 2 positions), and Psychiatric Nursing positions in Nursing and Residential Care Facilities (40%, 2 positions) and State Government (19%, 18 positions). Nurse Managers were needed in Social Assistance settings with an estimated vacancy rate of 18% (3 vacancies), and in Non Health Organization with an estimated rate of 50% (2 positions).
Table 26: Estimated Positions, Vacancies, Vacancy Rates by Occupation and by Organization Type

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Hospitals</th>
<th></th>
<th></th>
<th>Offices of Physicians</th>
<th></th>
<th></th>
<th>Offices of Dentists</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
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2012 AK Health Workforce Vacancy Study
Alaska Center for Rural Health, University of Alaska Anchorage
August 2014
Final Report
### Detailed Occupation by Group

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<th>Occupation</th>
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### Detailed Occupation by Group

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<th>Estimated Vacancy Rate</th>
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<td>9%</td>
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*2012 AK Health Workforce Vacancy Study*  
*Alaska Center for Rural Health, University of Alaska Anchorage*  
*August 2014 Final Report*
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<td>Perioperative Nurses</td>
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<td><strong>47 69 2 3%</strong></td>
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### Detailed Occupation by Group

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## Detailed Occupation by Group

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<th>Health Education Institutions</th>
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</tr>
<tr>
<td>Pediatric Acute Care Nurse Practitioners</td>
<td>0 0 0 -</td>
<td></td>
</tr>
<tr>
<td>Pediatric Nurse Practitioners</td>
<td>0 0 0 -</td>
<td></td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioners</td>
<td>0 0 0 -</td>
<td></td>
</tr>
<tr>
<td>Women's Healthcare Nurse Practitioners</td>
<td>0 0 0 -</td>
<td></td>
</tr>
<tr>
<td>All Other Advanced Practice Nurses</td>
<td>0 0 0 -</td>
<td></td>
</tr>
<tr>
<td>All Other Nurse Practitioners (Specialized)</td>
<td>0 0 0 -</td>
<td></td>
</tr>
<tr>
<td>Registered Nurses (Except Advanced Practice Nurses)</td>
<td>297 590 33 6%</td>
<td></td>
</tr>
<tr>
<td>Case Management Nurses</td>
<td>0 0 0 -</td>
<td></td>
</tr>
<tr>
<td>Critical Care Nurses (CCU)</td>
<td>0 0 0 -</td>
<td></td>
</tr>
<tr>
<td>Detailed Occupation by Group</td>
<td>Non Health Organizations</td>
<td>State Government</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Emergency Room Nurses (ER)</td>
<td>0 0 0 -</td>
<td>0 0 0 -</td>
</tr>
<tr>
<td>Geriatric Nurses</td>
<td>0 0 0 -</td>
<td>0 0 0 -</td>
</tr>
<tr>
<td>Nurse Managers (patient care setting)</td>
<td>2 4 2 50%</td>
<td>5 7 0 -</td>
</tr>
<tr>
<td>Obstetric Nurses</td>
<td>0 0 0 -</td>
<td>0 0 0 -</td>
</tr>
<tr>
<td>Perioperative Nurses</td>
<td>0 0 0 -</td>
<td>0 0 0 -</td>
</tr>
<tr>
<td>Psychiatric Nurses</td>
<td>7 11 2 18%</td>
<td>64 96 18 19%</td>
</tr>
<tr>
<td>Public Health Nurses</td>
<td>0 0 0 -</td>
<td>104 153 17 11%</td>
</tr>
<tr>
<td>Registered Nurses (General RN)</td>
<td>286 561 29 5%</td>
<td>143 202 21 10%</td>
</tr>
<tr>
<td>Registered Nurses, All Other Specialties</td>
<td>2 14 0 -</td>
<td>53 77 3 4%</td>
</tr>
<tr>
<td><strong>Vocational Nurses</strong></td>
<td><strong>28 55 4 7%</strong></td>
<td><strong>43 62 3 5%</strong></td>
</tr>
<tr>
<td>Licensed Practical Nurses (LPN)</td>
<td>28 55 4 7%</td>
<td>43 62 3 5%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>330 652 37 6%</strong></td>
<td><strong>414 600 63 11%</strong></td>
</tr>
</tbody>
</table>
**Physician Assistants**

Physician Assistants is an occupation that, along with Family Nurse Practitioners, plays an increasingly central role in primary care and the medical field in general. While Alaska has a training program in partnership with the University of Washington with 20 in-Alaska seats, data from this study show the demand may outpace the supply in certain regions and with particular employers.

