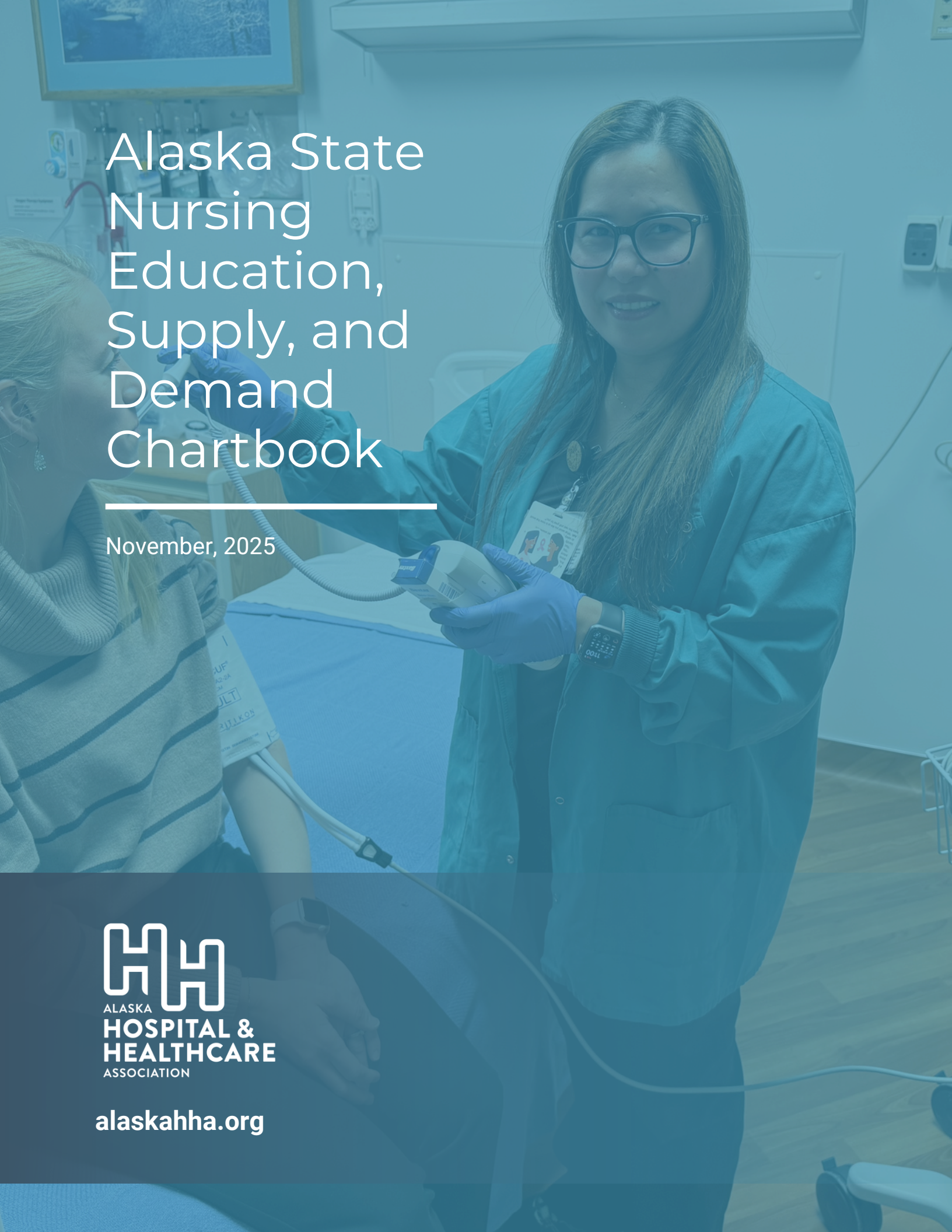

Alaska State Nursing Education, Supply, and Demand Chartbook

November, 2025

ALASKA HOSPITAL & HEALTHCARE ASSOCIATION

alaskahha.org

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Executive Summary

This chartbook was compiled for the Nursing Workforce Center for Alaska steering committee during the summer and fall of 2025. Existing data sources were utilized to provide a current and projected picture of the nursing workforce in Alaska. Data findings indicate the need to further develop the infrastructure of the nursing workforce center in order to provide collaborative opportunities to develop robust strategies to ensure a nursing workforce that meets the needs of the state's population. The chartbook is organized along traditional nursing workforce data sources including education, licensure, supply, demand and projections.

Nursing Education Finding Highlights

- Associate Degree in Nursing (ADN) and Bachelor of Science in Nursing (BSN) programs have had large increases in enrollment over the last two years, including the addition of Charter College's ADN program. UAF Community and Technical College (CTC) has also added an Licensed Practical Nurse (LPN) Certificate program.
- LPN Programs reported 100% work overloads for their program faculty. In ADN and BSN programs, work overloads were about 20% in 2024.

Nursing Licensure and Supply Finding Highlights

- There has been a 63.47% increase in active Advanced Practice Registered Nurse (APRN) licenses over the last 5 years.
- Many licensed nurses reside outside of Alaska: 36% LPNs, 50% RNs, and 51% of APRNs.
- Alaska LPNs are older (average age 58 in 2024) than the U.S. and it is projected that 32% will have retired by 2025 and 52% by 2030.
- Alaska RNs/APRNs are younger (average age 50 in 2024) with a projected retirement of 31% by 2032.
- In 2024, nearly half of Alaska LPNs felt emotionally drained from their work or "used up" at the end of the workday at least 1x per week. Almost 1/3 indicated that they felt that they were, "at the end of their rope" at least 1x a week.
- In 2024, almost 60% of Alaska RNs felt used up at the end of the workday at least 1x per week. About ½ felt emotionally drained from their work or feel fatigued when they get up and have to face another day on the job at least 1x a week. About 1/3 indicated that they felt that they were at the end of their rope at least 1x a week.

Nursing Demand Finding Highlights

- Alaska has the lowest number of LPN jobs per 1,000 jobs than other Pacific Region states. Alaska has the highest number of RN, NP and CNM jobs per 1,000 jobs than other Pacific Region states.
- Nursing faculty positions, which typically require a master's degree or higher, had salaries lower than APRN salaries and RN salaries.

Nursing Projection Finding Highlights

- LPNs are projected to have the greatest percentage of annual labor force exits (3.94%). These workers exit the occupation and the workforce.
- Nursing faculty are projected to have the greatest percentage of occupational transfer (3.66%). These workers are leaving an occupation and entering a new occupation.
- LPNs and nursing faculty are projected to have the greatest separations (7.32%). These workers permanently leave the occupation.
- Nursing faculty have the projected greatest annual openings (8.54%). These are for new workers.
- Overall, supply and demand projection models indicate a shortage of LPNs through 2032.
- Overall, the supply and demand projection models indicate a healthy statewide supply of RNs through 2032 if conditions stay the same including the increase in program enrollments. However, this does not mean that supply will be adequate across all parts of Alaska, in all work settings, and for all specialties of RNs.

Introduction

The nursing workforce in Alaska serves a geographically vast and sparsely populated state and Alaska's health care system relies heavily on registered nurses (RNs), nursing aides, and other health practitioners to meet both acute care and long-term care needs. The 2025 Alaska Healthcare Workforce Analysis, commissioned by the Alaska Hospital & Healthcare Association (AHHA), reports that, "the industry generated $3.7 billion in direct wages—13% of all workforce earnings in Alaska— and supported more than 46,000 annual average jobs (11% of total statewide employment)."

The report also highlights that the current supply of healthcare workers is insufficient to meet statewide demand. Nearly 10,000 new healthcare workers must be hired across Alaska every year to keep up with staffing needs, including more than 1,100 registered nursing recruits annually. Alaska is competing nationally for a limited pool of qualified workers, and the state's education pipeline does not meet current needs – in 2023, fewer than 800 healthcare graduates emerged from Alaska programs in key occupations requiring 3,471 new hires.

Introduction to Nursing Workforce Data

Nursing workforce data is a critical component to the development of state-level nursing workforce centers. Having quality nursing workforce data allows centers to:

- Plan strategically across organizations.
- Assess baseline and programmatic impact outcomes.
- Develop talking points for working with stakeholders and policy makers.

There is a great deal of data already available to states collected through federal and national programs. However, all nursing workforce data is flawed as nursing workforce is a moving target. The number of nurses changes every day, nurses move between jobs, students enter and leave programs, and faculty move between jobs. The goal is to utilize the highest quality of available data, acknowledge the limitations of the data, and push for greater data quality.

There are three primary buckets of data:

- Supply data – provides information on the number of nurses, demographics and workforce characteristics of nurses in the state.
- Education data – provides a picture of the number of new nurses being educated and the capacity to educate nurses.
- Demand data – provides data on the number of nursing jobs, vacancies, turnover and wage data, collected through surveys of employers.

State level data is also most powerful when compared with past data, if available, to show change over time. State data can also be compared with regional and national data to show astate in context with the rest of the nation and other neighboring states.

Education Data

Nursing Education Data Introduction and Data Sources

Nursing education data provides a picture of the number of new nurses being educated and the capacity to educate nurses. This data is typically collected through a survey of nursing education programs and is useful for identifying capacity constraints and estimating the match between production and demand. The National Forum of State Nursing Workforce Centers has developed a Minimum Education Dataset (MDS) to serve as a guide for collecting nursing education program data.

Alaska's current nursing education data is collected by the National Council of State Boards of Nursing (NCSBN) in collaboration with the Alaska Board of Nursing from prelicensure programs as a part of an effort to collect data on nursing program quality and to assist boards of nursing with their annual reports. The survey was designed based on a study of nursing program quality indicators and warning signs. It provides participating boards of nursing with descriptive results of their state's nursing programs, including raw data, and an aggregate report for comparison. Data from participating states (33 states participated in 2023-2024) are included in the National Nursing Education Database.

Pre-Licensure Nursing Education Programs

Alaska's pre-licensure nursing education programs include two practical nursing, three associate's degree in nursing (ADN) and one bachelor's degree in nursing (BSN). Two of these programs (UAF Community College and Charter College Nursing program) are new.

In addition to the pre-licensure programs, the University of Alaska also provides graduate programs in nursing education, Family Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, nursing leadership and a Doctor of Nursing Practice in Nursing Science. Alaska Pacific University provides an LPN to RN program and a RN to BSN program. Statewide data is unavailable on these programs.

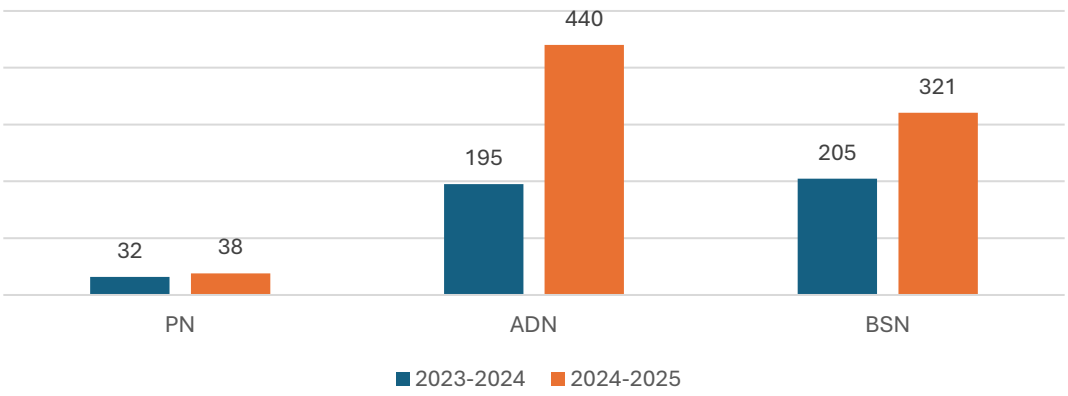
Table 1: Alaska Nursing Education Programs
Source: NCSBN Nursing Education Prelicensure Survey Annual Report: Alaska

Nursing Program	Program Type	Accreditation	2023	2024
Alaska Pacific University	Practical Nursing (PN)	ACEN	X	X
UAF Community and Technical College	LPN Certificate			X
Alaska Pacific University	Associates Degree in Nursing (ADN)	ACEN	X	X
Charter College Nursing Program	Associates Degree in Nursing (ADN)	ACEN		X
University of Alaska-Anchorage	Associates Degree in Nursing (ADN)	ACEN	X	X
University of Alaska-Anchorage	Bachelor's Degree in Nursing (BSN)	ACEN	X	X

Nursing Student Data

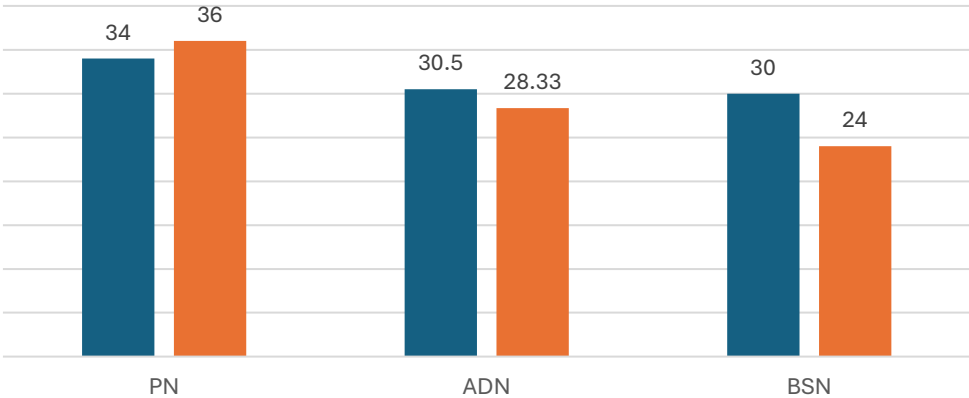
Enrollment in all pre-licensure programs increased between 2023-2024 and 2024-2025. The PN program enrollment increased by 18.75%, the ADN program enrollment by 125.64% and BSN program enrollment by 56.59%.

Figure 1: Alaska Pre-Licensure Enrollment 2023-2024 and 2024-2025
Source: NCSBN Alaska Prelicensure Annual Report



Average age for PN students increased from 34 to 36 across the last two years. Average age decreased for RN programs with the greatest decrease in age for the BSN program with an average age of 24.

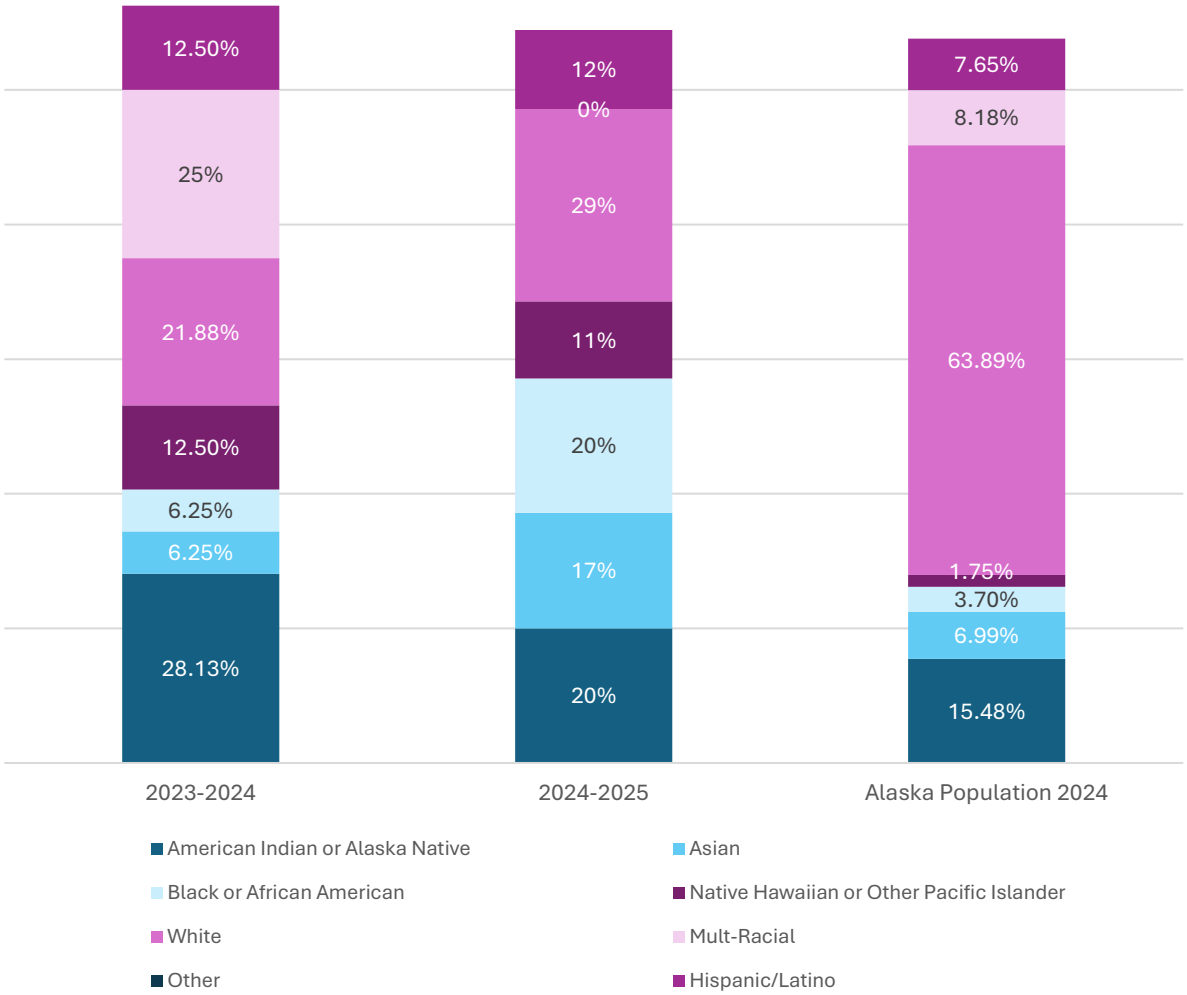
Figure 2: Alaska Pre-Licensure Student Average Age
Source: NCSBN Alaska Prelicensure Annual Reports



Data from the 2022 National Sample Survey of Registered Nurses revealed the majority of nurses complete their initial nursing or nursing-related degrees (diploma, associate, or bachelor's) at relatively young ages. Specifically, 37% complete by age 19–23, 25% by age 24–28, and 15% by age 29-33. (HRSA, 2024).

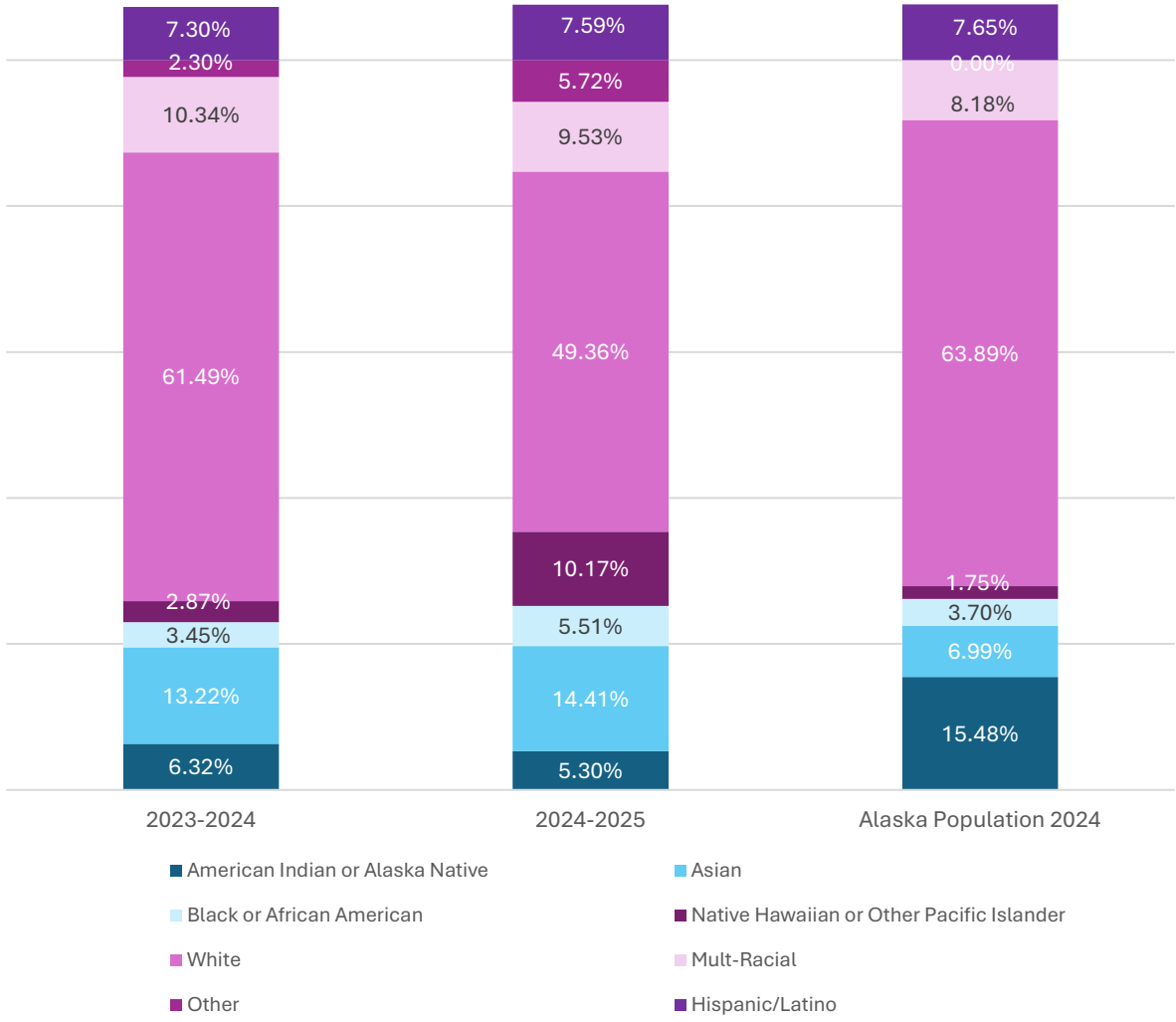
Alaska PN students are more diverse than the general population across all minority groups.

Figure 3: Alaska PN Student Diversity 2023-2025
Source: NCSBN Alaska Prelicensure Annual Reports
U.S. Census Bureau



Alaska ADN students that are currently enrolled in the 2024-2025 year are more diverse than the general population except American Indian or Alaska Native. There was an increase in diversity between the 2023-2024 and the 2024-2025 classes.

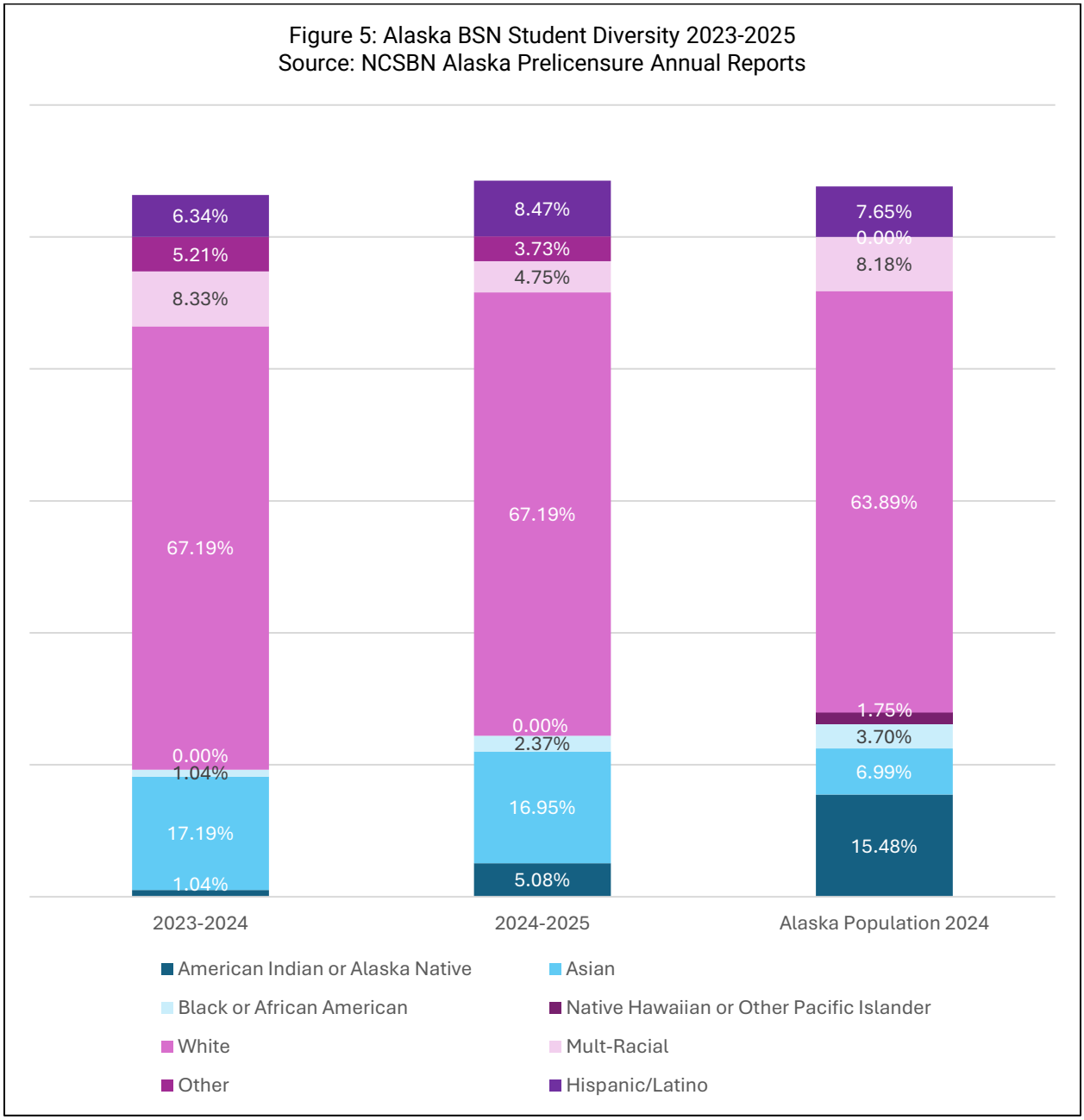
Figure 4: Alaska ADN Student Diversity 2023-2025
Source: NCSBN Alaska Prelicensure Annual Reports
U.S. Census Bureau



Alaska BSN students that are currently enrolled in the 2024-2025 year are less diverse than the general population except Asian and Hispanic/Latino groups.

