



ALASKA

RURAL HEALTH TRANSFORMATION



Recap: RHTP Impacts: Strengthening Workforce, March 24, 2026

Overview

The Alaska Department of Health (DOH), led by Commissioner Heidi Hedberg, hosted the Strengthening Workforce session as part of the RHTP Impact Series. Facilitated by Dr. Anne Zink and Dr. Lisa Rabinowitz, the session brought together stakeholders statewide to address the most critical barriers to rural health transformation: workforce capacity, distribution, and sustainability.

The session emphasized collaborative problem-solving, system redesign, and long-term workforce strategies, with strong participant engagement through discussion and polling.

Purpose of the Session

- Explore innovative approaches to workforce development and retention
- Identify priority workforce gaps and opportunities
- Foster cross-sector partnerships and shared solutions
- Support development of scalable, sustainable workforce models

Key reminder: This session focused on “blue sky” system transformation, not project selection or funding approval.

RHTP Context (Workforce Lens)

Part of a \$50B federal rural health initiative, with Alaska receiving ~\$272M in Year 1

Workforce is a foundational enabler across all initiatives:

- Healthy Communities
- Healthcare Access
- Healthy Beginnings

Workforce, payment, and technology act as cross-cutting drivers of system transformation.

Why Workforce Matters

A strong workforce is essential to:

- Ensure access to care in rural communities
- Reduce provider burnout and turnover
- Enable preventative and coordinated care
- Support long-term system sustainability

Key Workforce Challenges Identified

- High turnover and short-term staffing models
- Workforce shortages across all disciplines
- Limited rural training and residency opportunities
- Burnout and lack of career growth pathways
- Housing and child care barriers
- Fragmented care teams and systems
- Heavy reliance on out-of-state recruitment

Participant Priority Areas (Poll Results)

Top workforce priorities identified:

1. Rural provider retention
2. Healthcare workforce pipeline development
3. Behavioral health workforce expansion
4. Cross-training and team-based care models

Core Strategies Discussed

Grow-Your-Own Workforce Models

- Train Alaskans locally to increase long-term retention
- Expand programs like:

- WWAMI medical education pathway
- Community Health Aide Program
- Increase exposure to rural practice during training

Workforce Pipeline Development

- Strengthen pathways from:
 - High school → certification → degree programs
- Expand:
 - Nursing programs (CNA → RN → advanced practice)
 - Allied health training
- Address gaps where no in-state training exists

Apprenticeships & Earn-While-You-Learn Models

- Registered apprenticeships allow:
 - Immediate employment and education
 - Reduced financial barriers
- Opportunities in:
 - Medical assisting
 - EMS/paramedicine
 - Nursing pathways

Retention & Long-Term Incentives

- Shift from short-term recruitment bonuses to:
 - Multi-year service commitments
 - Career advancement pathways
- Emphasize:
 - Community integration
 - Professional growth opportunities
 - Stable, supportive work environments

Workforce Support Systems

Critical non-clinical supports:

- Housing access

- Child care availability
- Relocation assistance
- Mentorship and peer networks

Expand Rural Training & Residency Programs

- Alaska ranks 50th out of 50 in Graduate Medical Education (GME) slots
- Key opportunity areas:
 - Rural rotations
 - Expanded residency programs
 - Specialty training exposure in-state

Team-Based & Layered Care Models

- Build multi-level workforce structures:
 - Physicians and advanced providers
 - Nurses and allied health professionals
 - Community health workers and peer support specialists
- Emphasize:
 - Integrated care teams
 - Task-sharing and scope expansion
 - Community-based care delivery

Data-Driven Workforce Planning

- Use data to answer:
 - Who is delivering care?
 - Where are the gaps?
- Combine:
 - Quantitative workforce data
 - Local, community-informed insights

Case Study: Tundra River Community Clinic

The following scenario is a composite, hypothetical example designed to reflect common challenges experienced across rural health systems. It is not intended to represent any

specific Tribal health organization or community. These examples also exist alongside significant strengths, innovation, and resilience within Tribal health systems.

Current Environment (Example Scenario)

- Rotating providers can make continuity of care more difficult in remote settings
- Care coordination may be challenged by limited interoperability across systems
- Infrastructure and space constraints can impact service delivery capacity

Vision for Transformation

- Stable, long-term care teams that build trusted patient relationships
- Integrated telehealth and data systems to support continuity and access
- Coordinated referral networks and streamlined care pathways
- Investment in a strong, community-based workforce

Key Themes from Discussion

Retention Over Recruitment

- Keeping providers is more impactful than constant recruitment
- Requires community integration and career sustainability

Career Lifecycle Approach

- Build pathways from:
 - Early exposure → training → employment → leadership
- Create “full career lifespan” development models

Community-Centered Workforce

- Local hires results in higher retention
- Cultural alignment improves care quality and trust

Workforce & Infrastructure Are Interdependent

- Workforce solutions must align with:
 - Housing

- Technology
- Licensing
- Payment systems

5. Flexibility & Iteration

- RHTP allows:
 - Testing new models
 - Adjusting over time
 - Learning from failures

Funding Considerations (Important Constraints)

- RHTP funding:
 - Supports workforce development and incentives
 - Requires service commitments for funded training
 - Cannot fund new construction (but can support renovation)
- Must be braided with other funding sources for full impact

Promising Project Categories

Participants were encouraged to explore:

- Targeted recruitment and retention programs
- Rural training and residency expansion
- Apprenticeship and certification pathways
- Workforce mentorship and support systems
- Licensing and regulatory streamlining
- Data infrastructure for workforce planning

Key Takeaways

- Workforce is the single most critical constraint in rural health transformation
- Solutions must be:
 - Long-term
 - Community-rooted

- System-wide (not siloed)
- Strong alignment around:
 - Retention strategies
 - Pipeline development
 - Behavioral health workforce needs
- This is a rare opportunity to redesign the workforce system, not just patch gaps

What's Next

- Future sessions will:
 - Dive deeper into priority areas (based on poll + chat input)
 - Include more targeted discussions and breakout groups
- Regional planning meetings forthcoming
- Continued engagement via:
 - DOH website
 - Office hours
 - RHTP inbox and updates

Action Items for Participants

- Connect with partners identified during the session
- Align workforce ideas with:
 - RHTP priorities
 - Funding requirements
- Identify one key workforce challenge to focus on
- Participate in upcoming sessions and regional meetings

RHTP represents a long-term opportunity to strengthen healthcare access, sustainability, workforce capacity, and system performance across rural, remote, and frontier Alaska.

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More information and updates can be found at: alaska.health.gov/RHTP