**Table 27** shows the rural, urban, and statewide estimates for positions, vacancies and vacancy rates. A significant disparity in the distribution of Physician Assistants exists; this table shows an estimated vacancy rate of 19% in rural respondents versus 5% in urban counterparts.

**Table 27: Rural, Urban and Statewide – Estimated Positions, Vacancies, and Vacancy Rates by Occupation**

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Sampled Positions</th>
<th>Total Positions</th>
<th>Total Vacancies</th>
<th>Vacancy Rates</th>
<th>Estimated Statewide Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td><strong>Physician Assistants</strong></td>
<td>303</td>
<td>189</td>
<td>340</td>
<td>35</td>
<td>16</td>
</tr>
<tr>
<td>Physician Assistants (PA-C)</td>
<td>303</td>
<td>189</td>
<td>340</td>
<td>35</td>
<td>16</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>303</td>
<td>189</td>
<td>340</td>
<td>35</td>
<td>16</td>
</tr>
</tbody>
</table>

**Table 28** shows the distribution of Physician Assistant (PA) positions across the labor market regions in Alaska. While demand is much higher in rural Alaska, Anchorage/Mat-Su shows 17% usage of temporary staffing for PAs and 14 positions estimated to be vacant.

In the Gulf Coast – Rural Southcentral region, there was an estimated 25% vacancy rate and 5% temporary staffing usage with 5 vacant positions; similar to Southwest with 28% estimated vacancy rate, 5% temporary staffing usage and 16 vacant positions.

In the Rural Interior, 18% of PA positions were estimated to be vacant, which translates into 9 openings, but only 2% were filled with temporary staff.
Table 28: Estimated Positions, Vacancies, Temporary and Vacancy Rates by Occupation and by Region

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Anchorage/Mat-Su</th>
<th>Fairbanks</th>
<th>Gulf Coast - Rural Southcentral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>147</td>
<td>233</td>
<td>14</td>
</tr>
<tr>
<td>Physician Assistants (PA-C)</td>
<td>147</td>
<td>233</td>
<td>14</td>
</tr>
<tr>
<td>Grand Total</td>
<td>147</td>
<td>233</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>9</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Physician Assistants (PA-C)</td>
<td>9</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>9</td>
<td>11</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Rural Southeast</th>
<th>Southwest</th>
<th>Statewide Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Physician Assistants (PA-C)</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>
In Table 29, the highest employer-based vacancy rates for Physician Assistants existed within Hospitals at 21% and 22 vacancies. A similar number of vacancies (21) were estimated in Other Ambulatory Health Care Services settings, but with 213 total positions, the estimated vacancy rate for this employer type was only 10%.

Table 29: Estimated Positions, Vacancies, Vacancy Rates by Occupation and by Organization Type

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th><strong>Hospitals</strong></th>
<th><strong>Offices of Physicians</strong></th>
<th><strong>Offices of Dentists</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>66</td>
<td>107</td>
<td>22</td>
</tr>
<tr>
<td>Physician Assistants (PA-C)</td>
<td>66</td>
<td>107</td>
<td>22</td>
</tr>
<tr>
<td>Grand Total</td>
<td>66</td>
<td>107</td>
<td>22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th><strong>Offices of Other Health Practitioners</strong></th>
<th><strong>Other Ambulatory Health Care Services</strong></th>
<th><strong>Nursing and Residential Care Facilities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>10</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Physician Assistants (PA-C)</td>
<td>10</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>10</td>
<td>20</td>
<td>0</td>
</tr>
</tbody>
</table>
### Detailed Occupation by Group

<table>
<thead>
<tr>
<th></th>
<th>Home Health Care Services</th>
<th>Social Assistance</th>
<th>Health Education Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td><strong>Physician Assistants</strong></td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Physician Assistants (PA-C)</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Estimated Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td><strong>Physician Assistants</strong></td>
<td>2</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Physician Assistants (PA-C)</td>
<td>2</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>2</td>
<td>12</td>
<td>0</td>
</tr>
</tbody>
</table>