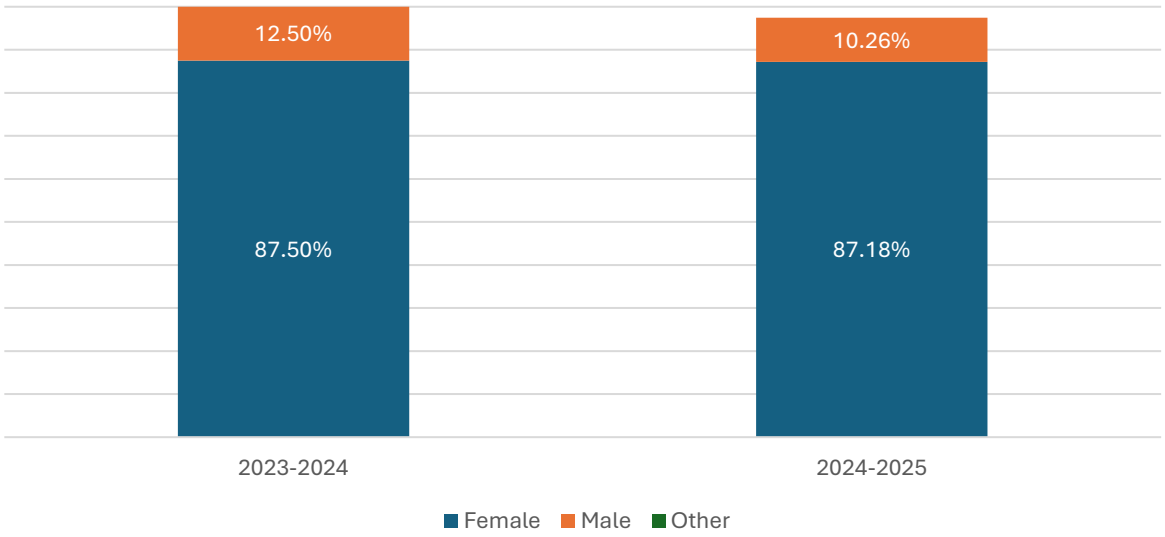
According to AACN (2023), 56% of students enrolled in entry-level baccalaureate (pre-licensure) nursing programs identified as White (non-Hispanic), 13% as Black/African American, 16% as Hispanic/Latino, 10% as Asian/Native Hawaiian/Other Pacific Islander, 0.5% as American Indian/Alaska Native, and 4% as two or more races (non-Hispanic).
Alaska BSN nurses are less diverse than the national average.

Figure 5: Alaska BSN Student Diversity 2023-2025
Source: NCSBN Alaska Prelicensure Annual Reports



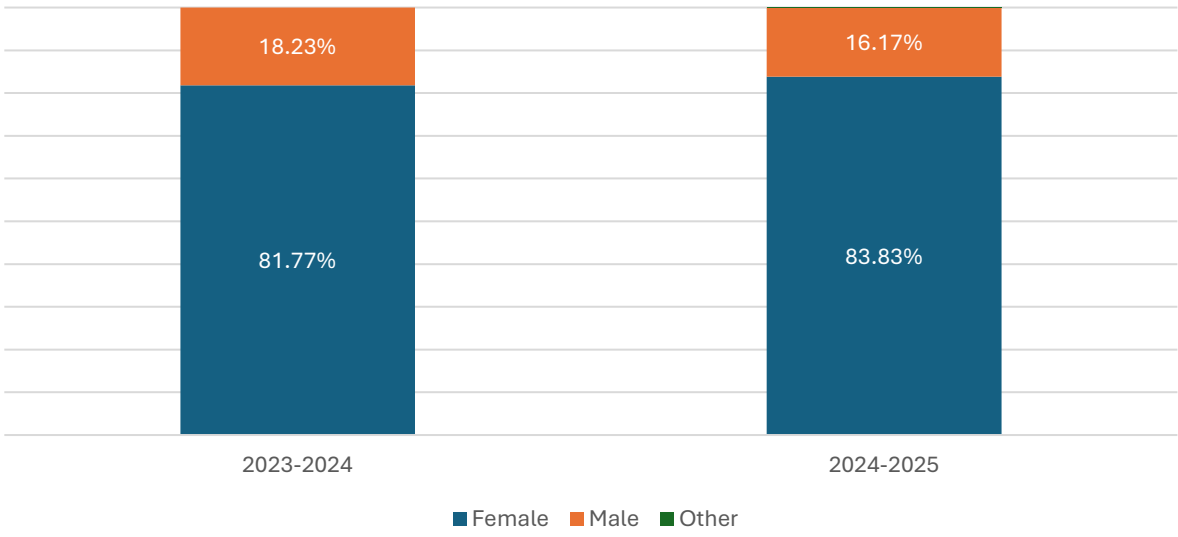
There was a decrease in male PN students between 2023-2024 and 2024-2025. In 2024-2025 there were 10.26% male PN students which is the smallest amount of all Alaska prelicensure programs.

Figure 6: Alaska PN Student Gender 2023-2025
Source: NCSBN Alaska Prelicensure Annual Reports



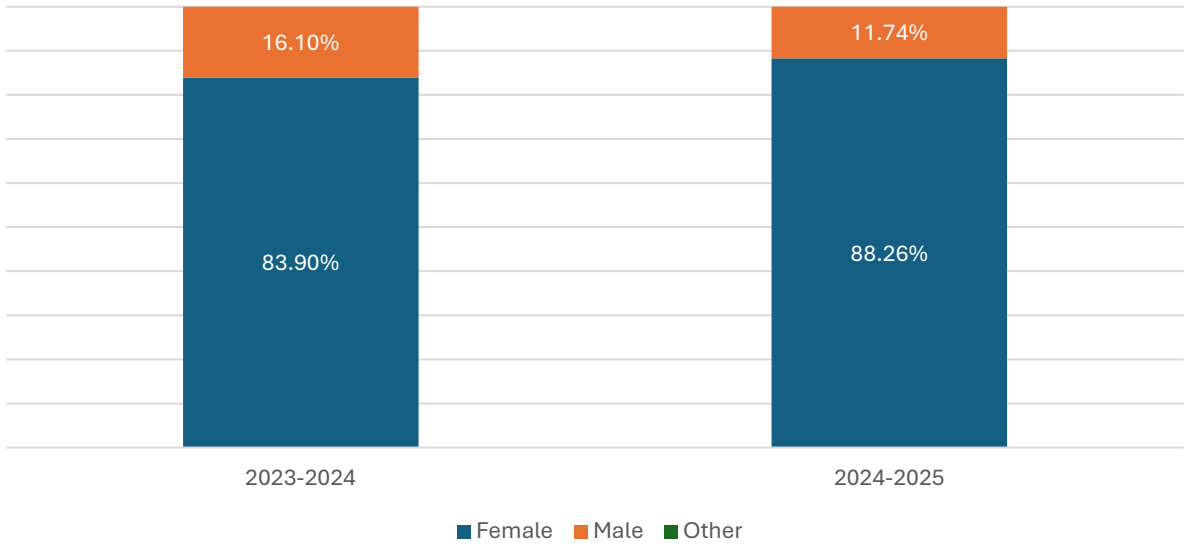
There was a decrease in male ADN students between 2023-2024 and 2024-2025.

Figure 7: Alaska ADN Student Gender 2023-2025
Source: NCSBN Alaska Prelicensure Annual Reports



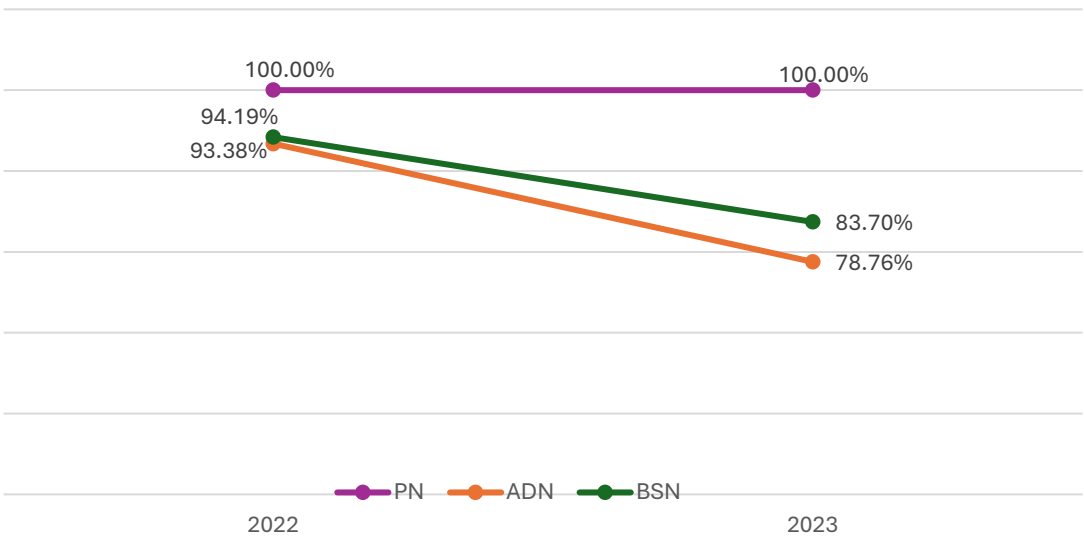
There was a decrease in male BSN students between 2023-2024 and 2024-2025. According to AACN (2024), male students comprised 13% of students enrolled in baccalaureate nursing programs. In 2024-2025, Alaska's BSN program is below the national average.

Figure 8: Alaska BSN Student Gender 2023-2025
Source: NCSBN Alaska Prelicensure Annual Reports



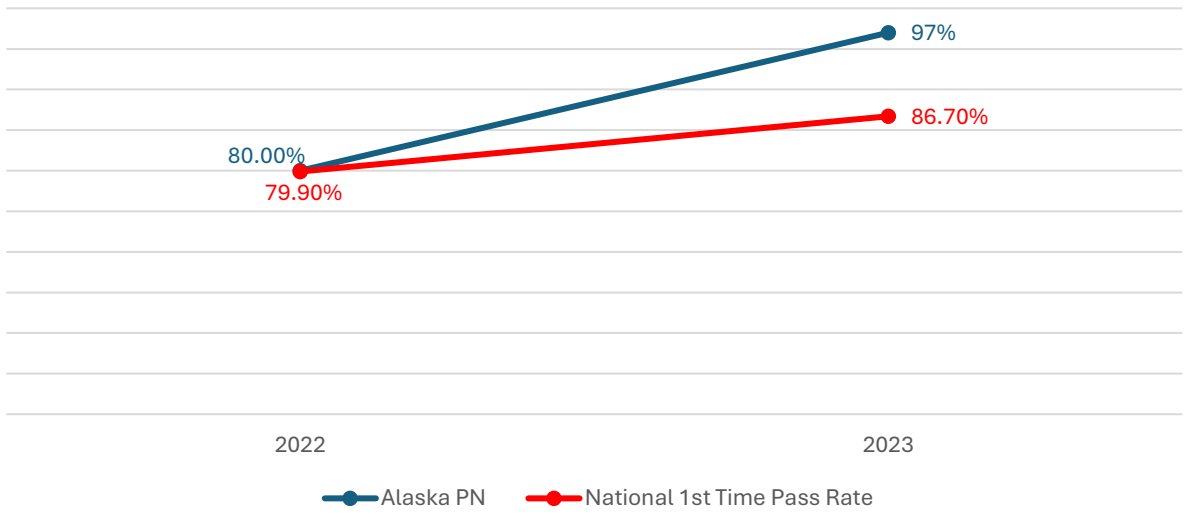
The PN programs reported 100% on-time graduation for their last graduating cohort.
In the 2023 report, 78.76% of ADN students and 83.70% of BSN students graduated on time.

Figure 9: Alaska Pre-Licensure Students On-time Graduation
Source: NCSBN Alaska Prelicensure Annual Reports



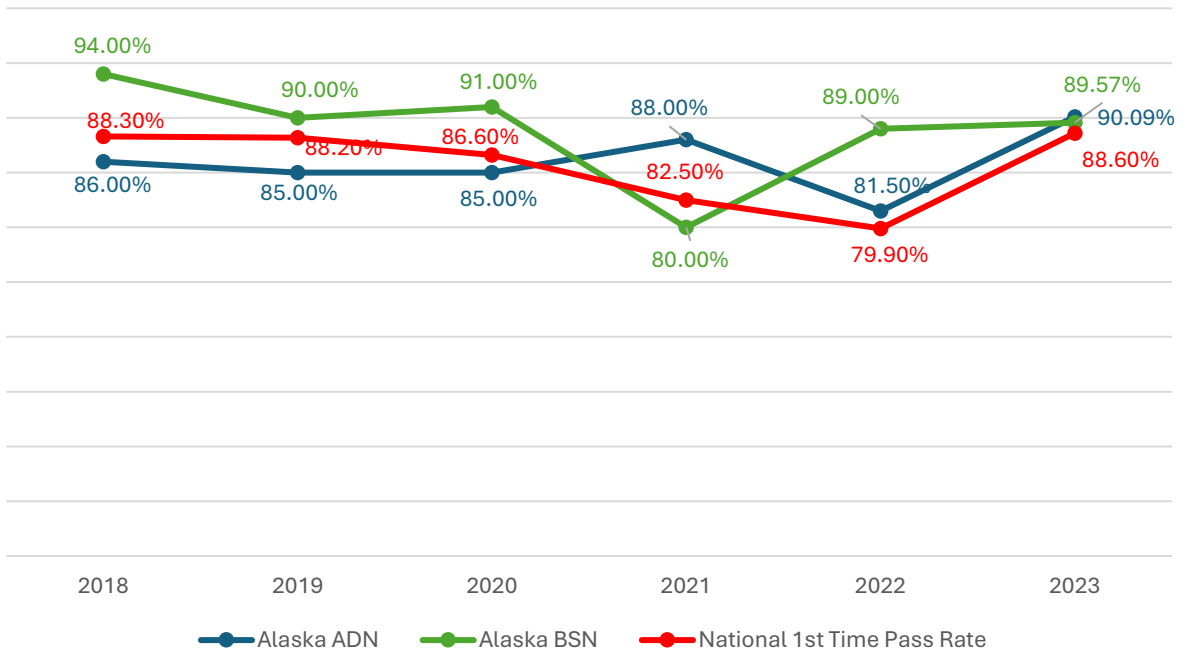
The PN program NCLEX pass rates were above the national average for the last two years.

Figure 10: Alaska PN NCLEX Pass Rates
Source: NCSBN Alaska Prelicensure Annual Report
NCLEX Statistics Dashboard



The ADN program NCLEX pass rates were above the national average for the last three years.
The BSN program NCLEX pass rates were above the national average for the last two years.

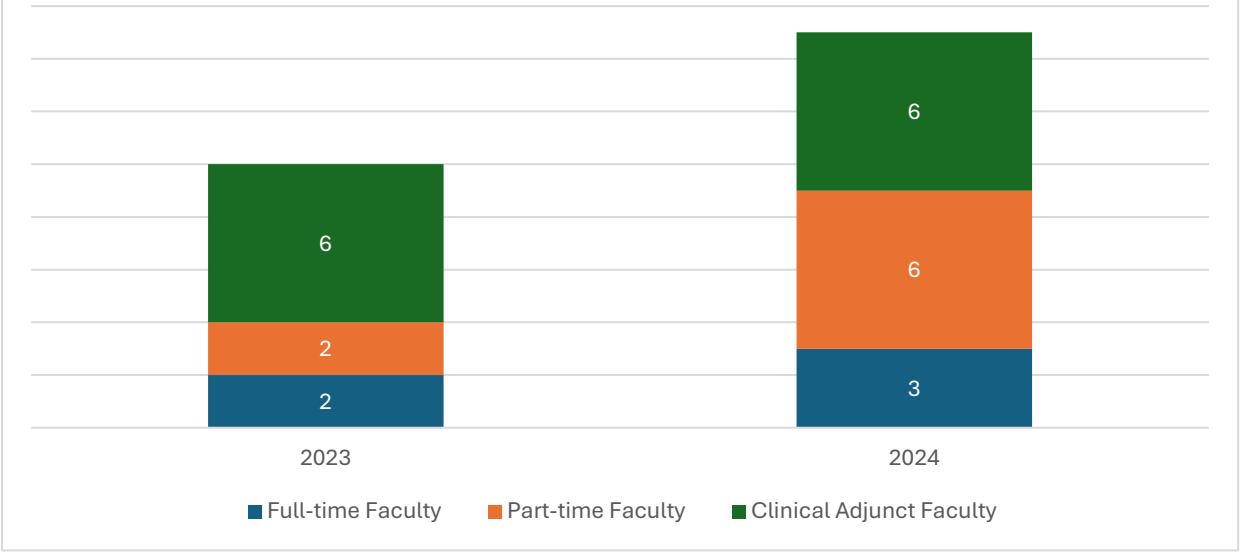
Figure 11: Alaska ADN and BSN NCLEX Pass Rates
Source: NCSBN Alaska Prelicensure Annual Report
NCLEX Statistics Dashboard



Nursing Faculty Data

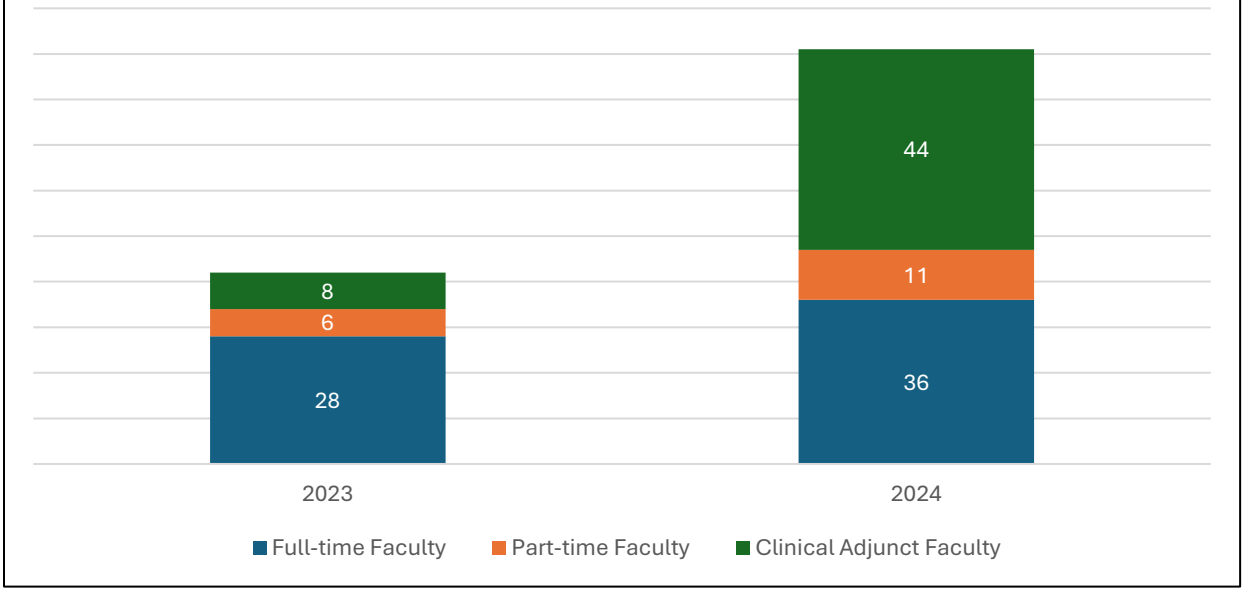
In 2023 and 2024, 20% of PN program faculty were full-time. The percentage of part-time faculty increased in 2024 to 40% with the addition of a new PN program.

Figure 12: Alaska PN Faculty Type 2023-2025
Source: NCSBN Alaska Prelicensure Annual Reports



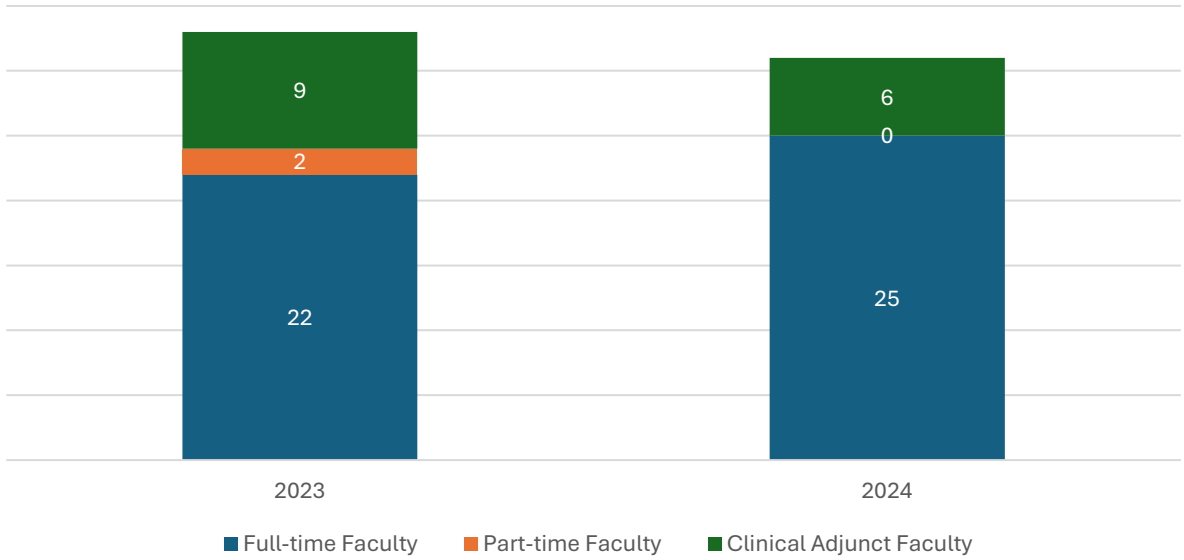
In 2023, 2/3 of ADN program faculty were full-time. This decreased to 40% in 2024. The percentage of clinical adjunct faculty increased markedly in 2024. There was an additional program reporting in 2024.

Figure 13: Alaska ADN Faculty Count 2023 and 2024
Source: NCSBN Alaska Prelicensure Annual Reports



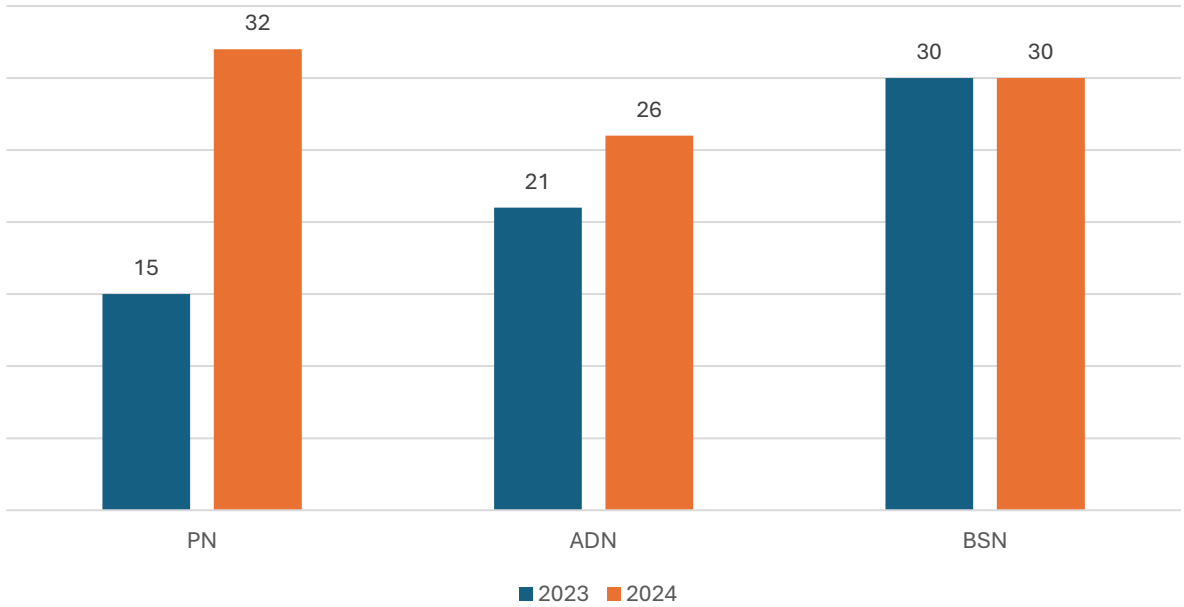
In 2023, 2/3 of BSN program faculty were full-time. This increased to 81% in 2024. There was a decrease in part-time and clinical adjunct faculty reported in 2024.