### Non Health Organizations

<table>
<thead>
<tr>
<th></th>
<th>Home Health Care Services</th>
<th>Social Assistance</th>
<th>Health Education Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td><strong>Physician Assistants</strong></td>
<td>29</td>
<td>64</td>
<td>5</td>
</tr>
<tr>
<td>Physician Assistants (PA-C)</td>
<td>29</td>
<td>64</td>
<td>5</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>29</td>
<td>64</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Estimated Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td><strong>Physician Assistants</strong></td>
<td>10</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Physician Assistants (PA-C)</td>
<td>10</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>10</td>
<td>14</td>
<td>0</td>
</tr>
</tbody>
</table>
Physicians, Surgeons and Other Related Practitioners

Similar to Allied Health and Nursing categories in the AK SHOT, the Physicians, Surgeons and Other Related Practitioners category includes more categories than in any other previous Health Vacancy Study. These positions all require advanced training, mostly at the doctoral level, and taking a minimum of 12 years to complete after high school. In the Other Related Practitioners subgroup, occupations such as Acupuncturists follow a different educational path, but still require significant training in a post-secondary program.

Table 30 illustrates the rural, urban, and statewide distribution of estimated positions, vacancies and vacancy rates by each occupation. Although the aggregate vacancy rates are relatively low at 8% and 3%, respectively, specific occupations show particularly high demand.

Psychiatrists showed an estimated 22% statewide vacancy rate and Other Specialty Physicians was calculated at 14%; the majority of these positions are in urban settings. In rural respondents, the highest vacancy rates and position vacancies were estimated in Emergency Physicians (21%, 9 vacancies), General Practitioners and Family Physicians (21%, 47 vacancies) and Pediatricians (16%, 3 vacancies).

Table 30: Rural, Urban and Statewide – Estimated Positions, Vacancies, and Vacancy Rates by Occupation

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Sampled Positions</th>
<th>Total Positions</th>
<th>Total Vacancies</th>
<th>Vacancy Rates</th>
<th>Estimated Statewide Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural Urban Rural Urban Rural Urban Rural Urban</td>
<td>Rural Urban Rural Urban Rural Urban Rural Urban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians and Surgeons</td>
<td>1020</td>
<td>412 1747</td>
<td>65 114</td>
<td>16% 7%</td>
<td>8%</td>
</tr>
<tr>
<td>Anesthesiologists</td>
<td>61</td>
<td>8 95</td>
<td>1 3</td>
<td>13% 3%</td>
<td>4%</td>
</tr>
<tr>
<td>Emergency Physicians</td>
<td>79</td>
<td>43 174</td>
<td>9 0</td>
<td>21% -</td>
<td>4%</td>
</tr>
<tr>
<td>General Internists</td>
<td>26</td>
<td>17 29</td>
<td>0 2</td>
<td>- 7%</td>
<td>4%</td>
</tr>
<tr>
<td>General Practitioners and Family Physicians</td>
<td>355</td>
<td>223 352</td>
<td>47 18</td>
<td>21% 5%</td>
<td>11%</td>
</tr>
<tr>
<td>Hospitalists</td>
<td>65</td>
<td>3 93</td>
<td>0 6</td>
<td>- 6%</td>
<td>6%</td>
</tr>
<tr>
<td>Obstetricians and Gynecologists</td>
<td>42</td>
<td>14 164</td>
<td>1 11</td>
<td>7% 7%</td>
<td>7%</td>
</tr>
<tr>
<td>Ophthalmologists</td>
<td>15</td>
<td>0 55</td>
<td>0 1</td>
<td>- 2%</td>
<td>2%</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>61</td>
<td>19 134</td>
<td>3 6</td>
<td>16% 4%</td>
<td>6%</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>43</td>
<td>13 79</td>
<td>2 17</td>
<td>15% 22%</td>
<td>22%</td>
</tr>
<tr>
<td>Radiologists</td>
<td>47</td>
<td>15 123</td>
<td>1 5</td>
<td>7% 4%</td>
<td>4%</td>
</tr>
<tr>
<td>Surgeons</td>
<td>75</td>
<td>46 158</td>
<td>0 5</td>
<td>- 3%</td>
<td>3%</td>
</tr>
<tr>
<td>All Other Specialty Physicians</td>
<td>151</td>
<td>11 291</td>
<td>1 40</td>
<td>9% 14%</td>
<td>14%</td>
</tr>
<tr>
<td>Other Related Practitioners</td>
<td>89</td>
<td>52 158</td>
<td>1 6</td>
<td>2% 4%</td>
<td>3%</td>
</tr>
<tr>
<td>Acupuncturists</td>
<td>11</td>
<td>3 19</td>
<td>0 0</td>
<td>- -</td>
<td>-</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>26</td>
<td>17 78</td>
<td>0 2</td>
<td>- 3%</td>
<td>2%</td>
</tr>
<tr>
<td>Naturopaths</td>
<td>11</td>
<td>2 14</td>
<td>1 2</td>
<td>50% 14%</td>
<td>19%</td>
</tr>
<tr>
<td>Optometrists</td>
<td>33</td>
<td>30 35</td>
<td>0 2</td>
<td>- 6%</td>
<td>3%</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>8</td>
<td>0 12</td>
<td>0 0</td>
<td>- -</td>
<td>-</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1109</td>
<td>464 1905</td>
<td>66 120</td>
<td>14% 6%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Table 31 details the distribution of Physician, Surgeons and Other Related Practitioners across labor market regions in Alaska.

For Physicians and Surgeons, the majority of positions were located in Anchorage, where high vacancy rates were estimated for Psychiatrists (20%, 8 vacancies), All Other Specialty Physicians (14%, 40 vacancies), and General Internists (13%, 2 vacancies).

In urban sites, Anchorage/Mat-Su did not show significant demand for occupations under Other Related Practitioners. Conversely, in Fairbanks, low estimated vacancies existed in the Physicians and Surgeons subgroup, while higher rates were estimated for Naturopaths (40%, 2 positions), and Optometrists (29%, 2 positions).

Overall, General Practitioners and Family Physicians had high estimated vacancy rates in the North (26%, 16 vacancies), Southwest (25%, 15 vacancies), Gulf-Coast – Rural Southcentral (18%, 10 vacancies), and Rural Southeast (16%, 6 vacancies) – all rural regions.

Psychiatrists, in addition to being in high demand in urban areas, also had high estimated vacancy rates in Gulf Coast – Rural Southcentral (28%, 10 vacancies), and in the Rural Interior (100%, 2 positions).

High vacancy rates in the Southwest region that should be noted are Hospitalists (25%, 15 vacancies), and Emergency Physicians (50%, 8 vacancies).
<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Anchorage/Mat-Su</th>
<th>Fairbanks</th>
<th>Gulf Coast - Rural Southcentral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Physicians and Surgeons</td>
<td>624</td>
<td>1391</td>
<td>100</td>
</tr>
<tr>
<td>Anesthesiologists</td>
<td>44</td>
<td>77</td>
<td>3</td>
</tr>
<tr>
<td>Emergency Physicians</td>
<td>17</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>General Internists</td>
<td>10</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>General Practitioners and Family Physicians</td>
<td>157</td>
<td>270</td>
<td>17</td>
</tr>
<tr>
<td>Hospitalists</td>
<td>62</td>
<td>93</td>
<td>6</td>
</tr>
<tr>
<td>Obstetricians and Gynecologists</td>
<td>35</td>
<td>151</td>
<td>11</td>
</tr>
<tr>
<td>Ophthalmologists</td>
<td>11</td>
<td>49</td>
<td>0</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>42</td>
<td>119</td>
<td>4</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>27</td>
<td>41</td>
<td>8</td>
</tr>
<tr>
<td>Radiologists</td>
<td>30</td>
<td>111</td>
<td>5</td>
</tr>
<tr>
<td>Surgeons</td>
<td>53</td>
<td>157</td>
<td>4</td>
</tr>
<tr>
<td>All Other Specialty Physicians</td>
<td>136</td>
<td>281</td>
<td>40</td>
</tr>
<tr>
<td>Other Related Practitioners</td>
<td>46</td>
<td>103</td>
<td>2</td>
</tr>
<tr>
<td>Acupuncturists</td>
<td>4</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>15</td>
<td>56</td>
<td>2</td>
</tr>
<tr>
<td>Naturopaths</td>
<td>6</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Optometrists</td>
<td>15</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>6</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>670</td>
<td>1494</td>
<td>102</td>
</tr>
</tbody>
</table>
## Detailed Occupation by Group