Figure 14: Alaska BSN Faculty Count 2023-2025
Source: NCSBN Alaska Prelicensure Annual Report



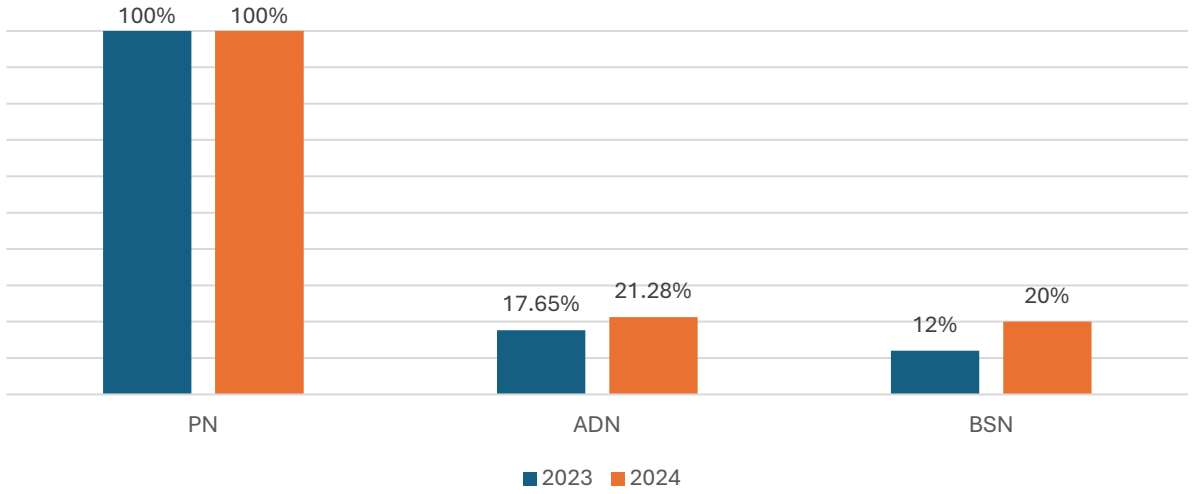
For PN programs, the average credit load increased to an average of 32 credits in 2024. For ADN programs, the average credit load increased to 26 credits. The BSN program credit load stayed the same at 30 credits.

Figure 15: Alaska Average Faculty Credit Load
Source: NCSBN Alaska Prelicensure Annual Reports



The PN programs reported 100% work overloads for their program faculty. The ADN and BSN program percentage of faculty with work overloads were about 20% in 2024.

Figure 16: Alaska Percentage of Faculty with Work Overloads
(calculated using Full- and Part-Time Faculty Count)
Source: NCSBN Alaska Prelicensure Annual Reports



Nursing Education Data Gaps

Gaps for nursing education data in Alaska include:

- Post-licensure nursing education program data collection. This includes the graduate programs at the University of Alaska and the LPN to RN and RN to BSN programs at Alaska Pacific University.
- Current data collection for pre-licensure nursing programs does not include some National Forum Education MDS variables. These include:
    - Seats for New students
    - Qualified Applicants
    - Accepted Applicants
    - New Enrollees
    - Total Student Enrollment
    - Graduates
    - Faculty vacancies
    - Faculty Demographics- age, race/ethnicity, age
    - Faculty highest degree

Nursing Education Future Data Recommendations

Suggested future data collection includes collecting the missing post-licensure nursing education data through a separate survey of University of Alaska and Alaska Pacific University. The survey should include all the Education MDS variables. The Alaska Board of Nursing can request addition of missing minimum data set variables to the NCSBN Alaska Prelicensure survey.

Supply Data

Nursing Supply Data Introduction and Data Sources

Nursing supply data provides information about the number of nurses, demographics, and workforce characteristics of nurses in the state. This data is typically collected during nurse licensure application and renewal at state boards of nursing or through a separate survey distributed to all nurses. Supply data is useful for tracking change over time, providing data for workforce projections and for benchmarking programmatic activity. The National Forum of State Nursing Workforce Centers has developed a Minimum Education Dataset (MDS) to serve as a guide for collecting nursing supply data.

Nursing supply data for this report is from several sources. Licensure data including number of licenses, endorsement, and examination are from the Alaska Board of Nursing. Historical licensure data is included in past Alaska Hospital and Healthcare Association workforce reports.

Demographic and workforce and work environment data were collected by the National Council of State Boards of Nursing and the National Forum of State Nursing Workforce Centers. A mixed-mode sampling plan was employed to capture data for the 2022 and 2024 National Nursing Workforce Survey. This included mailed surveys (Alaska), emailed surveys, and utilizing already existing data within the Enotify database (2022: 5 states, 2024: 10 states). The survey collects the 2020 National Forum Minimum Data Set with some additional variables of interest in nursing regulation. Each State Board of Nursing and Center for Nursing receives their state's data each year of the survey.
2022 National Nursing Workforce Survey Results
2024 National Nursing Workforce Survey Results

Alaska's sample was mailed out in 2022 and 2024 and the response rate in both years was greater than the U.S. average response, except the 2024 LPN sample.

Table 2: National Nursing Workforce Survey Alaska Response Rates
Source: 2022 and 2024 National Nursing Workforce Survey

	2022 Alaska Response Rate	2022 U.S. Mailing Response Rate	2024 Alaska Response Rate	2024 US Mailing Response Rate
LPN	84 (17.6%)	15.20%	74 (12.3%)	13.70%
RN	742 (22.1%)	17.80%	663 (17.8%)	16.90%

The National Nursing Workforce survey includes APRNs within the RN sample. This is a smaller sample than the Alaska APRN Alliance survey. A separate analysis of this data is not included in this report due to the small sample size.

Table 2: National Nursing Workforce Survey Alaska Response Rates
Source: 2022 and 2024 National Nursing Workforce Survey

	Alaska 2022	Alaska 2024
CNP	73	69
CNS	17	12
CRNA	9	5
CNM	7	9
	106	95

APRN demographic data in this report was collected by the Alaska APRN Alliance through their Alaska APRN Workforce Survey in 2023. The survey was completed by 242 APRNs for a response rate of 13%.

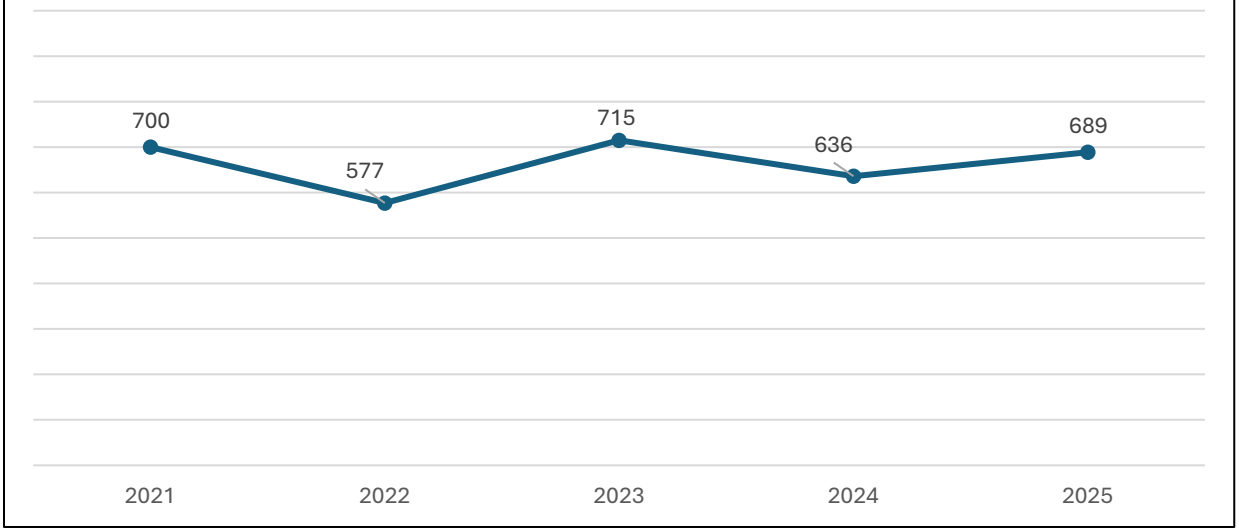
In addition, the AANP 2024 Nurse Practitioner Practice report provides national comparison data for NP data. The U.S. Census Bureau, American Community Survey 2021-2023 was utilized for population estimates for diversity supply data.

Alaska Licensure Data

Licensed Practical Nurse Licensure Data

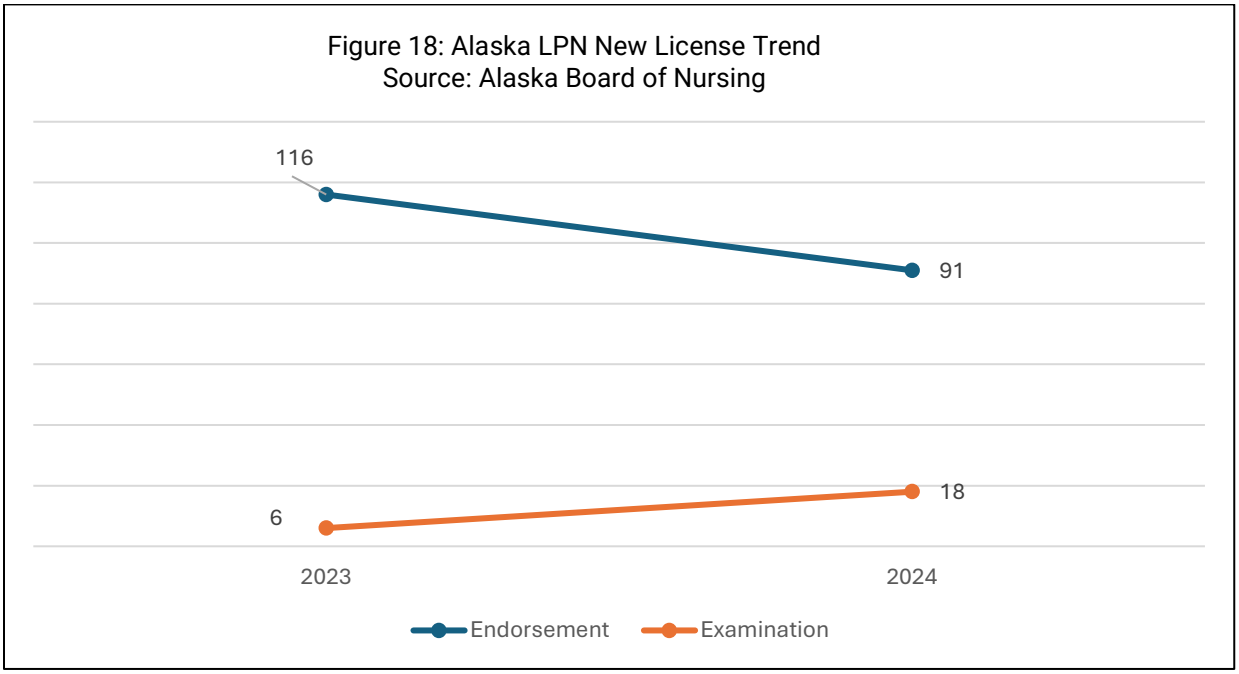
There has been a 1.57% decrease in Active LPN licenses over the last 5 years.

Figure 17: Alaska LPN Active Licenses Trend 2021-2025
Source: Alaska Board of Nursing and Alaska Hospital and Healthcare Association



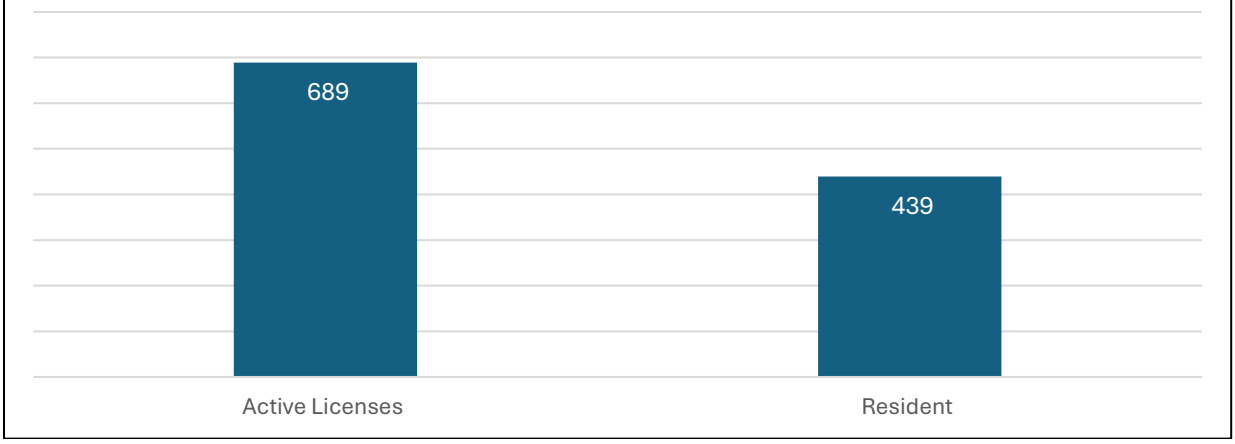
In the past two years, Alaska has had a 21.55% decrease in LPN new endorsements or new licenses from outside of state and a 200% increase in LPN new licenses by examinations, typically graduating from an in-state program.

Figure 18: Alaska LPN New License Trend
Source: Alaska Board of Nursing



As of Spring, 2025, Alaska had 689 active licenses. However, only 439 licenses have Alaska residential addresses. This reduces the estimated workforce supply by 36.28%.

Figure 19: 2025 Alaska LPN Active License Comparison with Active Resident Licenses
Source: Alaska Board of Nursing Licensure Data



The greatest number of LPNs reside in Anchorage.

Table 3: 2025 LPN Alaska Resident Geographic Distribution
Source: Alaska Board of Nursing Licensure Data

City	Active Licenses
ANCHORAGE	112
BETHEL	12
EAGLE RIVER	28
FAIRBANKS	36
JUNEAU	18
NOME	12
NORTH POLE	23
PALMER	27
SEWARD	12
SOLDOTNA	14
WASILLA	56
OTHER CITY	89
TOTAL	439

The greatest number of non-resident LPNs reside in Texas and Florida.

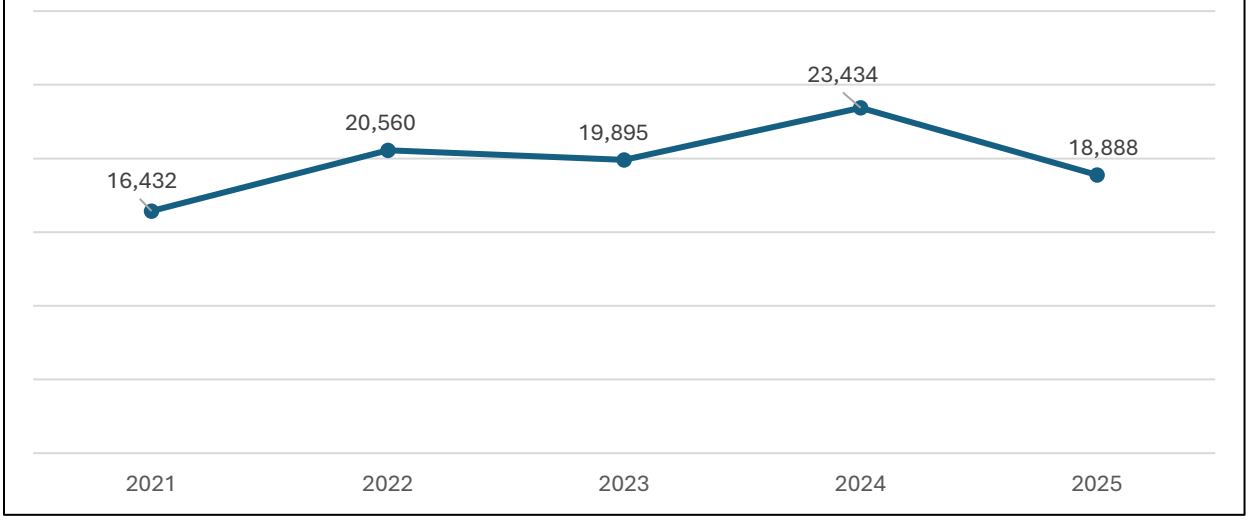
Table 4: 2025 LPN Alaska Non-Resident Geographic Distribution
Source: Alaska Board of Nursing Licensure Data

State	Active Licenses	State	Active Licenses
AE	1	MT	2
AL	5	NC	5
AR	5	ND	1
AZ	5	NH	3
CA	6	NM	1
CO	8	NV	3
CT	1	NY	8
DE	2	OH	7
FL	29	OK	5
GA	7	OR	5
IA	1	PA	5
ID	1	PR	1
IL	2	RI	2
IN	3	SC	3
KS	2	TN	20
KY	3	TX	34
LA	13	UT	3
MA	4	VA	3
MD	1	VT	1
ME	4	WA	13
MI	4	WI	4
MN	3	WV	1
MO	5	WY	1
MS	4	Total	689

Registered Nurse Licensure Data

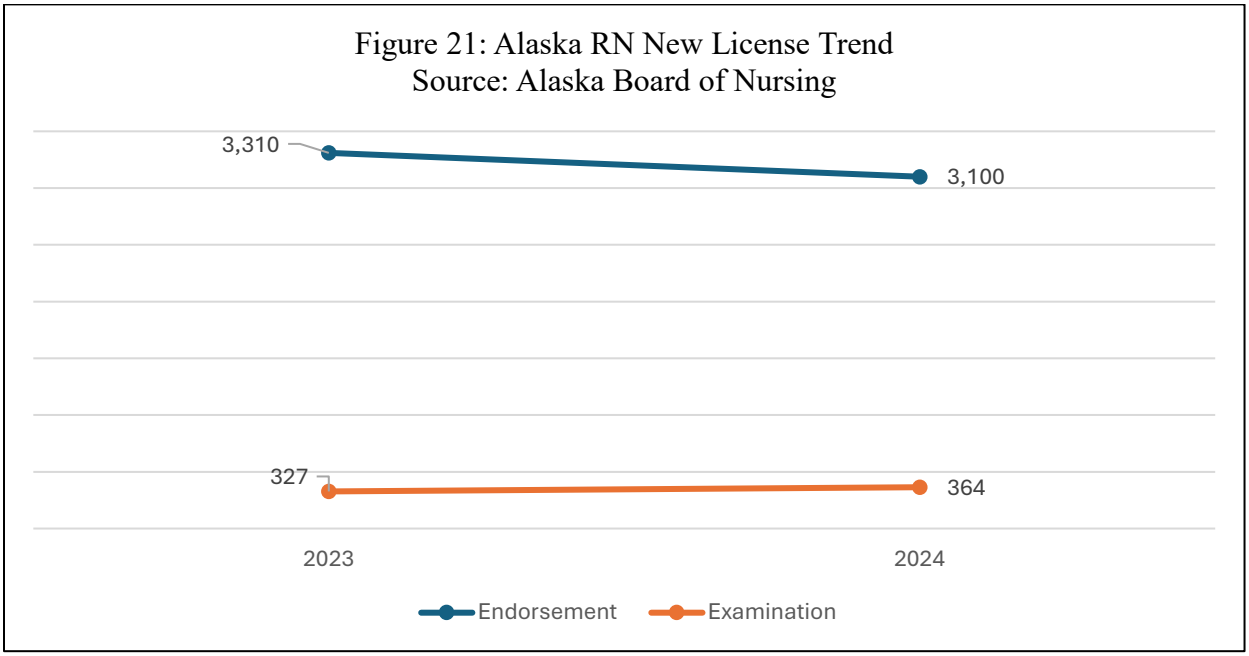
There has been a 14.95% increase in Active RN licenses over the last 5 years.

Figure 20: Alaska RN Active Licenses Trend 2021-2025
Source: Alaska Board of Nursing and Alaska Hospital and Healthcare Association



In the past two years, Alaska has had a 6.34% decrease in RN new endorsements or new licenses from outside of state and a 11.32% increase in RN new licenses by examinations, typically graduating from an in-state program.

Figure 21: Alaska RN New License Trend
Source: Alaska Board of Nursing



As of Spring, 2025, Alaska had 18,888 active RN licenses. However, only 9,470 RN licenses have Alaska residential addresses. This reduces the estimated workforce supply by 49.86%.

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Figure 22: 2025 Alaska RN Active License Comparison with Active Resident Licenses
Source: Alaska Board of Nursing

The greatest number of RNs reside in Anchorage followed by Wasilla, Eagle River, Fairbanks and Palmer.

Table 5: 2025 RN Alaska Resident Geographic Distribution
Source: Alaska Board of Nursing Licensure Data

City	Active License	City	Active License
ANCHOR POINT	26	KENAI	124
ANCHORAGE	3,716	KETCHIKAN	171
BARROW	22	KODIAK	116
BETHEL	95	KOTZEBUE	36
BIG LAKE	29	NIKISKI	11
CHUGIAK	203	NINILCHIK	16
CORDOVA	21	NOME	49
CRAIG	16	NORTH POLE	191
DELTA JUNCTION	18	PALMER	558
DILLINGHAM	41	PETERSBURG	30
DOUGLAS	26	SALCHA	10
EAGLE RIVER	777	SEWARD	47
EIELSON AFB	21	SITKA	154
ESTER	13	SOLDOTNA	237
FAIRBANKS	630	STERLING	46
FORT WAINWRIGHT	25	SUTTON	13
GIRDWOOD	56	TALKEETNA	14
GLENNALLEN	11	TOK	11
HAINES	20	VALDEZ	35
HOMER	214	WARD COVE	15
HOUSTON	10	WASILLA	978
JBER	62	WILLOW	23
JUNEAU	310	WRANGELL	30
KASILOF	44	OTHER CITY	149
		TOTAL	9,470

The greatest number of non-resident RNs reside in Texas, Florida, North Carolina, Washington and Ohio.

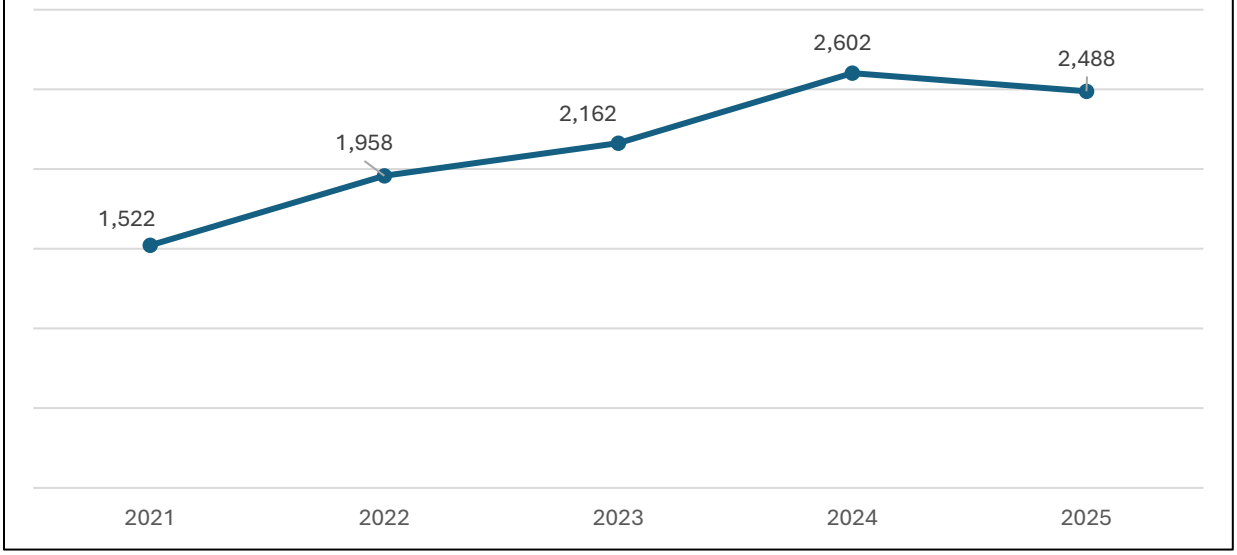
Table 6: 2025 RN Alaska Non-Resident Geographic Distribution
Source: Alaska Board of Nursing Licensure Data

State	Active Licenses	State	Active Licenses
AB	5	ND	20
AE	12	NC	511
AK	9,470	ND	20
AL	152	NE	71
AP	6	NH	42
AR	165	NJ	71
AZ	358	NM	70
BC	12	NV	85
CA	300	NY	237
CO	287	OH	363
CT	54	OK	86
DC	4	ON	19
DE	21	OR	156
FL	989	PA	200
FM	1	PR	3
GA	405	QC	2
HI	50	RI	11
IA	83	SC	140
ID	97	SD	61
IL	212	SK	2
IN	134	TN	382
KS	79	TX	1,079
KY	136	UT	111
LA	104	VA	203
MA	46	VI	1
MD	84	VT	18
ME	56	WA	444
MI	156	WI	144
MN	118	WV	60
MO	371	WY	55
MS	123	YT	3
MT	117	Total	18,888

Advanced Practice Registered Nurses Licensure Data

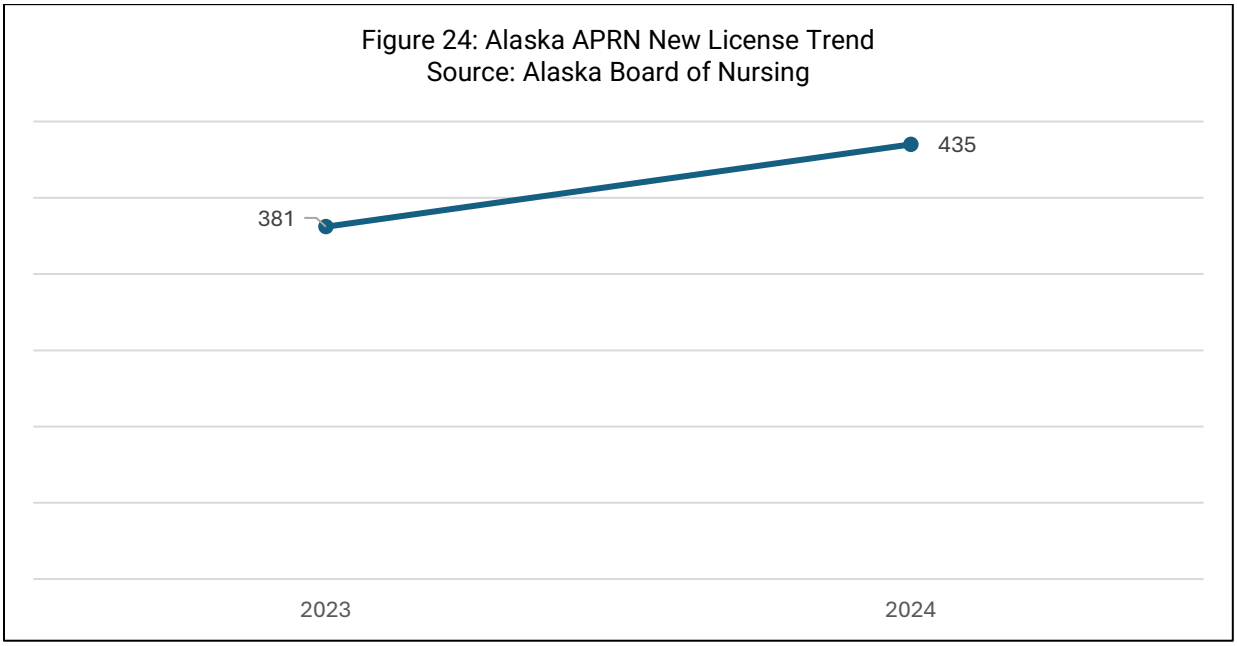
There has been a 63.47% increase in Active APRN licenses over the last 5 years.