<table>
<thead>
<tr>
<th>Physicians and Surgeons</th>
<th>Juneau</th>
<th>North</th>
<th>Rural Interior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Total Vacancies</td>
</tr>
<tr>
<td>Anesthesiologists</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Emergency Physicians</td>
<td>11</td>
<td>13</td>
<td>0%</td>
</tr>
<tr>
<td>General Internists</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>General Practitioners and Family Physicians</td>
<td>16</td>
<td>20</td>
<td>1%</td>
</tr>
<tr>
<td>Hospitalists</td>
<td>0</td>
<td>0</td>
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<td>4%</td>
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<td>Detailed Occupation by Group</td>
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<td>Southwest</td>
<td>Statewide Aggregate</td>
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<td>Estimated Total Vacancies</td>
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<tr>
<td>Obstetricians and</td>
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<td>4</td>
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</tr>
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<td>Gynecologists</td>
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<td></td>
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<tr>
<td>Surgeons</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Chiropractors</td>
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<td>Naturopaths</td>
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<tr>
<td>Podiatrists</td>
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</tr>
<tr>
<td>Grand Total</td>
<td>78</td>
<td>89</td>
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</table>
Table 32 describes vacancies from the employers’ perspective. In this occupational category, the majority of positions are employed by Offices of Physicians (839 positions), but this type has a low vacancy rate at 4% and only shows a high demand for All Other Specialty Physicians (23%). Home Health, Social Assistance, and Non Health Organizations also had low estimated vacancy rates for Physicians, Surgeons and Other Related Practitioners.

Hospitals, however, showed high need for General Practitioners and Family Physicians (20%, 34 vacancies), and Anesthesiologists (29%, 4 vacancies). Other Ambulatory Health Care Services shared this need with a 15% estimated vacancy rate and 24 openings, but also showed need for Obstetricians and Gynecologists (43%. 9 vacancies) and Psychiatrists as described below.

Finally, in addition to being in high demand across rural and urban setting and in multiple regions, Psychiatrists had an estimated vacancy rate of 31% with 5 vacancies in Nursing and Residential Care Facilities, and 22% with 11 vacancies for Other Ambulatory Health Care Services employers.
## Table 32: Estimated Positions, Vacancies, Vacancy Rates by Occupation and by Organization Type

<table>
<thead>
<tr>
<th>Detailed Occupation by Group</th>
<th>Hospitals</th>
<th>Offices of Physicians</th>
<th>Offices of Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Sample</td>
<td>Estimated Total Positions</td>
<td>Estimated Vacancies</td>
</tr>
<tr>
<td><strong>Physicians and Surgeons</strong></td>
<td>380</td>
<td>572</td>
<td>69</td>
</tr>
<tr>
<td>Anesthesiologists</td>
<td>10</td>
<td>14</td>
<td>4</td>
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<tr>
<td>Emergency Physicians</td>
<td>39</td>
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<tr>
<td>General Internists</td>
<td>12</td>
<td>17</td>
<td>2</td>
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<tr>
<td>General Practitionans and Family Physicians</td>
<td>108</td>
<td>171</td>
<td>34</td>
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<td>Hospitalists</td>
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<td>3</td>
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<td>14</td>
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<td>Ophthalmologists</td>
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<tr>
<td>Pediatricians</td>
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</tr>
<tr>
<td>Surgeons</td>
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</tr>
<tr>
<td>All Other Specialty Physicians</td>
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<tr>
<td>Chiropractors</td>
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<td>0</td>
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<tr>
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<tr>
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<td><strong>Grand Total</strong></td>
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<td>Detailed Occupation by Group</td>
<td>Offices of Other Health Practitioners</td>
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<tr>
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<td>General Practitioners and Family Physicians</td>
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<tr>
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<tr>
<td>Obstetricians and Gynecologists</td>
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<td>Estimated Total Vacancies</td>
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<td>Surgeons</td>
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<tr>
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# Detailed Occupation by Group

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<td>Chiropractors</td>
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<td><strong>Grand Total</strong></td>
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</table>
Conclusions and Recommendations

The sheer magnitude of the challenges inherent in developing and sustaining a high quality and stable health workforce is difficult to comprehend. However, Alaska has no choice but to address these challenges if it wants to maintain access to health care services and care for its residents far into the future. This can be accomplished by the following: 1) making long-term investments to prepare students in middle and high school for health-focused, post-secondary programs, 2) developing and sustaining post-secondary programs in-state to keep Alaskans here to study and ultimately practice, 3) examining laws and restrictions related to barrier crimes, alerting Alaska’s youth to be aware of the career consequences of their actions, and 4) continuing to invest in state-based loan repayment and incentive programs for health providers to come to Alaska’s rural communities to practice.

The Alaska Health Workforce Coalition is one entity monitoring each of these areas and developing specific strategies to accomplish goals in the areas of Engage, Train, Recruit and Retain health workforce. Generating ongoing support for this Coalition, with its expansive membership, will benefit Alaska in the long-term. Similarly, the Alaska Area Health Education Center (AHEC) system focuses on developing a strong pathway to interest Alaska youth in health careers, arrange participation in clinical experiences in rural and underserved areas of the state for students in their health professions programs, and provide continuing education for health professionals practicing in the state. The AHEC program office is deeply involved in health workforce research, as well as other work of the Coalition. This system includes five regional centers across the state which require support to maintain their critical activities.

This 2012 survey highlights several health occupations in need of additional analysis to more closely examine and define workforce needs. These include Physical and Occupational Therapists, Certified Nursing Assistants, Behavioral and Mental Health Counselors and Therapists, Family Nurse and other Nurse Practitioner specialists, Critical Care and Perioperative Registered Nurses, General Practitioners and Family Physicians and, finally, Psychiatrists. Vacancies in these occupations spanned regions and organizational types, plus have the workforce volume for the estimated data to be informative. As mentioned in the introduction, vacancy rates are one indicator of need, but should be considered with other workforce data to paint a comprehensive picture.

The scope of this 2012 Survey was larger than any other conducted to date; it was also the most costly. At its outset, the Project Team was charged with three main goals: 1) make the data comparable with other state and federal data sets, 2) make the results scalable and flexible for different calculations, and 3) build in the ability to trend results in the future. In all three of these goals, the Survey was a success. With the development and implementation of the Alaska Standardized Health Occupations Taxonomy (AK SHOT), the occupational categories used in the survey’s data collection were comparable with the Department of Labor’s Standardized Occupations Classification codes used by state and federal agencies. Additionally, since the DOL’s Labor Market Regions and NAICS codes were used to separate the state geographically and to categorize employers, the resulting data can be viewed alongside other workforce data. The AK SHOT was developed to be very flexible and the occupations can be grouped in any way and calculated based on preference. The analysis is scalable, so users can manipulate the groups and subgroups based on their needs. Finally, whether resulting data can be analyzed for trends depends on several factors, most importantly the frequency of data collection. This survey’s methodology is well-documented, but funding and staffing have to be available to conduct it. To some extent, this is beyond the control of the current Project Team.
To maximize the utility of the data and contain costs, it is recommended that the number of occupations surveyed be reduced in the future. Establishing this benchmark data will be useful, but several occupations were simply too small or non-existent in rural regions, so data had to be suppressed. In the future, the Project Team could consider limiting occupations based on workforce numbers and other available data during the planning phase. Costs would be reduced and respondents may feel less burdened answering the Vacancy Study’s questions.

One key takeaway from the 2012 survey is that, in occupations where Alaska has health programs or designated seats in partner institutions, statewide vacancy rates tended to be lower. This is an important lesson for secondary and post-secondary educators, the health care industry, and Alaska policy makers. Literature suggests students largely remain in communities where they train in order to find their first jobs. The concerted development of in-state health programs over the last decade has made a difference; it is important to maintain these programs for Alaskans, and to continue development of essential programs not yet available locally.

Finally, responses to the two qualitative questions pertaining to perceptions of difficulties hiring and retaining employees shed some light on the employers’ perspectives. Although the “No Issues” responses were unexpected, the various reasons given for recruiting and retention challenges were insightful.

The figures below separate employer responses into rural and urban because the issues in each of these settings are different and should be considered independently.

In rural responses in Figure 2, employers reported challenges in recruiting due to an inadequate pool of trained or qualified support staff, social and geographic isolation, and insufficient compensation package. None of these responses are outside the realm of expectation and align with anecdotal information for the most part. The true meaning behind the primary reason given - inadequate pool of training or qualified support staff - is a bit puzzling. It is unclear if respondents meant an unqualified pool of applicants or the perception that support staff is under-qualified or not adequately trained and thus impacts hiring.