Figure 23: Alaska APRN Active Licenses Trend 2021-2025
Source: Alaska Board of Nursing and Alaska Hospital and Healthcare Association



In the past two years, Alaska has had a 14.17% increase in APRN new licenses.

Figure 24: Alaska APRN New License Trend
Source: Alaska Board of Nursing



As of Spring, 2025, Alaska had 2,488 active APRN licenses. However, only 1,209 licenses have Alaska residential addresses. This reduces the estimated workforce supply by 51.41%. The greatest reduction was for Nurse Practitioners.

Table 7: 2025 Alaska APRN Active License Comparison with Active Resident Licenses
Source: Alaska Board of Nursing

	All Active	Resident	Percent Difference
Certified Nurse Midwife	127	93	26.77%
Certified Registered Nurse Anesthetist	225	146	35.11%
Clinical Nurse Specialist	27	22	18.52%
Nurse Practitioner	2,109	948	55.05%
Total	2,488	1,209	51.41%

The greatest number of APRN specialty licenses are for Family Health.

Table 8: 2025 APRN Specialty Licenses
Source: Alaska Board of Nursing Licensure Data

	All Active Licenses	Alaska Resident
Acute Care/Emergency	8	1
Adult Health	57	25
Adult Psychiatric/Mental Health	38	22
Adult/Gerontology	117	66
Child And Adolescent Psychiatric/Mental Health	3	2
Family Health	1,561	663
Family Psychiatric/Mental Health	276	124
Family/Individual Across Lifespan	29	5
Geriatric	3	3
Military	36	30
Neonatal	20	15
Pediatric	76	43
Psychiatric/Mental Health	1	1
Telemedicine	6	6
Women's Health	60	38
Women's Health/Gender Related	3	2
Total	2,294	1,046

The greatest number of APRNs reside in Anchorage.

Table 9: 2025 APRN Alaska Resident Geographic Distribution
Source: Alaska Board of Nursing Licensure Data

	Certified Nurse Midwife	Certified Registered Nurse Anesthetist	Clinical Nurse Specialist	Nurse Practitioner
ANCHORAGE	36	57	11	344
BETHEL	1	0	0	24
CHUGIAK	4	2	1	21
EAGLE RIVER	4	21	0	74
FAIRBANKS	12	17	2	58
HOMER	9	3	0	28
JUNEAU	3	1	1	37
KENAI	0	1	0	20
KETCHIKAN	3	2	0	20
NORTH POLE	2	3	1	18
PALMER	3	9	2	59
SOLDOTNA	0	5	0	22
WASILLA	7	10	2	85
OTHER CITY	9	15	2	136
Total	93	146	22	946

The greatest number of non-resident APRNs reside in Texas, Florida and Washington.

Table 10: 2025 APRN Alaska Non-Resident Geographic Distribution
Source: Alaska Board of Nursing Licensure Data

	Certified Nurse Midwife	Certified Registered Nurse Anesthetist		Clinical Nurse Specialist	Nurse Practitioner
AB	0	0		0	1
AE	0	1		0	4
AL	0	1		0	24
AP	0	0		0	1
AR	0	1		1	15
AZ	1	1		0	35
CA	1	4		0	69
CO	1	3		0	46
CT	0	0		0	6
DC	0	0		0	1
DE	0	0		0	2
FL	2	8		0	132
GA	0	0		0	49
HI	0	1		0	10
IA	0	1		0	8
ID	0	0		0	10
IL	1	0		0	22
IN	0	0		0	19
KS	0	2		0	4
KY	0	2		0	14
LA	0	1		0	12
MA	1	0		0	7
MD	0	0		0	14
ME	0	0		0	6
MI	0	5		0	19
MN	2	1		0	13
MO	0	1		0	26
MS	1	0		0	12
MT	0	3		0	24
NC	1	2		0	32
ND	0	0		0	4
NE	1	2		0	5
NH	0	0		0	5

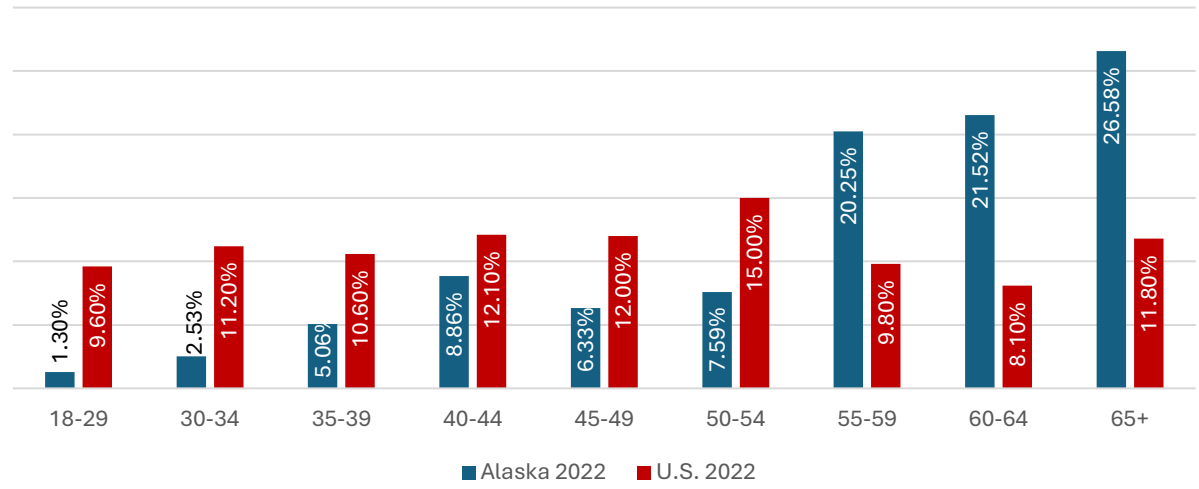
	Certified Nurse Midwife	Certified Registered Nurse Anesthetist		Clinical Nurse Specialist	Nurse Practitioner
NJ	0	0		0	9
NM	3	3		0	8
NV	0	1		1	19
NY	2	1		0	15
OH	0	3		1	22
OK	1	0		0	8
OR	2	2		0	24
PA	0	2		0	15
RI	0	0		0	1
SC	1	2		0	13
SD	1	1		0	18
TN	0	2		0	46
TX	2	10		0	142
UT	2	3		0	14
VA	1	0		0	23
VT	1	0		0	1
WA	5	8		1	100
WI	0	0		1	22
WV	1	0		0	3
WY	0	1		0	5
Total	**34**	**79**		**5**	**1,161**

Alaska Demographics

LPN Demographic Data

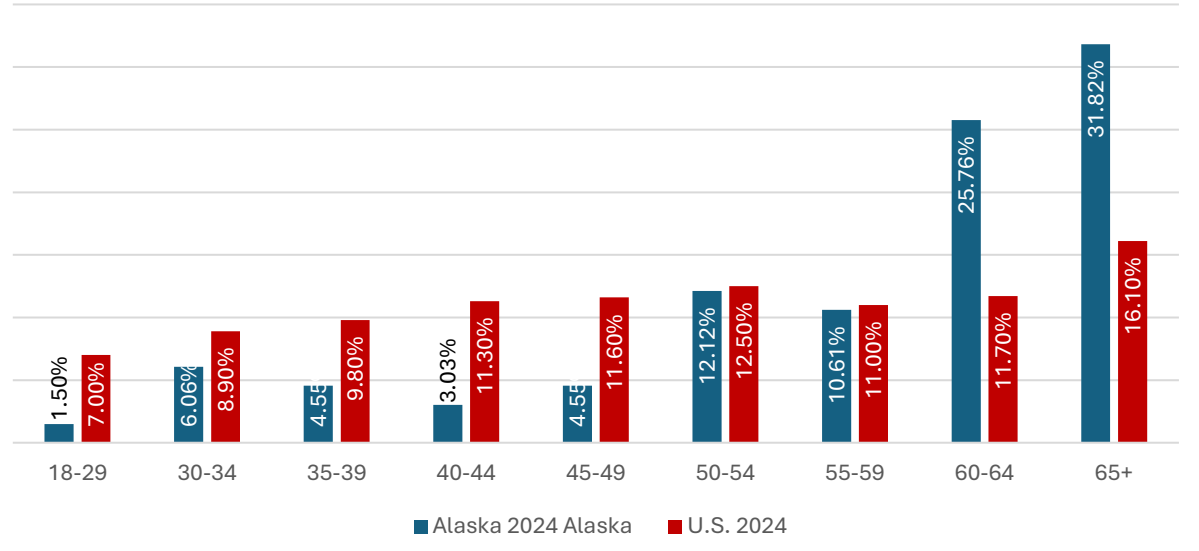
The average age of responding Alaska LPNs was 57.3 years in 2022. Across age intervals, Alaska had a much lower percentage of younger LPNs and a much higher percentage of older LPNs than the U.S. in 2022.

Figure 25: 2022 LPN Age Comparison
Source: 2022 National Nursing Workforce Survey



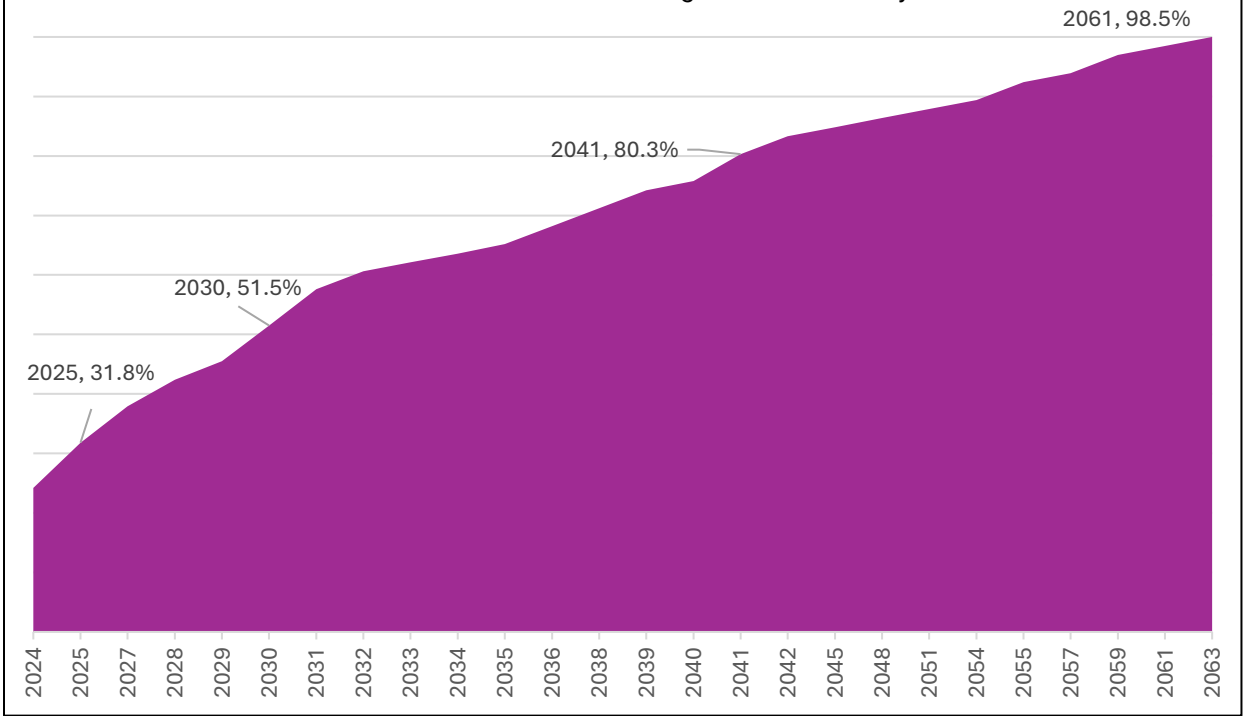
The average age of responding Alaska LPNs was 57.71 years in 2024. The trend continues from 2022 with a much lower percentage of younger LPNs and a much higher percentage of older LPNs than the U.S. in 2022.

Figure 26: 2024 LPN Age Comparison
Source: 2024 National Nursing Workforce Survey



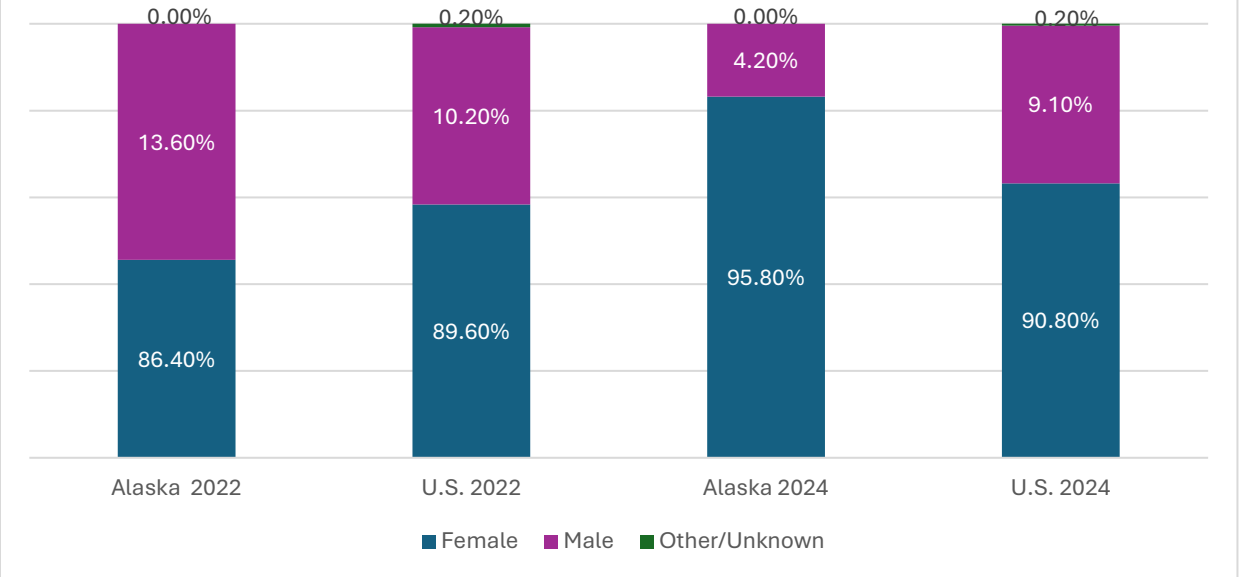
Using age 67 as a projected retirement age, 31.8% of Alaska LPNs will be retired by 2025 and 51.5% by 2030.

Figure 27: Alaska Projected LPN Retirement at Age 67
Source: 2024 National Nursing Workforce Survey



There was a large decrease in male LPNs in Alaska in 2024 as compared to 2022. The 2024 percentage was lower than the national average.

Figure 28: Alaska LPN Gender Comparison 2022 and 2024
Source: National Nursing Workforce Survey



Alaska's LPNs are less diverse than the national average and less diverse than the Alaska general population. There has been an increase in diversity between 2022 and 2024.

Table 11: LPN White/Caucasian Comparison with U.S. and Alaska Population
Source: National Nursing Workforce Survey and Alaska Population Estimates

	Alaska LPN	U.S. LPN	Alaska Population
2022	71.60%	65.90%	64.35%
2024	64.80%	64.80%	63.89%

Alaska's LPNs include a greater percentage of American Indian/Alaskan Native than the U.S. average but lower than the general population in Alaska. In 2024, there were more Asian and Multi-racial LPNs than the U.S. and the Alaska general population.

Figure 29: Alaska 2022 LPN Diversity Source: National Nursing Workforce Survey and Alaska Population Estimates

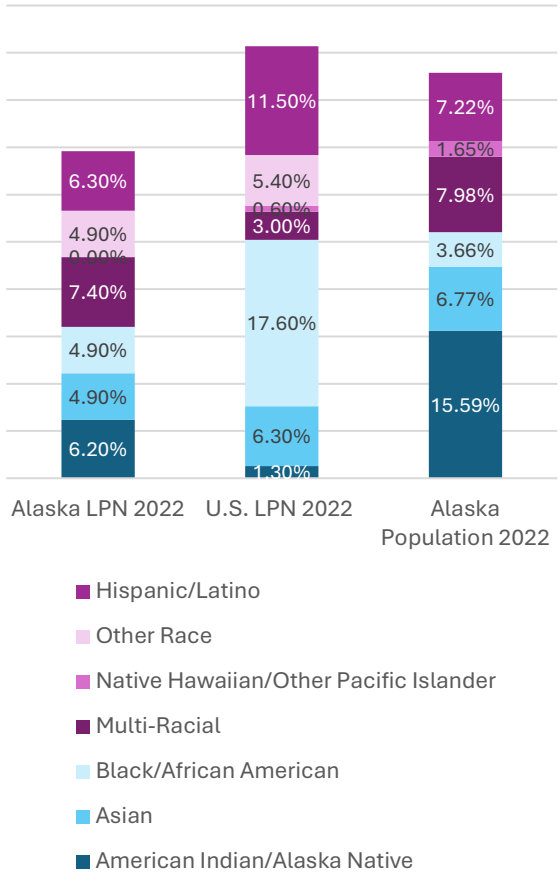
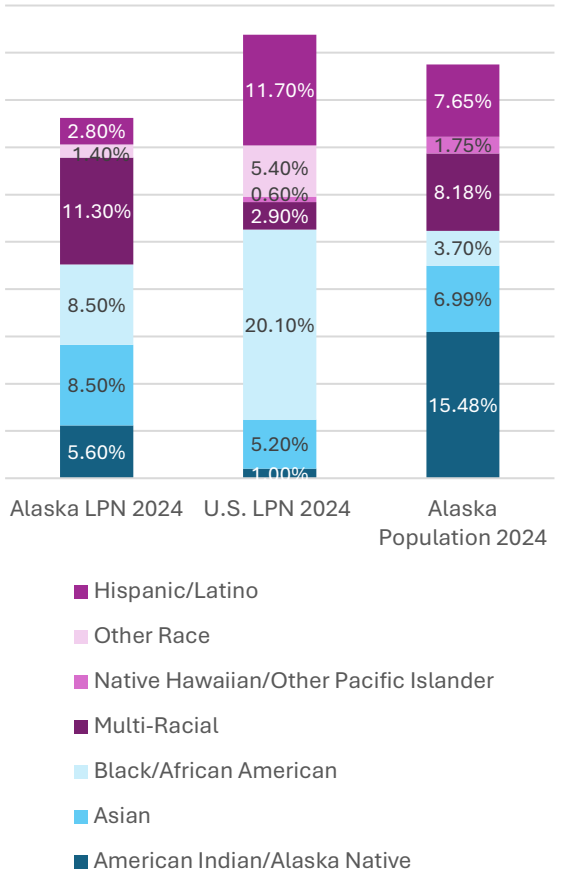
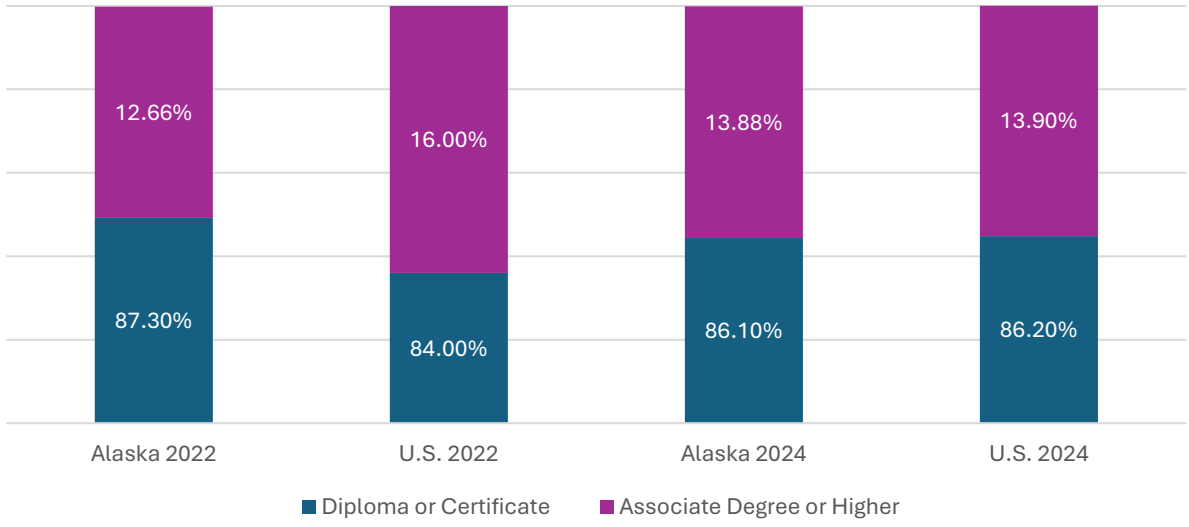


Figure 30: Alaska 2024 LPN Diversity Source: National Nursing Workforce Survey and Alaska Population Estimates



There was an increase in the percentage of LPNs with an associate degree or higher in 2024 which was slightly less than the national average.

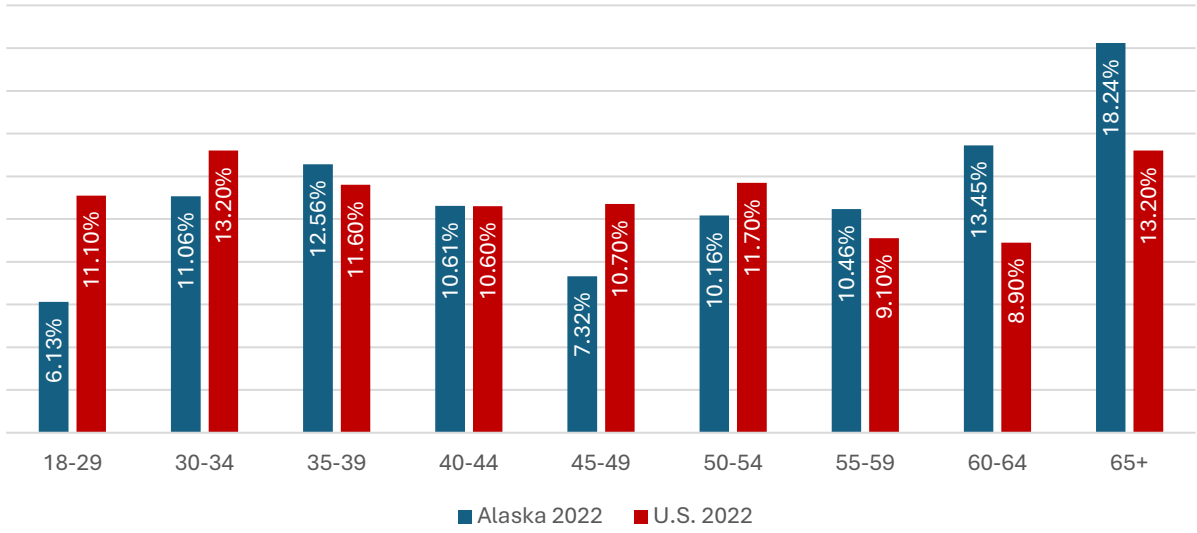
Figure 31: Alaska LPN Highest Education 2022 and 2024
Source: National Nursing Workforce Survey



RN (Includes APRNs) Demographic Data

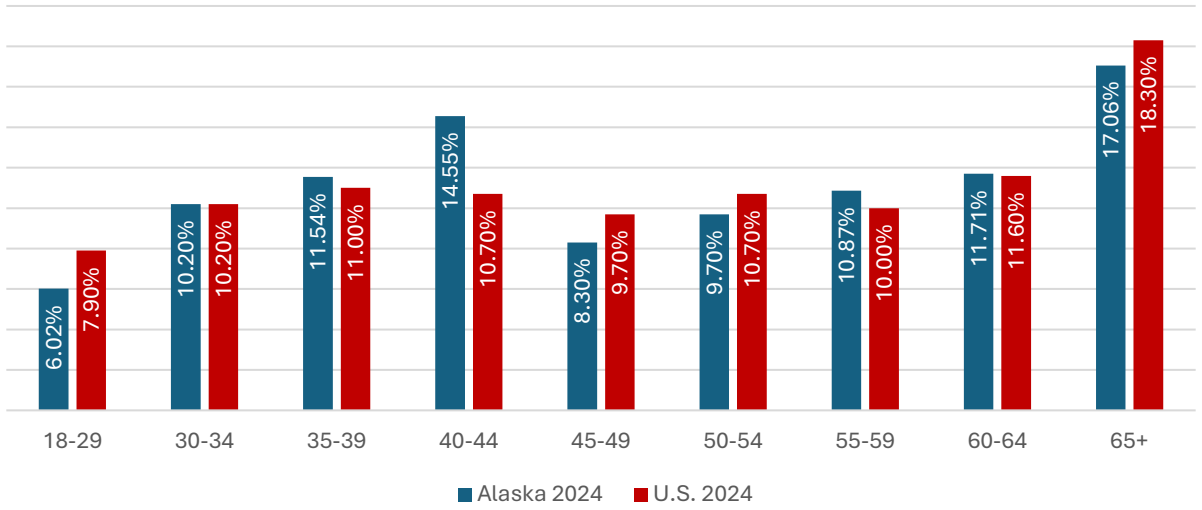
The average age of responding Alaska RNs was 50.21 years in 2022. Across age intervals, Alaska had a lower percentage of younger RNs and a higher percentage of older RNs than the U.S. in 2022.

Figure 32: 2022 RN Age Comparison
Source: 2022 National Nursing Workforce Survey



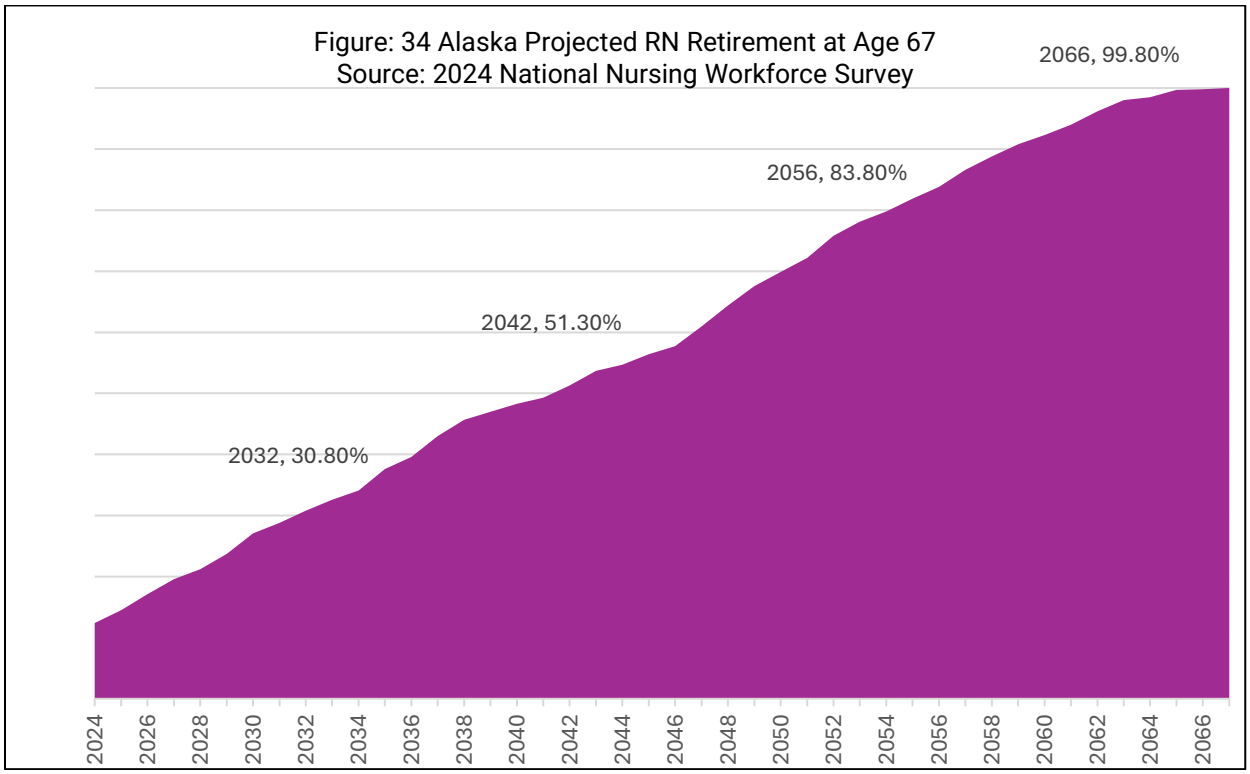
The average age of responding Alaska RNs was 49.71 years in 2024. In 2024, Alaska had more RNs age 40-44 and less RNs in the youngest and oldest age bracket than the U.S.

Figure 33: 2024 RN Age Comparison
Source: 2024 National Nursing Workforce Survey



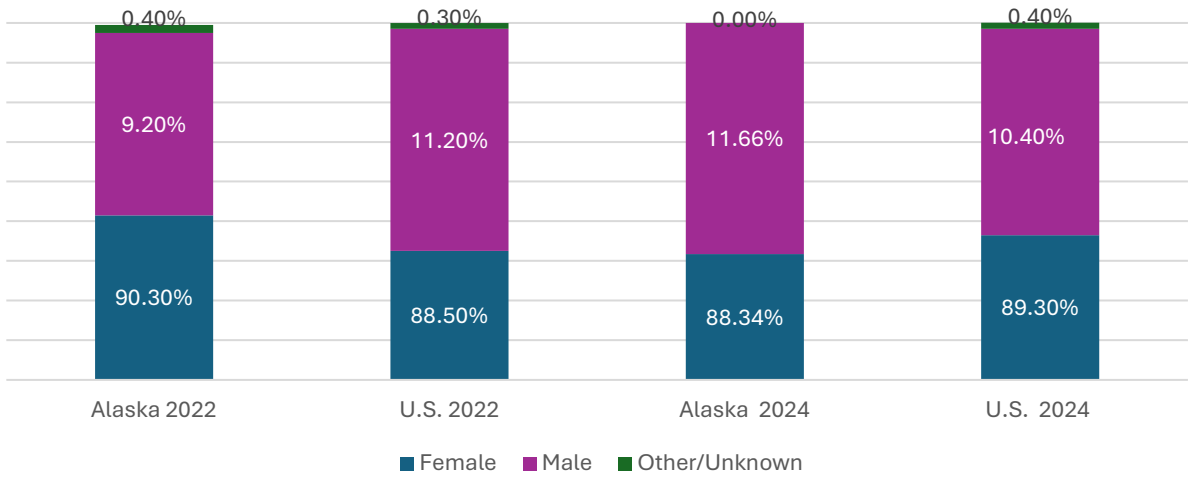
Using age 67 as a projected retirement age, 30.8% of Alaska RNs will be retired by 2032 and 51.3% by 2042.

Figure: 34 Alaska Projected RN Retirement at Age 67
Source: 2024 National Nursing Workforce Survey



There was an increase in male RNs in Alaska in 2024 as compared to 2022. The 2024 percentage was higher than the national average.

Figure 35: Alaska RN Gender Comparison 2022 and 2024
Source: National Nursing Workforce Survey



Alaska's RNs are less diverse than the national average and less diverse than the Alaska general population. There has been a small increase in diversity between 2022 and 2024.

Table 12: RN White/Caucasian Comparison with U.S. and Alaska Population
Source: National Nursing Workforce Survey and Alaska Population Estimates

	Alaska RN	U.S. RN	Alaska Population
2022	84.60%	80.00%	64.35%
2024	85.40%	76.60%	63.89%

In 2024, Alaska's RNs include a greater percentage of American Indian/Alaskan Native and Multi-racial than the U.S. average but lower than the general population in Alaska.

Figure 36: Alaska 2022 RN Diversity Source: National Nursing Workforce Survey and Alaska Population Estimates

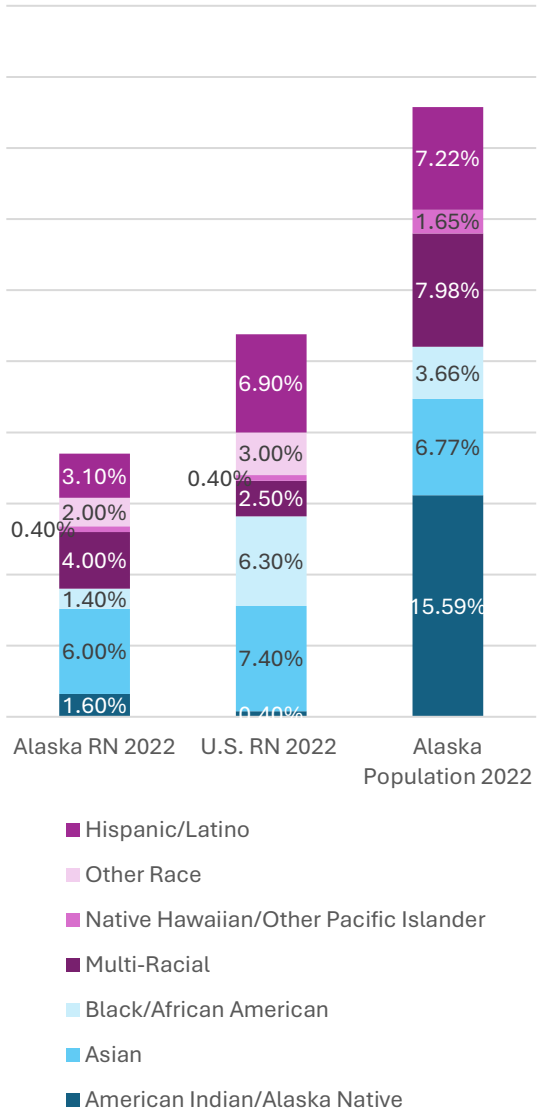
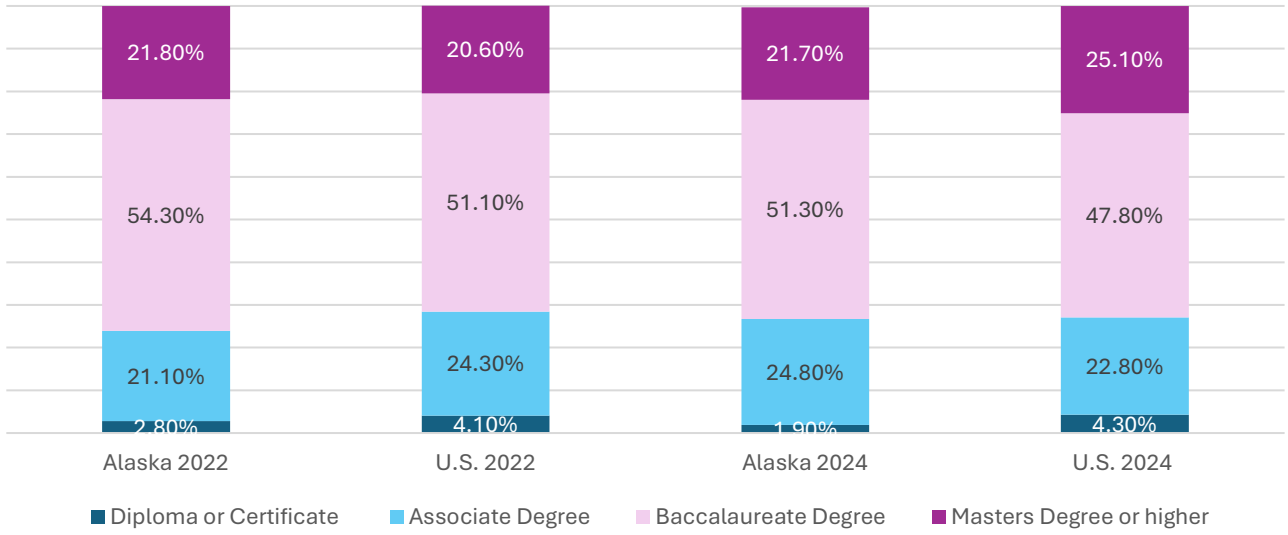


Figure 37: Alaska 2024 RN Diversity Source: National Nursing Workforce Survey and Alaska Population Estimates

There was a small decrease in the percentage of RNs with a Bachelors' degree or higher from 76.10% in 2022 to 73% in 2024, which was slightly higher than the national average.

Figure 38: Alaska RN Highest Education 2022 and 2024
Source: National Nursing Workforce Survey



APRN Demographic Data

- The largest age group of Alaska APRNs, 30.3% of respondents, was age 40-49 (Alaska APRN Alliance, 2023). This is similar to the results of a National study of NPs in 2024, where the largest age group, 31.4%, was 40-49 years (AANP, 2024).

- 14% of Alaska APRNs were male and 1.2% were other (Alaska APRN Alliance, 2023), compared to national rates of 11.5% male NPs (AANP, 2024).

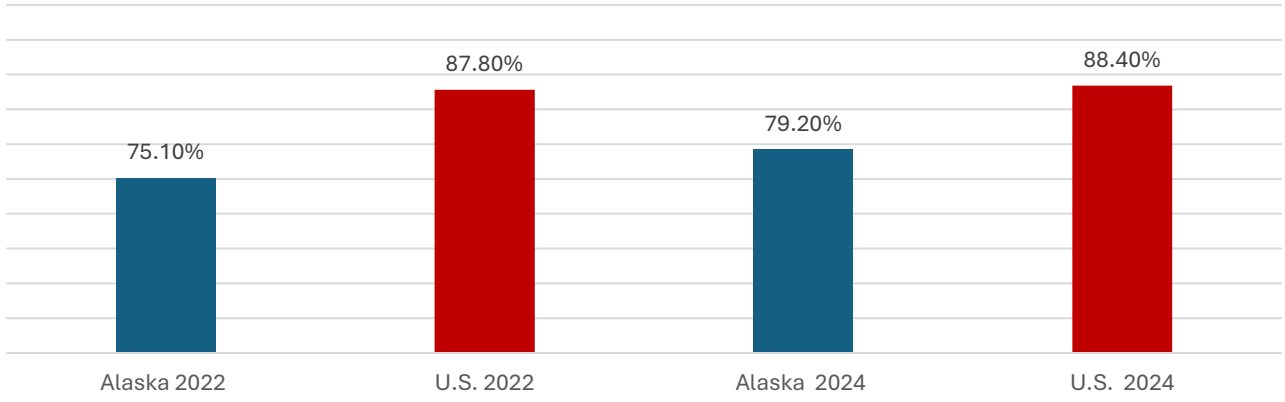
- 10.4% of Alaska APRNS reported a minority status (Alaska APRN Alliance, 2023), compared to results on a national study, where 21.5% of NPs indicated a minority status. (AANP, 2024).

Alaska Nursing Workforce and Work Environment Data

LPN Workforce and Work Environment Data

There was an increase in the percentage of LPNs actively employed in nursing in Alaska, although this was lower than the national average for both 2022 and 2024.

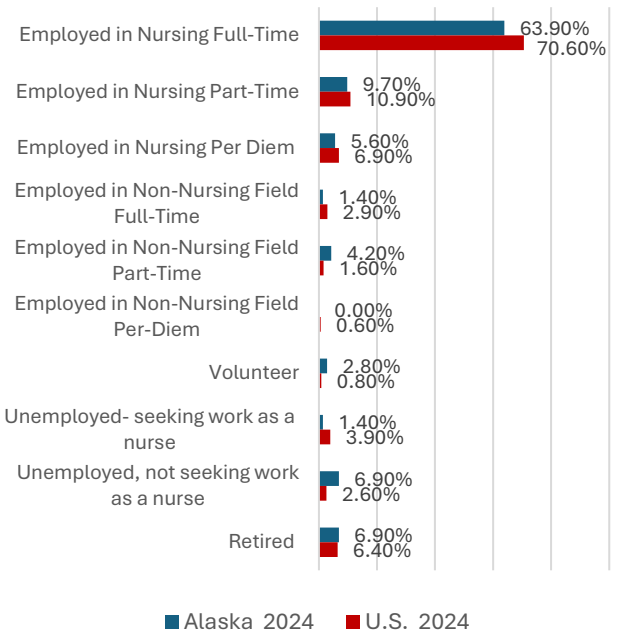
Figure 39: Alaska LPN Actively Employed in Nursing
(Full-time, Part-time, Per Diem)
Source: National Nursing Workforce Survey



In 2022, there was a larger percentage of LPNs who were unemployed and seeking work as a nurse than the national average. In both 2022 and 2024, there was a higher percentage of LPNs working in a non-nursing field part-time and retired LPNs than the national average.

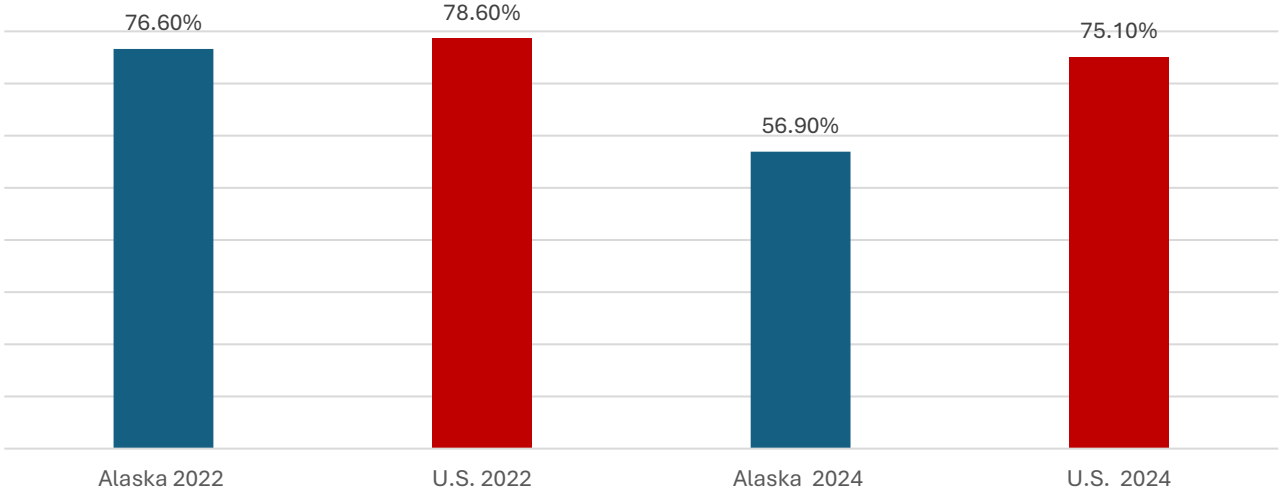
Figure 40: Alaska LPN Employment Status 2022
Source: National Nursing Workforce Survey

Figure 41: Alaska LPN Employment Status 2024
Source: National Nursing Workforce Survey



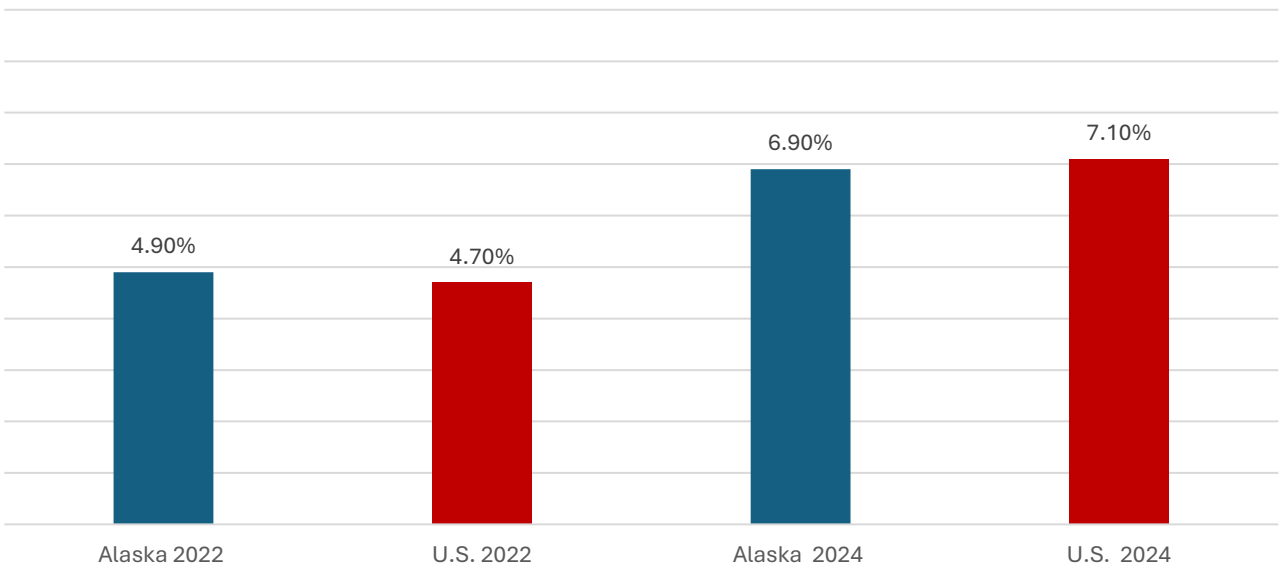
In both 2022 and 2024, fewer Alaska LPNs indicated they were working in a nursing position providing direct patient care as compared to the national average.

Figure 42: Alaska LPN Primary Nursing Position Providing Direct Patient Care
Source: National Nursing Workforce Survey



The percentage of Alaska LPNs working as travel nurses was similar to the national averages in both 2022 and 2024.

Figure 43: Alaska LPNs that are a Travel Nurse
Source: National Nursing Workforce Study



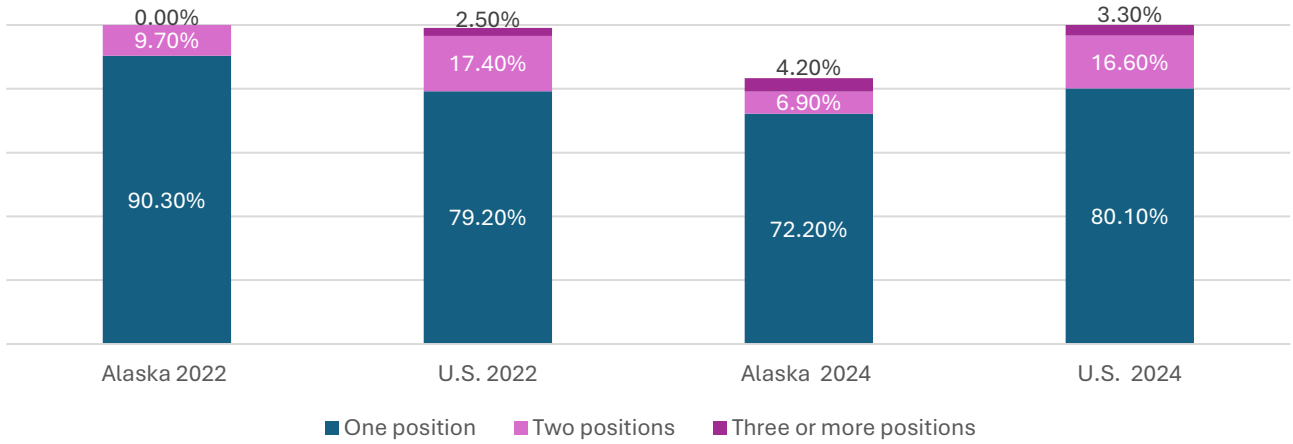
Fewer LPNs indicated that they are actively practicing in Alaska in 2024 as compared to 2022.

Table 12: LPN State Actively Practicing
Source: National Nursing Workforce Survey

LPN	Alaska 2022	Alaska 2024
Alaska	94.50%	76.40%
Arizona	1.40%	1.40%
Florida	0%	1.40%
Georgia	2.70%	1.40%
Hawaii	0%	1.40%
Oregon	0%	2.80%
South Carolina	0%	1.40%
Texas	1.40%	6.90%
Vermont	0%	1.40%
Washington	2.70%	5.60%
Illinois	1.40%	0%
Kansas	5.50%	0%
Massachusetts	2.70%	0%
Mississippi	1.40%	0%
North Carolina	1.40%	0%
New Hampshire	4.10%	0%
Oklahoma	2.70%	0%
South Dakota	1.40%	0%
Tennessee	1.40%	0%

In 2022 and 2024, Alaska rates were higher than the national average for LPNs who indicated that they only had one employment position.

Figure 44: Alaska LPN Number of Employment Positions
Source: National Nursing Workforce Study



Alaska LPNs most frequently reported working in Nursing Home/Extended Care and Ambulatory Care settings as their primary practice setting. Alaska LPNs work in more diverse settings than the national average, where about 1/3 work in nursing homes and extended care.

Table 13: LPN Primary Practice Setting
Source: National Nursing Workforce Survey

	Alaska 2022	US 2022	Alaska 2024	US 2024
Nursing Home/Extended Care	18.60%	30.60%	16.70%	31.60%
Other	27.10%	15.30%	8.30%	15.10%
Ambulatory Care Setting	11.90%	8.60%	16.70%	9.10%
Assisted Living Facility	15.30%	6.60%	5.60%	6.30%
Hospital	6.80%	11.70%	4.20%	11.90%
Home Health	8.50%	11.60%	8.30%	10.30%
School Health Service	5.10%	3.30%	1.40%	2.90%
Community Health	1.70%	3.40%	4.20%	3.70%
Correctional Facility	1.70%	2.20%	0.00%	2.30%
Insurance Claims/Benefits	0.00%	1.20%	1.40%	1.10%
Public Health	0.00%	2.30%	0.00%	1.50%
Occupational Health	1.70%	0.60%	0.00%	0.90%
Hospice	1.70%	1.60%	1.40%	2.00%
School of Nursing	0.00%	0.30%	2.80%	0.60%
Dialysis Center	0.00%	0.70%	0.00%	0.70%
Policy/Planning/Regulatory	0.00%	0.00%	1.40%	0.10%

Alaska LPNs most frequently reported their primary position as a staff nurse.