Urban respondents shared the same top answer regarding qualified support staff followed by no Issues and insufficient compensation package. The key information here is that in both rural and urban settings, human resources personnel feel their organization’s compensation package is insufficient to hire qualified candidates. This may be an issue worthy of deeper discussion to ensure Alaska remains competitive in health workforce recruitment nationwide. Alaska is certainly not the only state dealing with severe shortages and, while the state’s geographic isolation and climate are largely beyond the control of policy makers and the health industry, salary is not.
In Figure 3, respondents shared their perspectives related to challenges in retaining a stable health workforce. And, while recruitment is an essential workforce component, retention is the long-term investment. These responses should shed some light on the direction Alaska should take in securing a high-qualified, stable health workforce for the future.

Rural respondents indicated their top retention challenges were: Social and Geographic Isolation, Insufficient Compensation Package, and No Issues. While Social and Geographic Isolation is somewhat unmodifiable, with the expansion of broadband and technology throughout rural Alaska perhaps this barrier is more surmountable. And, with the realities of high cost of living in rural Alaska communities, the identification of an insufficient compensation package is not shocking as much as it is eye-opening.

In urban settings, respondents largely felt they had no issues in retention, but when they did it was due to “Relocation or Reassignment” and an “Insufficient Compensation Package.” The relocation response is likely due to the large military presence in both Anchorage/Mat-Su and Fairbanks causing spouses and military personnel who may work in Alaska facilities to rotate on a regular basis.
Deficits / Limitations

Vacancy rates are one measurement or indicator of the health industry's current need for workers. As such, the study is conducted at a “point in time” and provides a snapshot view of the health workforce. Vacancy rates are not equivalent to “need” and more analysis and consideration of other data sets and information are recommended to measure the broader realm of need.

The scope of this survey was large and addressing 157 occupations simply fatigued responders, especially in large organizations that employ many types of health occupations. As a result, data collection was extended much longer than anticipated.

Another limitation was the fact that the AK SHOT was new; respondents likely used it in different capacities and had different understandings of the definitions, terms and parameters used in developing the tool. This lead to a higher than expected use of “All Other” and “Other” categories.

The extent to which the research team members used the AK SHOT accurately and recorded answers to various questions from respondents varied. This was to be expected since this is the first time the AK SHOT had been used, but still it could have impacted results, especially in the usage of “All Other” categories. Additionally, there was a considerable amount of turnover within the data collection team and, on some questions, responses were either not clarified or pursued as vigorously as one might hope. For example, this seemed to have affected the length of vacancies question for each occupation, as well as the recruitment and retention challenges questions.

To generalize findings to the broader statewide population, the HWVS utilized estimation calculations which expanded sample data to the state. This methodology needs to be clearly understood and the confidence intervals referenced in the Appendix.
Due to Alaska’s low population numbers, large vacancy rates often represent low actual numbers. In many places, the number of positions sampled are provided, to make sure the rate being quoted is fully understood.

Finally, using the Department of Labor’s employer database was tremendously helpful. It was discovered, however, that several organizations used North American Industry Classification System (NAICS) codes that the Project Team did not recognize. For example, at first glance, the employer database had nearly 60 organizations with the “Hospital” designated NAICS code. Since this was known to be false (Alaska has 27 acute care facilities/hospitals), the Project Team examined the employers and moved them between NAICS codes for the purpose of this survey.
References


Nursing:

State of Alaska, DOL data: http://labor.alaska.gov/research/healthcare/healthcare.htm

HPSA/MUA-P: http://dhss.alaska.gov/dph/HealthPlanning/Pages/primarycare/hpsa.aspx

Behavioral Health professionals:
http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=147763
Footnotes are provided below for the Allied Health and Ancillary Services tables. Due to the large volume of occupations surveyed in this category, in this report, some occupations were deleted from the tables when their data was suppressed or 0 value. Each occupation where this happened is listed below and can be found, in full detail, in the appendices.