Table 14: LPN Primary Position 2022 and 2024
Source: National Nursing Workforce Survey

	Alaska 2022	U.S. 2022	Alaska 2024	U.S. 2024
Staff Nurse	74.14%	66.50%	67.80%	72.90%
Other- Health Related	17.24%	13.70%	13.56%	15.20%
Nurse Manager	3.45%	6.70%	5.08%	6.00%
Case Manager	3.45%	8.40%	8.47%	2.80%
Nurse Faculty	1.72%	1.10%	1.69%	0.90%
Nurse Executive	0.00%	0.40%	0.00%	0.60%
Advanced Practice Nurse	0.00%	0.30%	0.00%	0.20%
Nursing Consultant	0.00%	0.60%	0.00%	0.50%
Nurse Researcher	0.00%	0.20%	0.00%	0.20%
Other- Not Health Related	0.00%	2.30%	3.39%	0.80%

The greatest percentage of Alaska LPNs indicated their primary specialty was geriatric/gerontology followed by other clinical specialties and adult health, which is similar to the national average. There were fewer LPNs in Alaska Home Health than the national average.

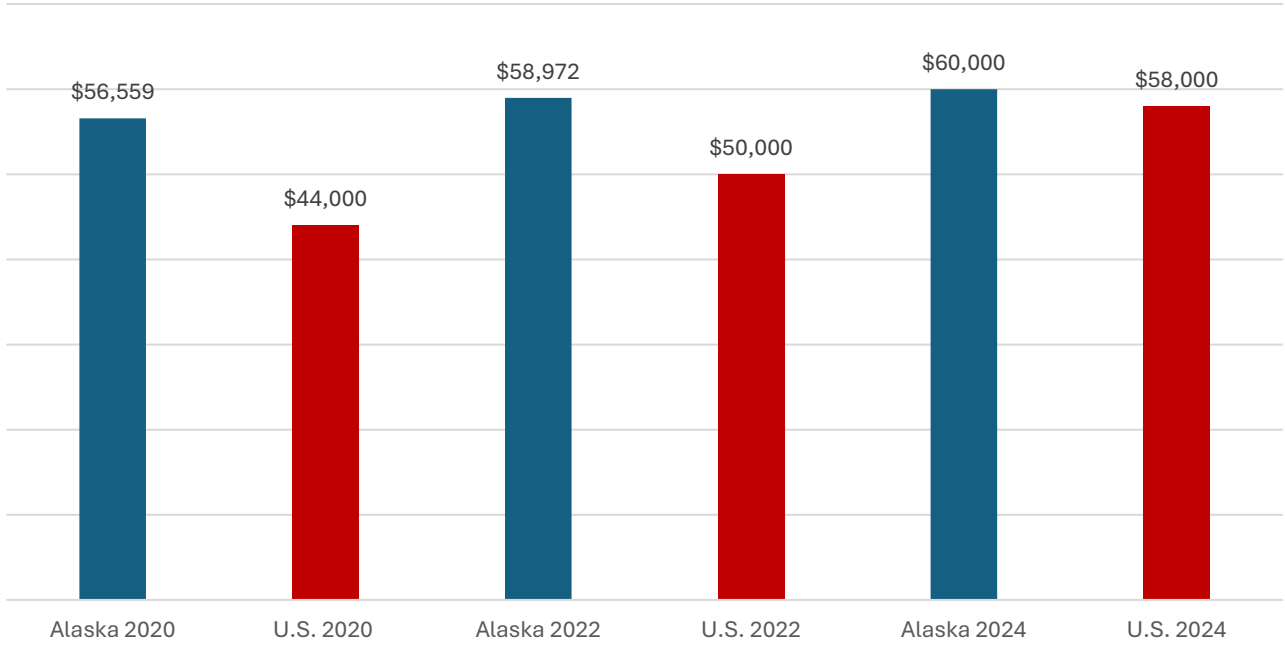
Table 15: LPN Primary Specialty 2022 and 2024
Source: National Nursing Workforce Survey

	Alaska 2022	U.S. 2022	Alaska 2024	U.S. 2024
Geriatric/gerontology	24.20%	31.30%	20.80%	28.10%
Other-clinical specialties	15.20%	13.40%	2.80%	9.80%
Adult health	12.10%	7.00%	1.40%	6.90%
Family health	9.10%	5.10%	4.20%	4.60%
Home health	6.10%	8.40%	1.40%	8.10%
Pediatrics	6.10%	7.40%	2.80%	6.20%
Orthopedic	6.10%	0.00%	4.20%	0.00%
Primary Care	6.10%	0.00%	5.60%	0.00%
Occupational Health	6.10%	0.70%	0.00%	0.90%
Cardiology	6.10%	0.90%	1.40%	1.00%
Palliative Care/hospice	3.00%	1.80%	0.00%	2.00%
Psychiatric/mental health/substance abuse	0.00%	2.90%	1.40%	1.10%
Rehabilitation	0.00%	2.80%	1.40%	4.00%
Acute Care/Critical Care	0.00%	3.40%	0.00%	3.60%
School health	0.00%	1.80%	0.00%	1.90%

Medical-surgical	0.00%	3.90%	0.00%	5.00%
Other-non-clinical specialties	0.00%	1.30%	0.00%	6.00%
Oncology	0.00%	0.80%	0.00%	0.80%
Community	0.00%	1.10%	1.40%	1.40%
Women's health	0.00%	0.70%	0.00%	0.80%
Maternal-child health/obstetrics	0.00%	0.90%	0.00%	0.80%
Public health	0.00%	1.30%	1.40%	4.20%
Emergency/trauma	0.00%	1.50%	0.00%	1.50%
Nephrology	0.00%	1.10%	0.00%	0.80%
Perioperative	0.00%	0.50%	0.00%	0.50%
Neonatal	0.00%	0.10%	0.00%	0.10%
Anesthesia	0.00%	0.10%	0.00%	0.10%

Alaska LPNs reported pre-tax earnings above the national average in 2020, 2022 and 2024. Alaska LPN earnings increased by 6.04% from 2020 to 2024, which is less than the national increase of 31.82%.

Figure 45: Alaska LPN Pre-Tax Earnings in Primary Nursing Position
Source: National Nursing Workforce Survey



More Alaska LPNs indicated in 2024 that their employment has not changed or that they retired in the last two years, as compared to the national average.

Figure 46: Alaska 2022 LPN Employment Changes
Source: National Nursing Workforce Survey

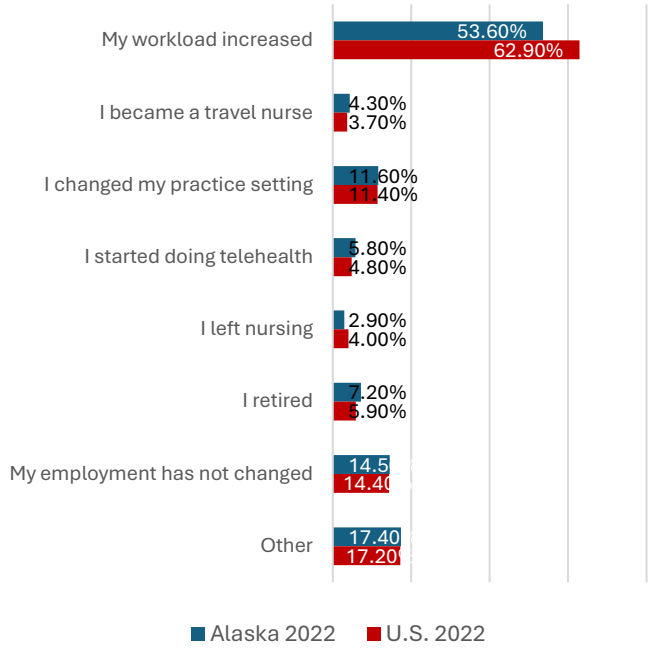
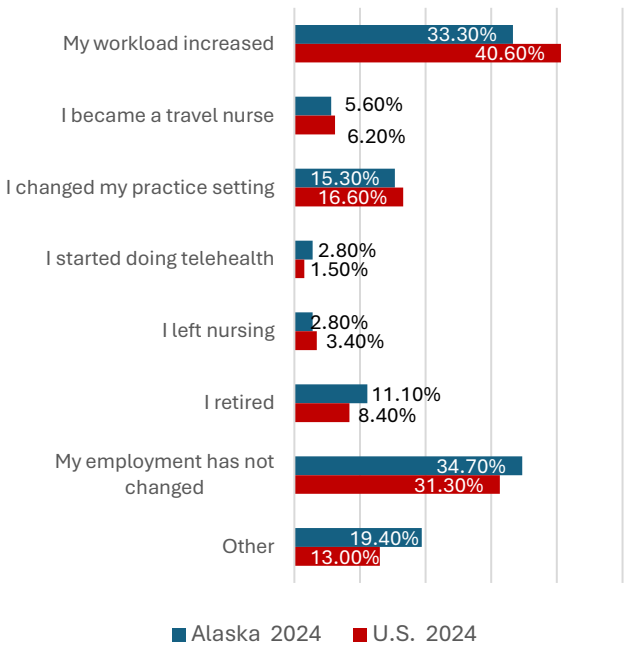
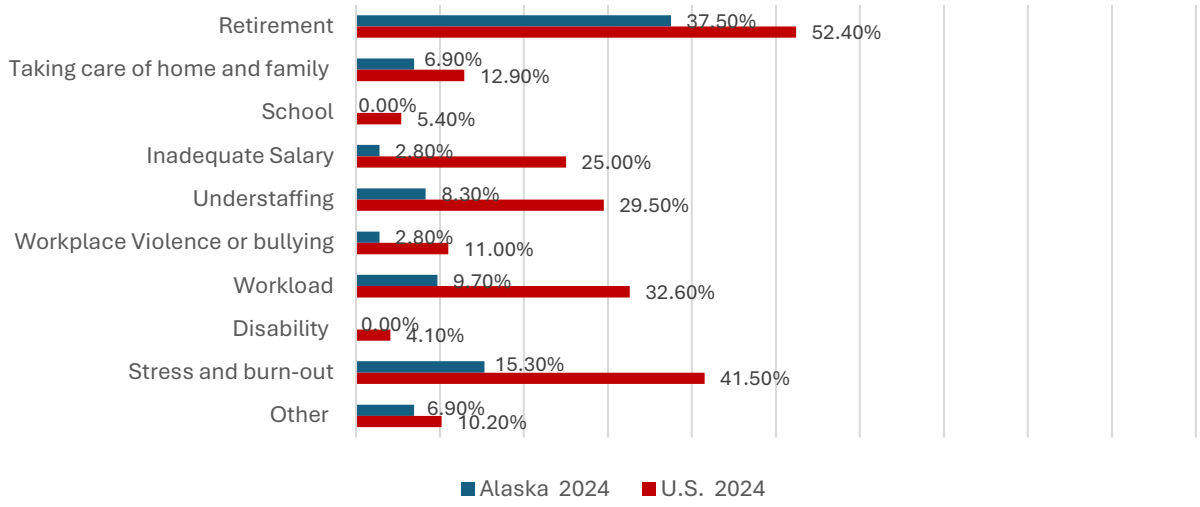


Figure 47: Alaska 2024 LPN Employment Changes
Source: National Nursing Workforce Survey



The most frequent reason Alaska LPNs indicated that they planned to leave nursing in the next five years was retirement, although at a lower rate than the national average. This is followed by stress and burnout.

Figure 48: Alaska LPN Leaving Nursing in the next 5 years
Source: National Nursing Workforce Survey



In 2024, nearly half of Alaska LPNs “felt emotionally drained from their work” or “used up at the end of the workday”, at least 1x per week. Almost 1/3 indicated that they “felt that they were at the end of their rope” at least 1x a week. Fewer Alaska LPNs reported that they “felt burned out” at least 1x per week than the national average in both 2022 and 2024.

Figure 49: Alaska 2022 LPN Burnout
(atleast 1x/week)
Source: National Nursing Workforce Survey

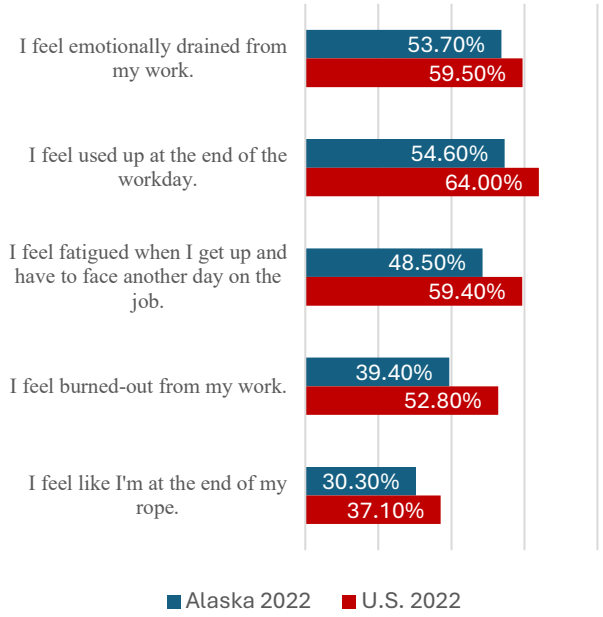
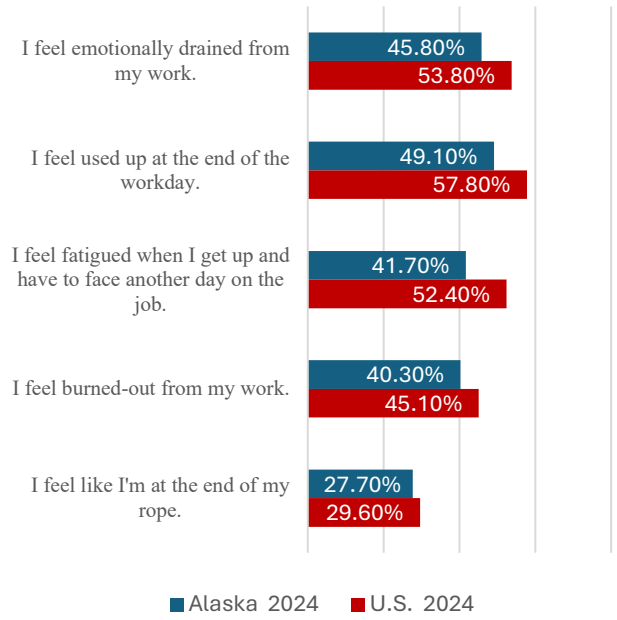


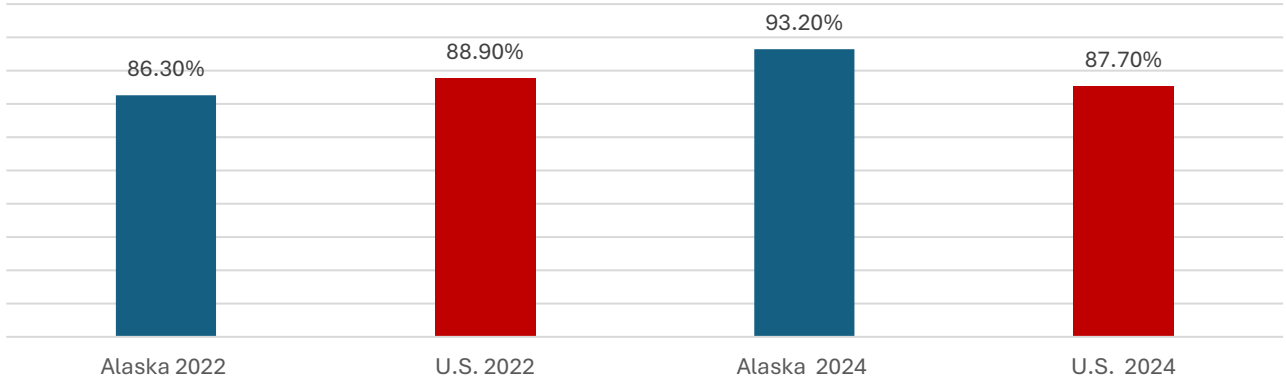
Figure 50: Alaska 2024 LPN Burnout
(atleast 1x/week)
Source: National Nursing Workforce Survey



RN (including APRNs) Workforce and Work Environment Data

There was an increase in the percentage of RNs that are actively employed in nursing in Alaska. This was higher than the national average in 2024.

Figure 51: Alaska RN Actively Employed in Nursing
(Full-time, Part-time and Per Diem)
Source: National Nursing Workforce Survey



In 2022, there was a larger percentage of RNs that were retired, volunteering, or working in nursing part-time or per diem than the national average. In 2024, there was a larger percentage of nurses employed full-time and per diem than the national average.

Figure 52: Alaska RN Employment Status 2022
Source: National Nursing Workforce Survey

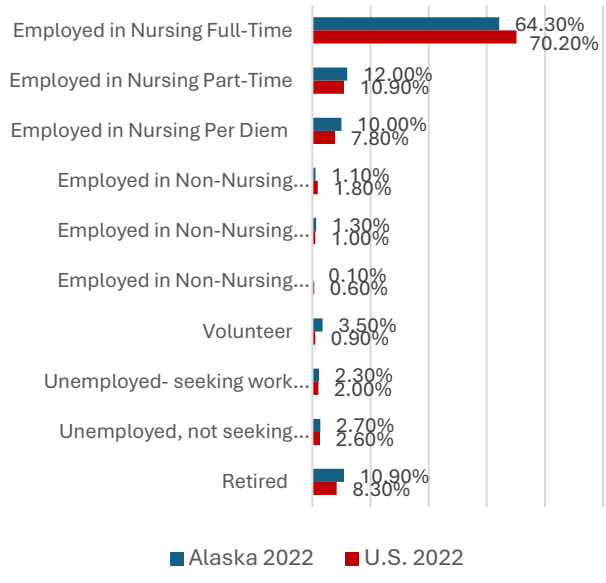
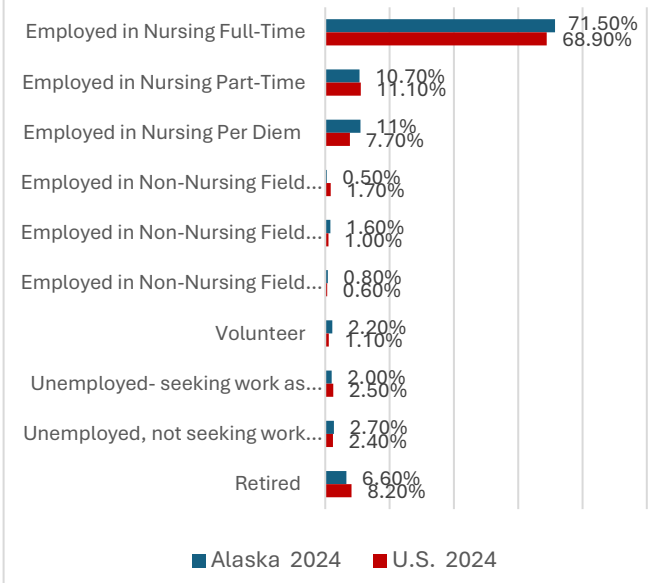
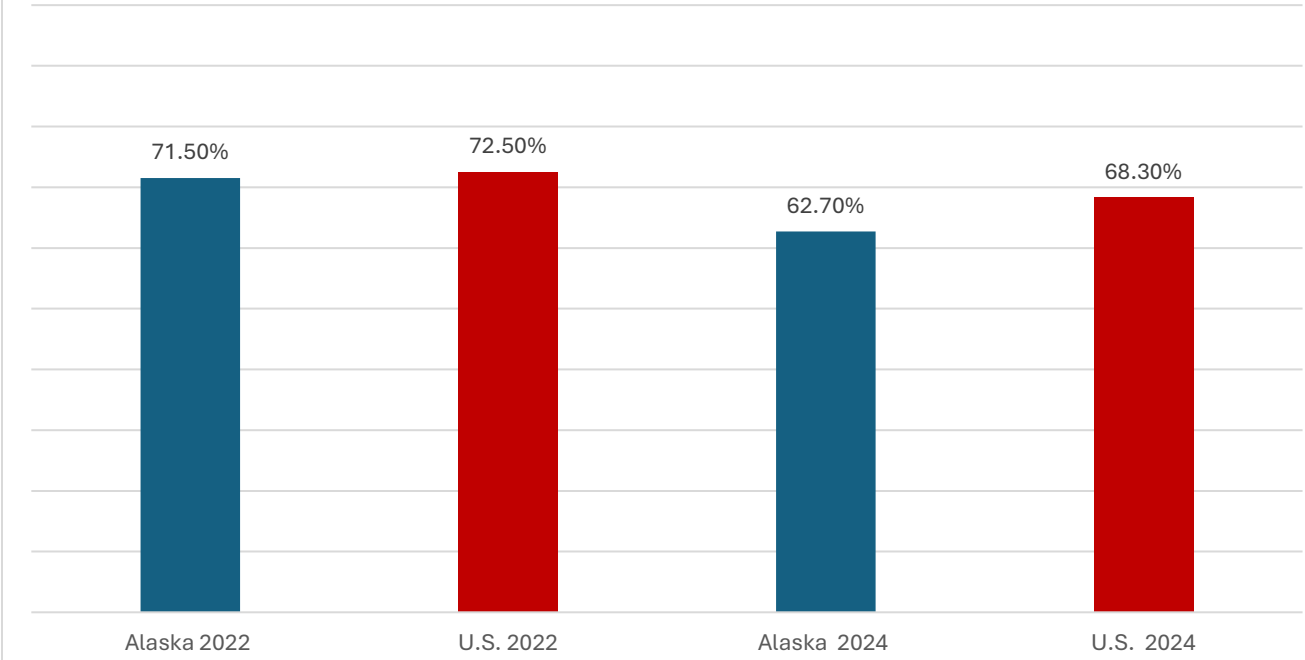


Figure 53: Alaska RN Employment Status 2024
Source: National Nursing Workforce Survey



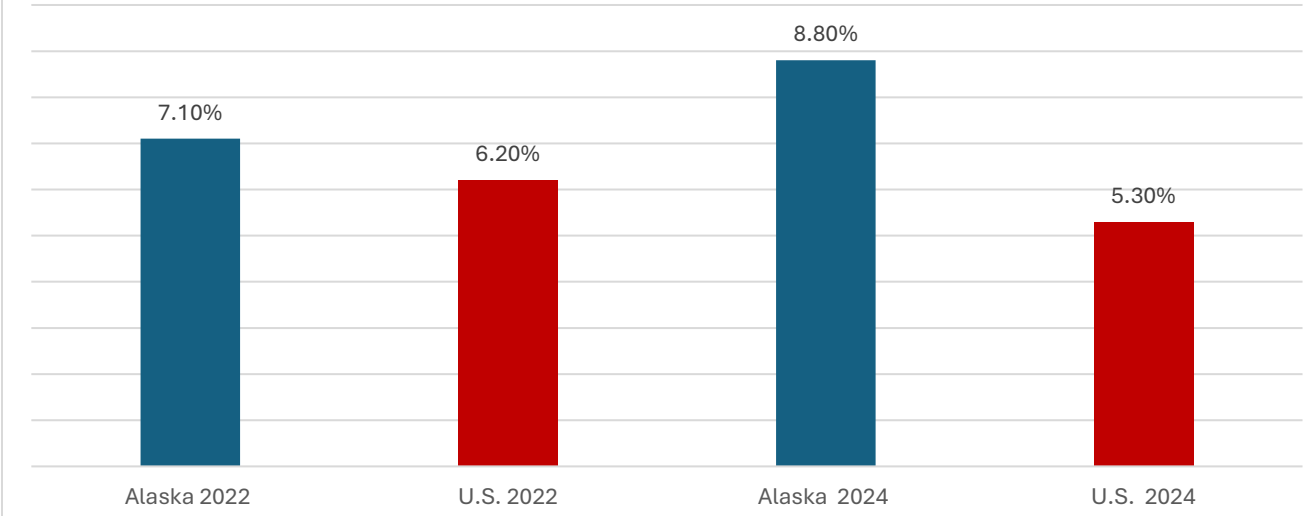
In 2024, fewer Alaska RNs indicated that they were working in a nursing position providing direct patient care as compared to 2022; numbers were lower than the national average in both years.

Figure 54: Alaska RN Primary Nursing Position Providing Direct Patient Care
Source: National Nursing Workforce Survey



The percentage of Alaska RNs who indicated they are a travel nurse increased from 2022 to 2024 and was higher than the national average in both years.

Figure 55: Alaska RNs that are a Travel Nurse
Source: National Nursing Workforce Study



Fewer RNs indicated that they are actively practicing in Alaska in 2024 as compared to 2022.