1. Occupations removed from this table due to no data: All Other Allied Health Therapists and Related Occupations
2. Occupations suppressed in this region: All Other Allied Health Therapists and Related Occupations
3. Occupations suppressed in this region: Dental Health Aide Therapists
4. Occupations suppressed in this region: Pharmacy Aides and Assistants
5. Occupations suppressed in this region: Home Health Aides, Orderlies, and Psychiatric and Mental Health Aides
6. Occupations suppressed in this region: Dietetic Technicians, Echocardiography Technicians, Electrocardiology (EKG or ECG) Technicians, Electroneurodiagnostic (END or EEG) Technicians, Magnetic Resonance Imaging (MRI) Technologists, Nuclear Medicine Technicians and Technologists, Orthotic and Prosthetic Technicians, Orthotic and Prosthetists, Psychiatric and Mental Health Technicians, Respiratory Therapy Technicians, Surgical Technicians and Technologists, All Other Radiologic Technicians and Technologists
7. Occupations suppressed in this region: Athletic Trainers, Speech-Language Pathologists Assistant, All Other Allied Health Therapists and Related Occupations, Occupational Therapy Aides, Physical Therapist Aides, Physical Therapy Assistants, Exercise Physiologists, Genetic Counselors, Hearing Aid Specialists
8. Occupations suppressed in this region: Orthotic and Prosthetic Technicians
9. Occupations suppressed in this region: All Other Allied Health Therapists and Related Occupations
10. Occupations suppressed in these organization types: Emergency Trauma Technicians (ETT), Firefighters, EMT or ETT Certified
11. Occupations suppressed in these organization types: Orthotic and Prosthetic Technicians, Orthotists and Prosthetists
12. Occupations suppressed in these organization types: Hearing Aid Specialists, All Other Allied Health Therapists and Related Occupations
13. Occupations suppressed in these organization types: Emergency Trauma Technicians (ETT), Firefighters, EMT or ETT Certified
14. Occupations suppressed in these organization types: Psychiatric and Mental Health Aides
15. Occupations suppressed in these organization types: Dietetic Technicians, Echocardiography Technicians, Electrocardiology (EKG or ECG) Technicians, Electroneurodiagnostic (END or EEG) Technicians, Orthotic and Prosthetic Technicians, Psychiatric and Mental Health Technicians, Respiratory Therapy Technicians
16. Occupations suppressed in these organization types: Genetic Counselors, Hearing Aid Specialists, Occupational Therapy Aides, Radiation Therapists, All Other Allied Health Therapists and Related Occupations
17. Occupations suppressed in these organization types: Emergency Trauma Technicians (ETT)
18. Occupations suppressed in these organization types: Pharmacy Aides and Assistants
19. Occupations suppressed in these organization types: Orderlies
20. Occupations suppressed in these organization types: Echocardiography Technicians, Electrocardiology (EKG or ECG) Technicians, Electroneurodiagnostic (END or EEG) Technicians, Medical Equipment Technicians and Repairers, Nuclear Medicine Technicians and Technologists, Opticians-Dispensing, Orthotic and Prosthetic Technicians, Orthotists and Prosthetists, Psychiatric and Mental Health Technicians, Respiratory Therapy Technicians, Sterile Processing Technicians, All Other Allied Health Technologists, Technicians and Related Occupations, All Other Radiologic Technologists and Technicians
21. Occupations suppressed in these organization types: Athletic Trainers, Exercise Physiologists, Genetic Counselors, Hearing Aid Specialists, Occupational Therapy Aides, Radiologic Technologists, Speech-Language Pathologists Assistant, All Other Allied Health Therapists and Related Occupations
22. Occupations suppressed in these organization types: CAT Scan Technician, Diagnostic Medical Sonographers, Dietetic Technicians, Echocardiography Technicians, Electrocardiology (EKG or ECG) Technicians, Electroneurodiagnostic (END or EEG) Technicians, Limited Radiologic Technicians, Magnetic Resonance Imaging (MRI) Technologists, Mammographers, Medical and Clinical Lab Technologists, Nuclear Medicine Technicians and
Technologists, Ophthalmic Medical Technicians, Orthotic and Prosthetic Technicians, Orthotists and Prosthetists, Phlebotomists, Respiratory Therapy Technicians, Sterile Processing Technicians, Surgical Technicians and Technologists, All Other Allied Health Technologists, Technicians and Related Occupations, All Other Radiologic Technologists and Technicians, All Other Practitioner Support Technologists and Technicians  

xxiii Occupations suppressed in these organization types: Exercise Physiologists, Genetic Counselors, Radiation Therapists, Respiratory Therapists, All Other Therapists Support Workers, Except Technologists and Technicians, All Other Allied Health Therapists and Related Occupations  

xxiv Occupations suppressed in these organization types: Dental Health Aide Therapists