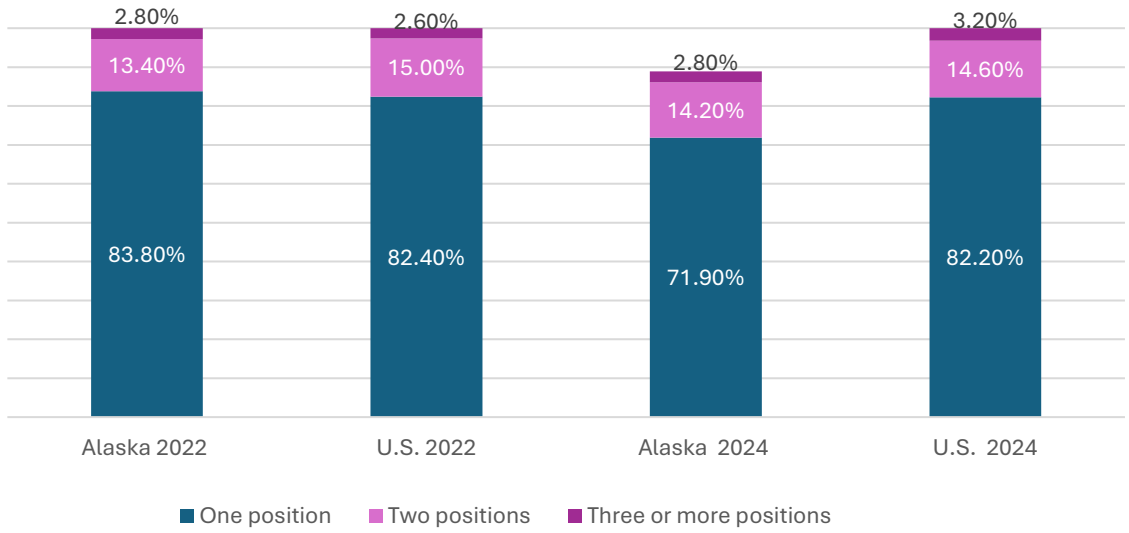
Table 16: RN State Actively Practicing 2022 and 2024
Source: National Nursing Workforce Survey

	Alaska 2022	Alaska 2024
Alaska	87.10%	71.10%
Alabama	0.60%	2.50%
Arkansas	0.20%	3.00%
Arizona	1.10%	4.40%
California	1.40%	5.20%
Colorado	2.80%	3.80%
Connecticut	0.30%	2.00%
Delaware	1.70%	1.90%
Florida	0.60%	3.50%
Georgia	0.90%	3.10%
Hawaii	1.10%	2.00%
Iowa	0.50%	2.00%
Idaho	0.00%	2.50%
Illinois	1.90%	2.70%
Indiana	0.50%	1.90%
Kansas	1.90%	2.20%
Kentucky	0.50%	2.80%
Louisiana	0.00%	2.70%
Massachusetts	1.10%	1.90%
Maryland	0.50%	2.40%
Maine	0.90%	2.40%
Michigan	0.50%	2.70%
Minnesota	0.30%	1.90%
Missouri	0.50%	2.40%
Mississippi	0.50%	3.00%
Montana	0.50%	2.40%
North Carolina	0.80%	3.30%
Nebraska	0.30%	2.00%

	Alaska 2022	Alaska 2024
North Dakota	0.00%	1.90%
New Hampshire	0.80%	2.20%
New Jersey	0.20%	1.90%
New Mexico	0.90%	2.20%
Nevada	0.50%	2.40%
New York	0.30%	3.00%
Ohio	0.00%	2.40%
Oklahoma	0.90%	2.40%
Oregon	0.80%	4.40%
Pennsylvania	1.20%	2.00%
South Carolina	0.20%	2.40%
South Dakota	0.90%	2.20%
Tennessee	0.50%	4.10%
Texas	1.20%	5.30%
Utah	0.50%	2.70%
Virginia	0.50%	2.80%
Washington	3.40%	6.30%
Wisconsin	0.60%	2.80%
West Virginia	0.50%	1.70%
Wyoming	0.60%	2.50%

In 2022 and 2024, a similar percentage of Alaska RNs, compared to the national average, worked in one employment position.

Figure 56: Alaska RN Number of Employment Positions
Source: National Nursing Workforce Study



Alaska RNs most frequently reported Hospitals, Ambulatory Care, and "other" as their primary practice setting, which was similar to the national average.

Table 17: RN Primary Employment Setting 2022 and 2024
Source: National Nursing Workforce Survey

	Alaska 2022	U.S. 2022	Alaska 2024	U.S. 2024
Hospital	54.00%	57.50%	45.60%	53.30%
Other	11.90%	9.60%	12.40%	10.50%
Ambulatory Care Setting	11.70%	10.40%	13.70%	11.50%
Insurance Claims/Benefits	0.30%	2.00%	1.50%	2.00%
Nursing Home/Extended Care	3.70%	3.90%	2.90%	4.70%
Home Health	3.00%	3.40%	2.00%	3.50%
Community Health	2.30%	2.00%	3.30%	2.30%
School of Nursing	1.90%	2.10%	1.80%	3.20%
School Health Service	3.30%	2.30%	2.00%	2.30%
Assisted Living Facility	0.50%	0.50%	1.10%	0.50%
Hospice	0.30%	1.80%	1.30%	1.80%
Public Health	2.40%	1.70%	2.20%	1.50%
Dialysis Center	0.30%	1.10%	0.20%	1.10%
Correctional Facility	3.00%	0.70%	0.90%	0.90%
Occupational Health	0.90%	0.70%	0.40%	0.60%
Policy/Planning/Regulatory	0.30%	0.30%	0.40%	0.30%

Alaska RNs most frequently reported their primary position as staff nurse, although this decreased between 2022 and 2024.

Table 18: RN Primary Employment Position 2022 and 2024
Source: National Nursing Workforce Survey

	Alaska 2022	U.S 2022	Alaska 2024	U.S. 2024
Staff Nurse	60.10%	56.50%	55.95%	57.10%
Other- Health Related	8.30%	7.70%	9.60%	8.90%
Nurse Manager	7.30%	7.30%	9.06%	7.30%
Case Manager	6.10%	10.90%	8.89%	6.70%
Nurse Faculty	1.60%	3.30%	2.13%	4.50%
Nurse Executive	2.80%	1.90%	1.78%	2.20%
Advanced Practice Nurse	11.60%	9.70%	11.01%	10.80%
Nursing Consultant	1.40%	1.20%	1.24%	1.50%
Nurse Researcher	0.50%	0.50%	0.18%	0.60%
Other- Not Health Related	0.30%	1.10%	0.18%	0.40%

The greatest percentage of Alaska RNs indicated their primary specialty was acute care/critical care followed by medical/surgical and emergency trauma at slightly lower percentages than the national average.

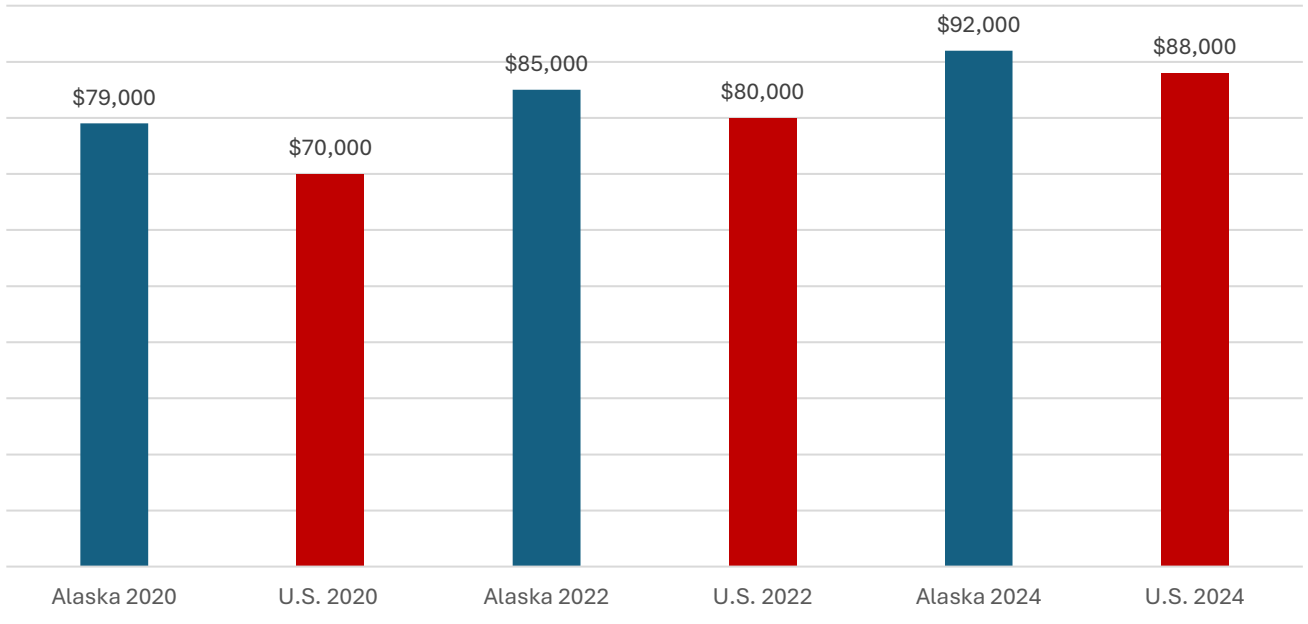
Table 19: RN Primary Specialty 2022 and 2024
Source: National Nursing Workforce Survey

	Alaska 2022	U.S. 2022	Alaska 2024	U.S. 2024
Acute Care/Critical Care	14.60%	16.50%	8.60%	13.90%
Medical-surgical	9.90%	10.00%	6.60%	8.80%
Emergency/trauma	9.20%	8.10%	8.30%	6.60%
Perioperative	8.40%	6.40%	4.20%	6.10%
Maternal-child health/obstetrics	6.70%	4.50%	5.20%	4.50%
Family health	6.00%	2.60%	2.20%	3.30%
Other-clinical specialties	5.40%	7.30%	4.60%	8.80%
Pediatrics	4.70%	4.90%	2.50%	4.30%
Geriatric/gerontology	4.90%	4.40%	3.00%	4.80%
Primary Care	4.50%	2.30%	4.40%	2.10%
Cardiology	3.20%	3.70%	1.40%	3.40%
Home health	3.20%	3.00%	2.40%	3.20%
Public health	3.20%	1.70%	1.60%	1.50%
Adult health	1.90%	2.60%	2.00%	3.70%
Anesthesia	1.90%	1.80%	1.10%	1.90%
Psychiatric/mental health/substance abuse	1.70%	2.50%	1.10%	3.60%
Occupational Health	1.70%	1.00%	0.60%	0.80%
Neonatal	1.50%	2.40%	1.40%	2.20%

Neurology/Neurosurgical	1.30%	1.00%	0.50%	1.00%
Orthopedics	1.10%	1.20%	1.10%	0.90%
Oncology	0.90%	3.30%	2.20%	3.10%
Informatics	0.90%	0.50%	0.30%	0.40%
Radiology	0.40%	0.20%	0.00%	0.30%
Other-non-clinical specialties	0.40%	5.60%	1.10%	7.20%
Women's health	0.40%	1.10%	0.50%	1.20%
Rehabilitation	0.40%	0.90%	0.20%	1.40%
Palliative Care/hospice	0.40%	2.10%	1.10%	1.80%
School health	0.40%	1.20%	1.10%	1.50%
Nephrology	0.20%	1.60%	0.30%	1.40%
Community	0.20%	1.00%	0.60%	1.00%
Genetics	0.20%	0.20%	0.00%	0.20%

Alaska RNs reported pre-tax earnings above the national average in 2020, 2022 and 2024. Alaska RN earnings increased by 16.46% from 2020 to 2024, which is less than the national increase of 25.71%

Figure 57: Alaska RN Median Pre-Tax Earnings in Primary Nursing Position
Source: National Nursing Workforce Survey



Between 2022 and 2024, Alaska RNs reported a higher rate of employment continuity (31.9% reported their employment had not changed in 2024 compared to 11.9% in 2022) – numbers that are similar to national averages. Fewer Alaska RNs reported feeling an increase in workload (33.6% in 2024 compared to 56.2% in 2022.)

Figure 58: Alaska 2022 RN Employment Changes
Source: National Nursing Workforce Survey

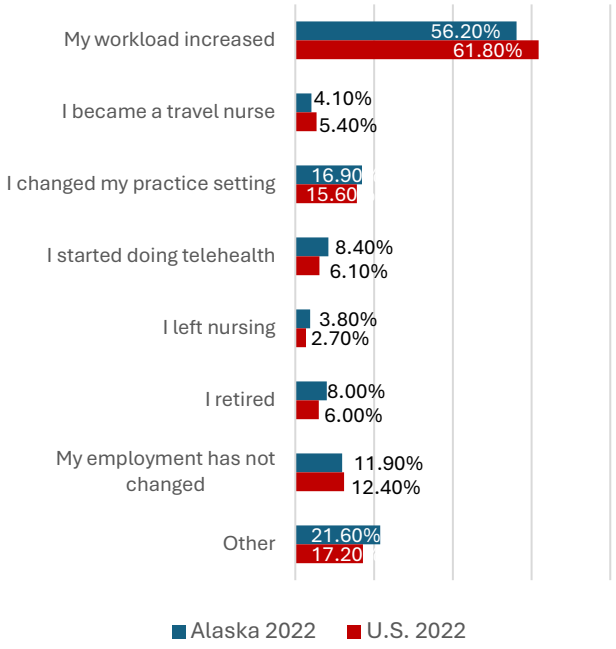
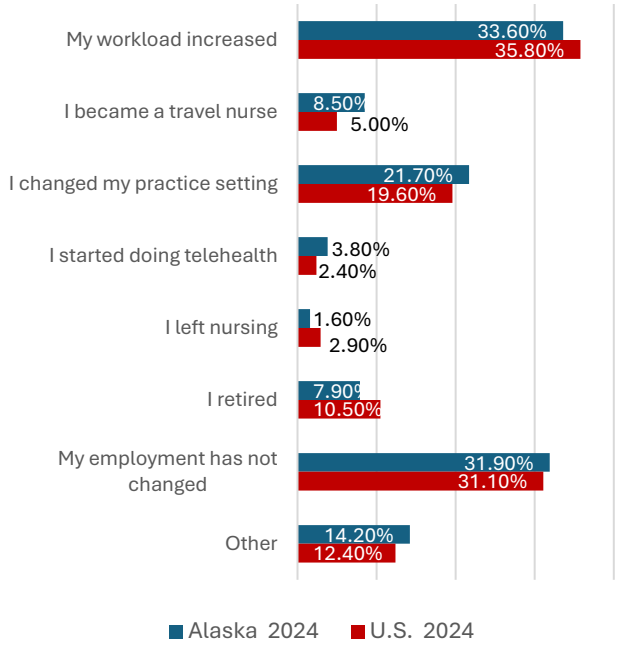
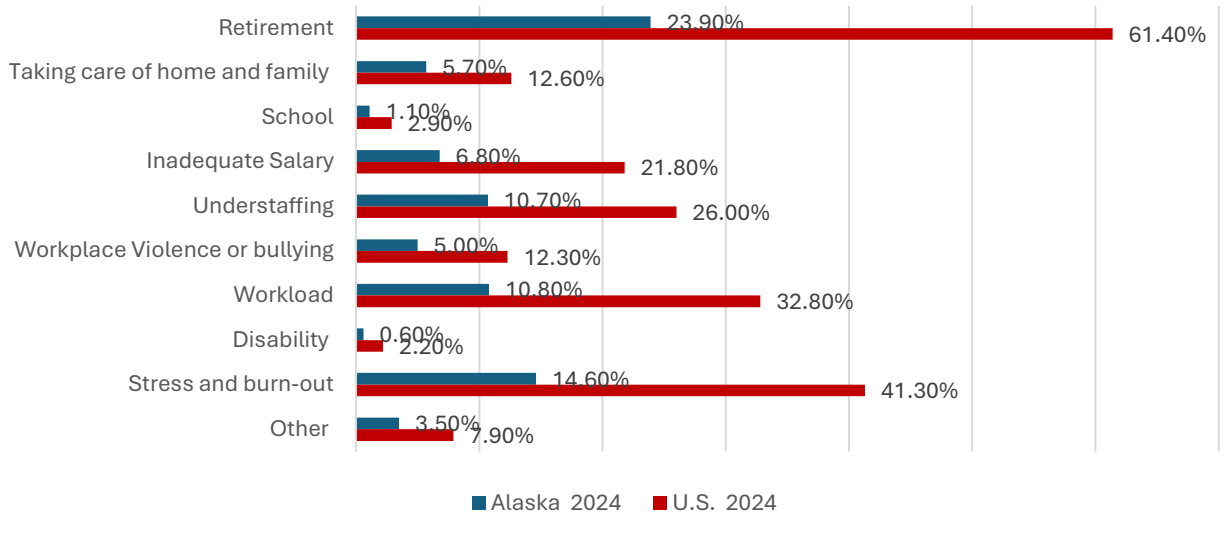


Figure 59: Alaska 2024 RN Employment Changes
Source: National Nursing Workforce Survey



The most frequent reason Alaska RNs indicated that they planned to leave nursing in the next 5 years was retirement although at a lower rate than the national average. This is followed by stress and burnout.

Figure 60: Alaska RN Leaving Nursing in the next 5 Years
Source: National Nursing Workforce Survey



More than half of Alaska RNs in both 2022 and 2024 reported feeling “emotionally drained”, “used up at the end of the workday”, or “fatigued at having to face another day on the job” at least 1x/week.

Figure 61: Alaska 2022 RN Burnout
(atleast 1x/week)
Source: National Nursing Workforce Survey

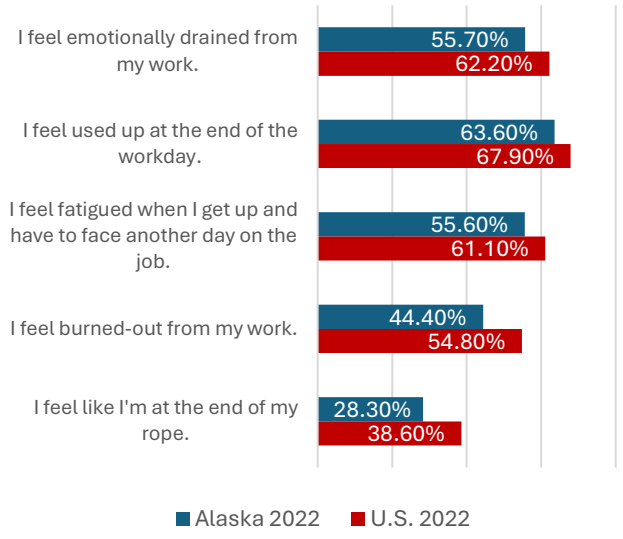
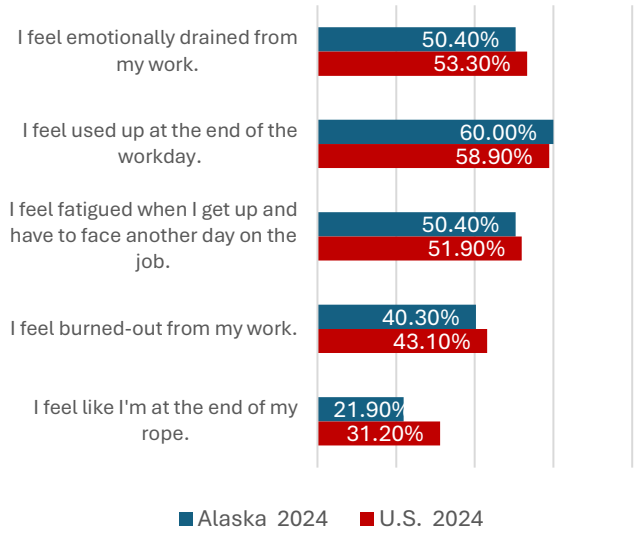


Figure 62: Alaska 2024 RN Burnout
(atleast 1x/week)
Source: National Nursing Workforce Survey



Nursing Supply Data Gaps

Gaps in Alaska nursing supply data collection include:

- Data on licensure non-renewals.
- Licensure data collection of employer location. The current licensure data only includes the mailing address of the licensed nurse.
- Population based demographic, workforce and work environment data collection. This is typically collected during license application and renewal or through a separate survey.
- Collect missing variables from the recently revised Supply MDS
    - Intent to leave the workforce in the next 12 months.
    - All nursing education programs completed.
    - Student loan debt for nursing school.

Nursing Supply Future Data Recommendations

Suggested future data collection includes encouraging greater completion of the National Nursing Workforce Survey in 2026 by nurses in Alaska and examining whether E-notify is an option for Alaska to collect more supply data. Some states have required completion of supply data surveys.

Demand Data

Nursing Demand Data Introduction and Data Sources

Nursing demand data provides information about the number of nursing jobs, vacancies, turnover, and wages. This data is collected through surveys of employers and is useful for estimating nursing shortages and identifying nursing positions that are difficult to recruit/retain. The National Forum of State Nursing Workforce Centers has developed a Minimum Education Dataset (MDS) to serve as a guide for collecting nursing demand data.

Data for this report is from Occupation Employment and Wage Statistics (OEWS), collected through a program of the U.S. Department of Labor, Bureau of Labor Statistics (BLS). This federal-state cooperative program produces employment and wage estimates for nearly 867 occupations. Each year Alaska compiles occupational employment and wage estimates that feed into the National Bureau of Labor Statistics. It is important to note that employment data includes all full-time and part-time workers but does not include self-employed workers or owners. Wage data is the straight-time, gross pay for the year. The data does not include overtime pay, shift differentials, premium pay, bonuses, tuition reimbursement, or other sources of income. It is important to consider environmental factors such as inflation and Consumer Price Index (CPI) when interpreting wage data and making comparisons.

OEWS data is compared with Pacific Region data. Alaska has the smallest general population in the Pacific Region with 733,406 people. California has the largest general population with 38.97 million, Washington is second with 7.813 million, Oregon has the 3rd highest with 4.233 million and Hawaii at 4th with 1.435 million (U.S. Census Bureau, 2023).

OEWS provides unique comparison data:

- Location Quotient: As determined by the U.S. Department of Labor Statistics, the location quotient (LQ) represents the ratio of an occupation's share of employment in a given area to that occupation's share of employment in the U.S. as a whole. For example, if a state has an LQ of 1.0 for LPNs they have an equal concentration of LPNs to the nation. If a state has an LQ of greater than 1.0. they have a higher concentration of LPN jobs than the nation.
- Per 1,000 Employment: The number of jobs (employment) per 1,000 jobs (all occupations) in the given area is provided annually by the U.S. Department of Labor Statistics.

Percent relative standard error (PRSE) is a measure of sampling error, expressed as a percentage of the corresponding estimate. Sampling error occurs when values for a population are estimated from a sample survey of the population, rather than calculated from data for all members of the population. Estimates with lower PRSEs are typically more precise in the

presence of sampling error. Employment data for Alaska CRNAs are not included in this report due to their high PRSE rate of 29.7.

Figure 63: 2024 Alaska Employment PRSE
Source: U.S. Bureau of Labor Statistics

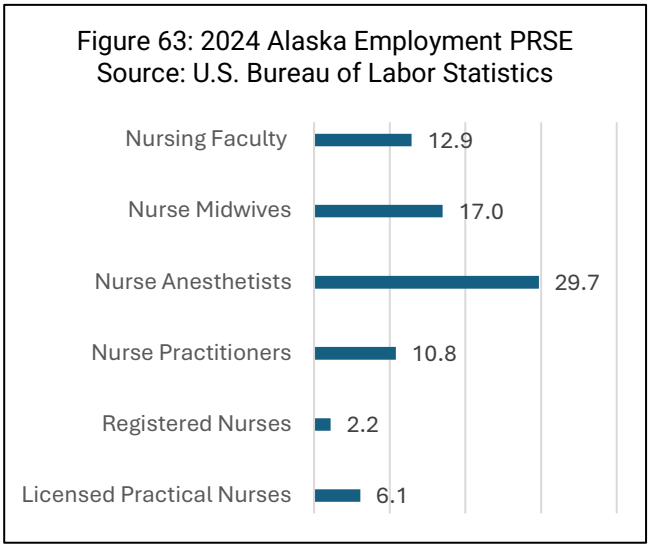
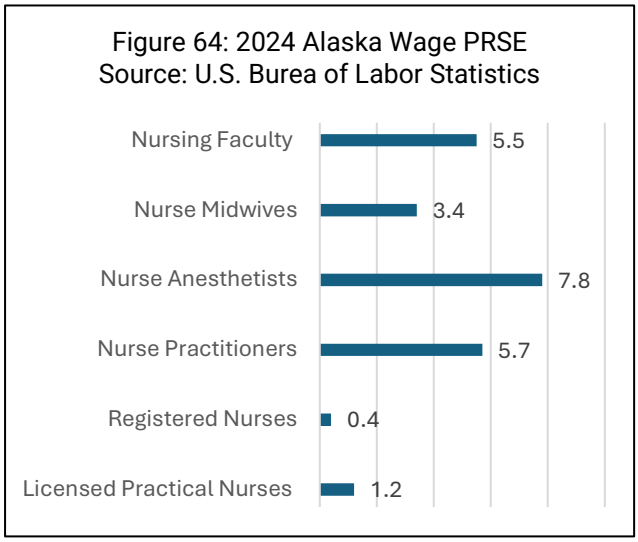


Figure 64: 2024 Alaska Wage PRSE
Source: U.S. Burea of Labor Statistics

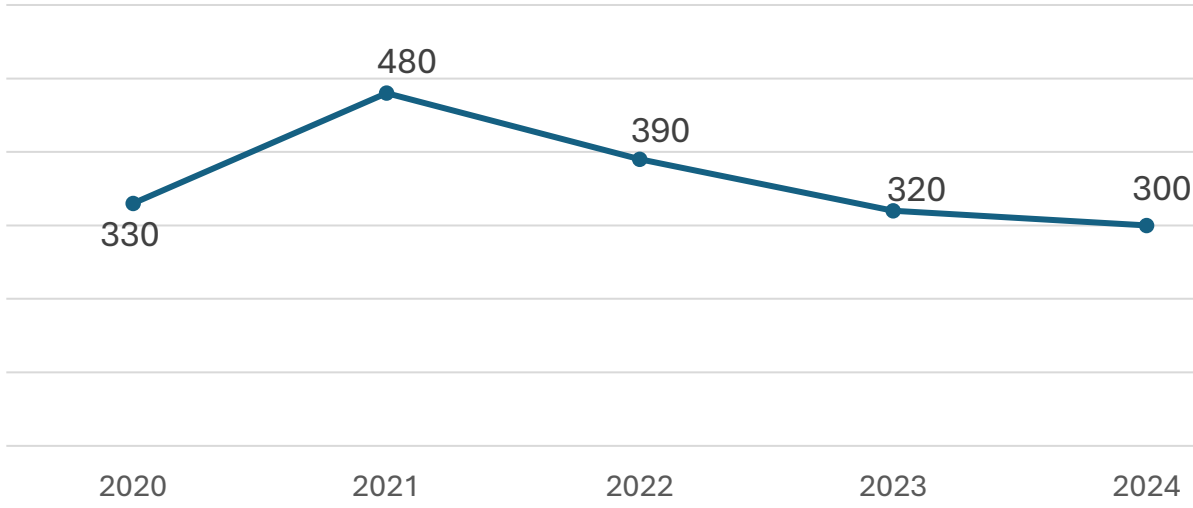


Employment and Wage Data

LPN Employment and Wage Data

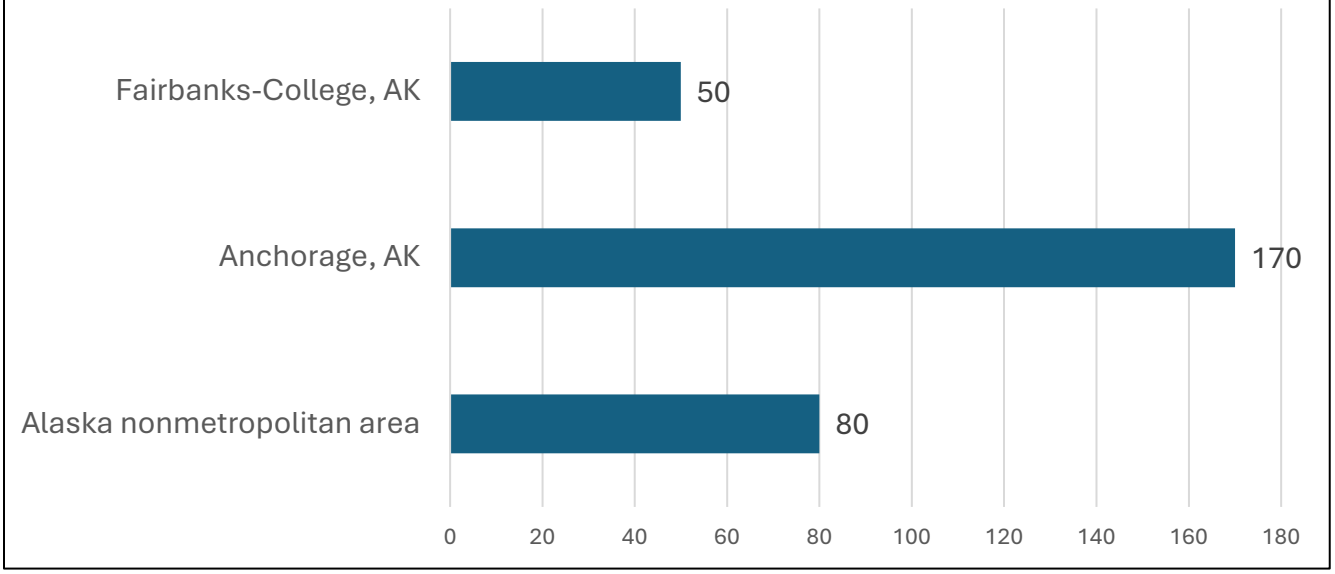
There has been a 9.09% decrease in Alaska LPN jobs between 2020 and 2024.

Figure 65: Alaska LPN Employment Trend 2020-2024
Source: U.S. Bureau of Labor Statistics



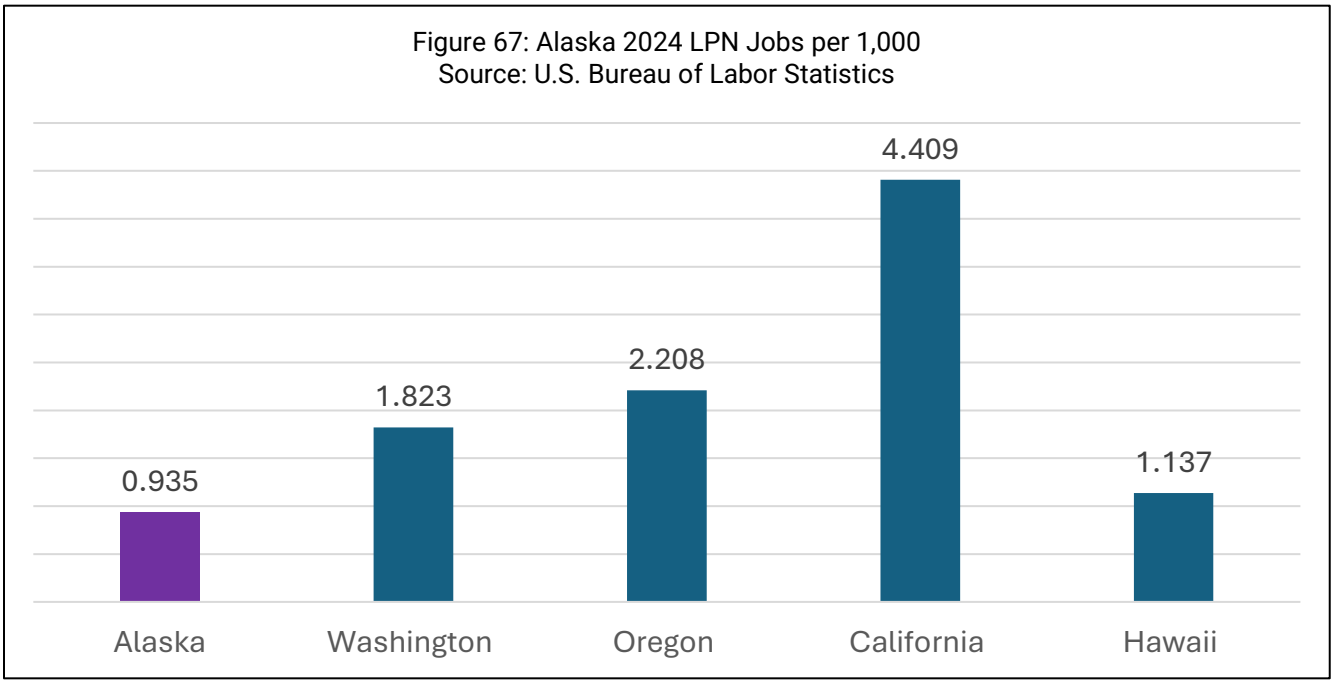
The greatest number (56.67%) of LPN jobs are in Anchorage.

Figure 66: 2024 Alaska LPN Regional Employment
Source: U.S. Bureau of Labor Statistics



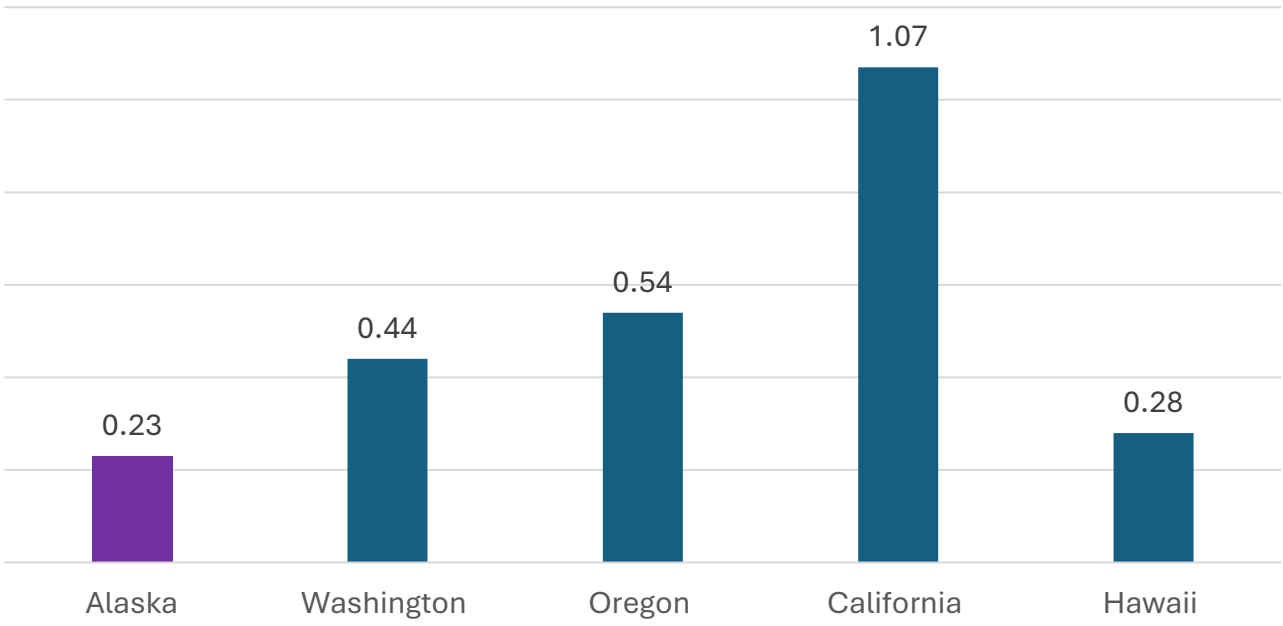
Alaska has the lowest number of LPN jobs per 1,000 jobs than other Pacific Region states.

Figure 67: Alaska 2024 LPN Jobs per 1,000
Source: U.S. Bureau of Labor Statistics



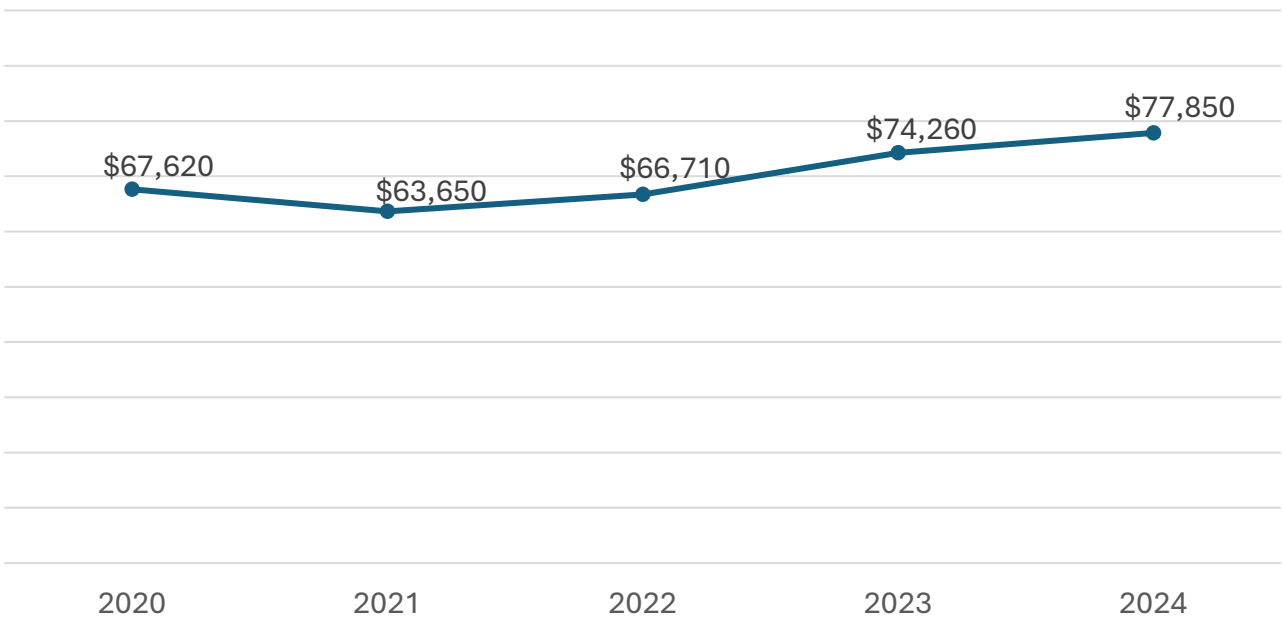
Alaska has a low concentration of LPN jobs compared to other Pacific Region states and the nation.

Figure 68: 2024 Alaska LPN Location Quotient Comparison
Source: U.S. Bureau of Labor Statistics



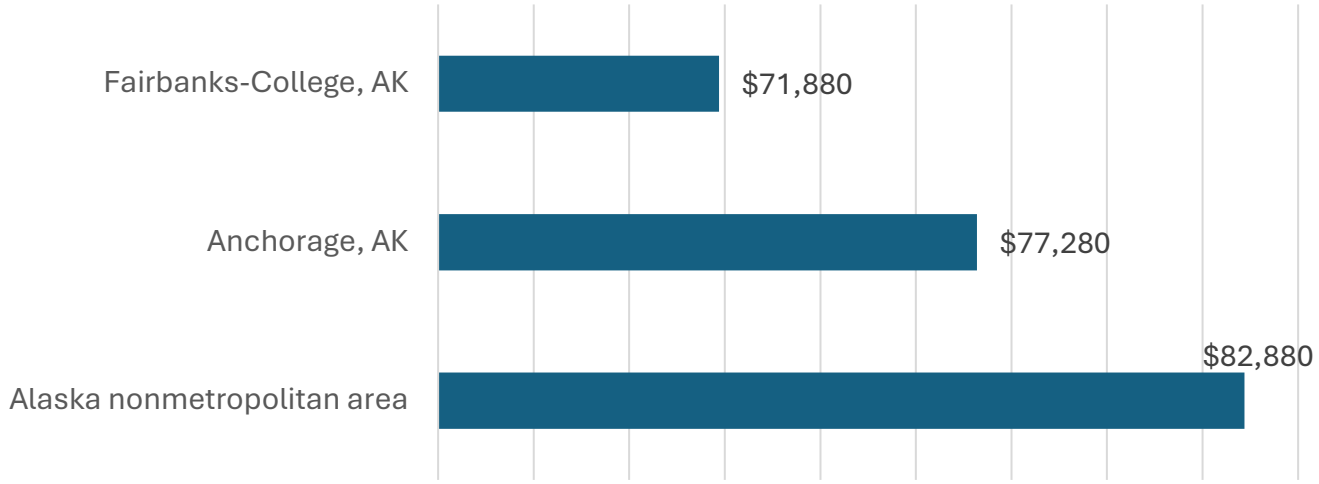
There has been a 15.13% increase in Alaska LPN wages between 2020 and 2024.

Figure 69: Alaska LPN Wage Trend 2020-2024
Source: U.S. Bureau of Labor Statistics



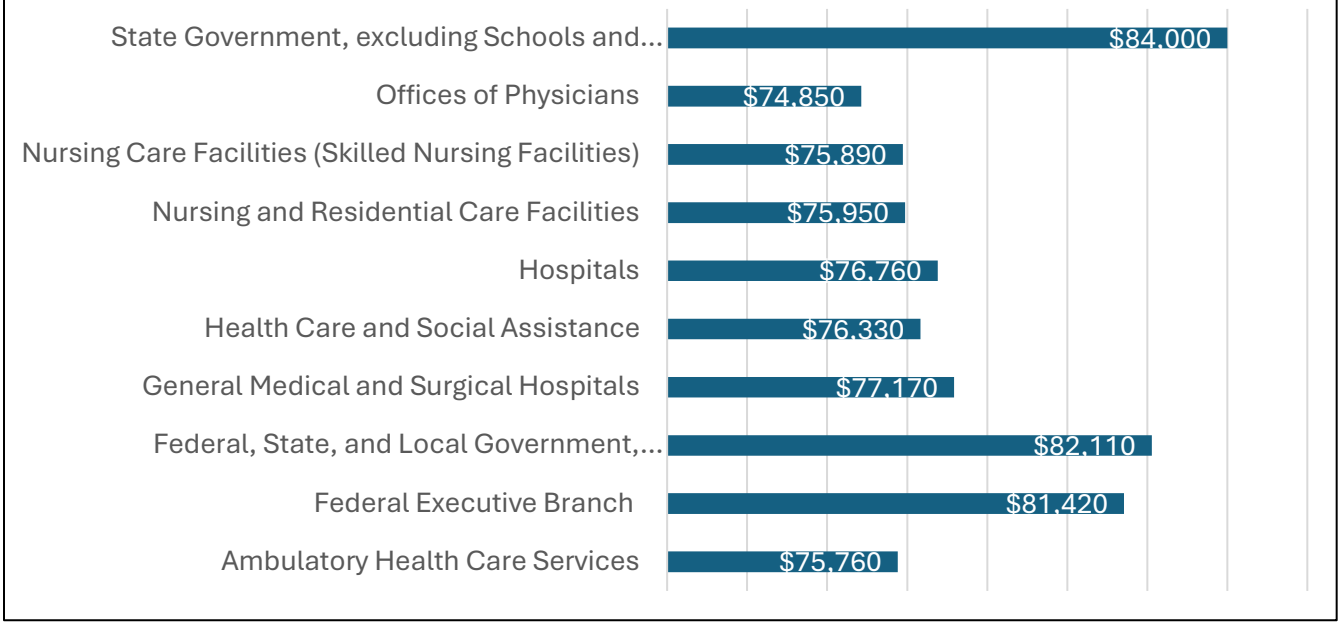
The highest average LPN wage is in Alaska non-metropolitan areas.

Figure 70: 2024 Alaska LPN Regional Wage
Source: U.S. Bureau of Labor Statistics



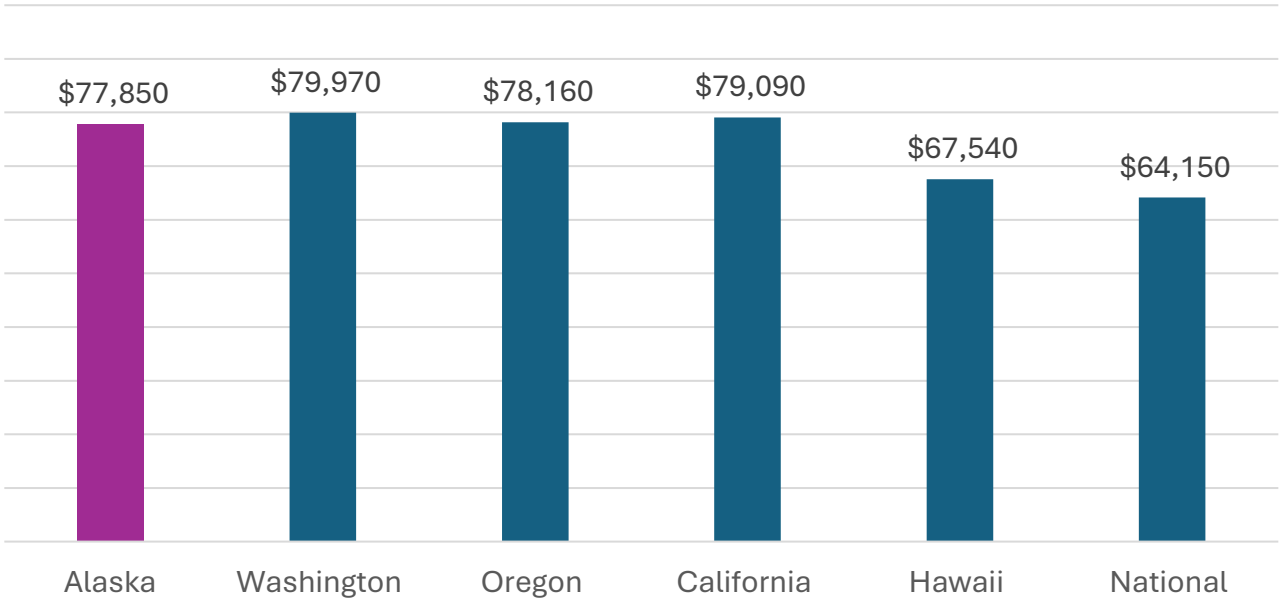
When divided by industry sector, Alaska LPNs in state government had the highest wage. LPNs working in the Offices of Physicians had the lowest average wage.

Figure 71: 2024 Alaska LPN Sector Wage Comparison
Source: U.S. Bureau of Labor Statistics



Alaska LPN wage was higher than wages in Hawaii and nationally but lower than the other Pacific region states.

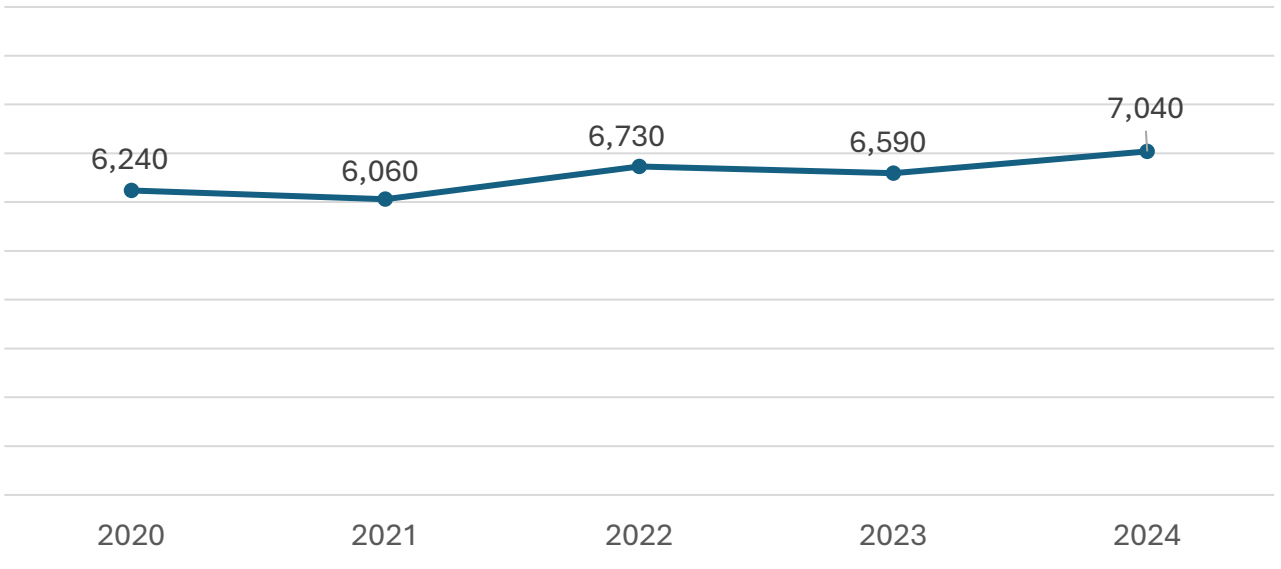
Figure 72: 2024 Alaska LPN Pacific State Wage Comparison
Source: U.S. Bureau of Labor Statistics



RN Employment and Wage Data

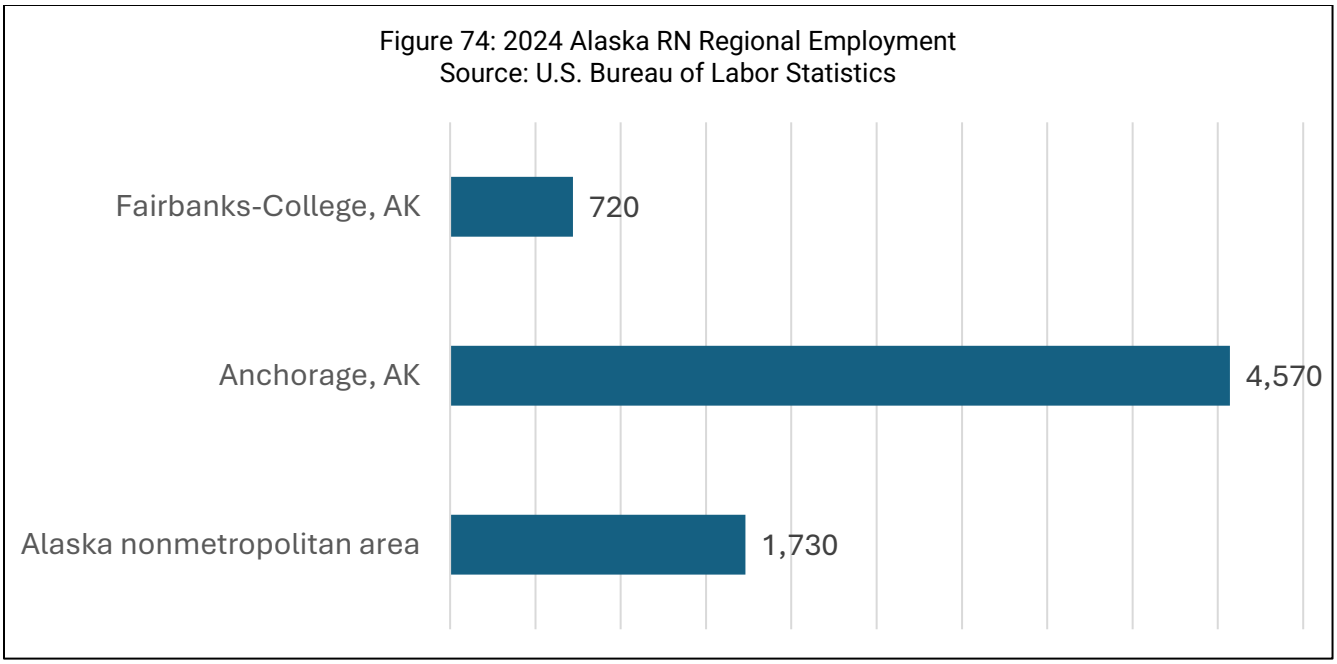
There has been a 12.82% increase in Alaska RN jobs between 2020 and 2024.

Figure 73: Alaska RN Employment Trend 2020-2024
Source: U.S. Bureau of Labor Statistics



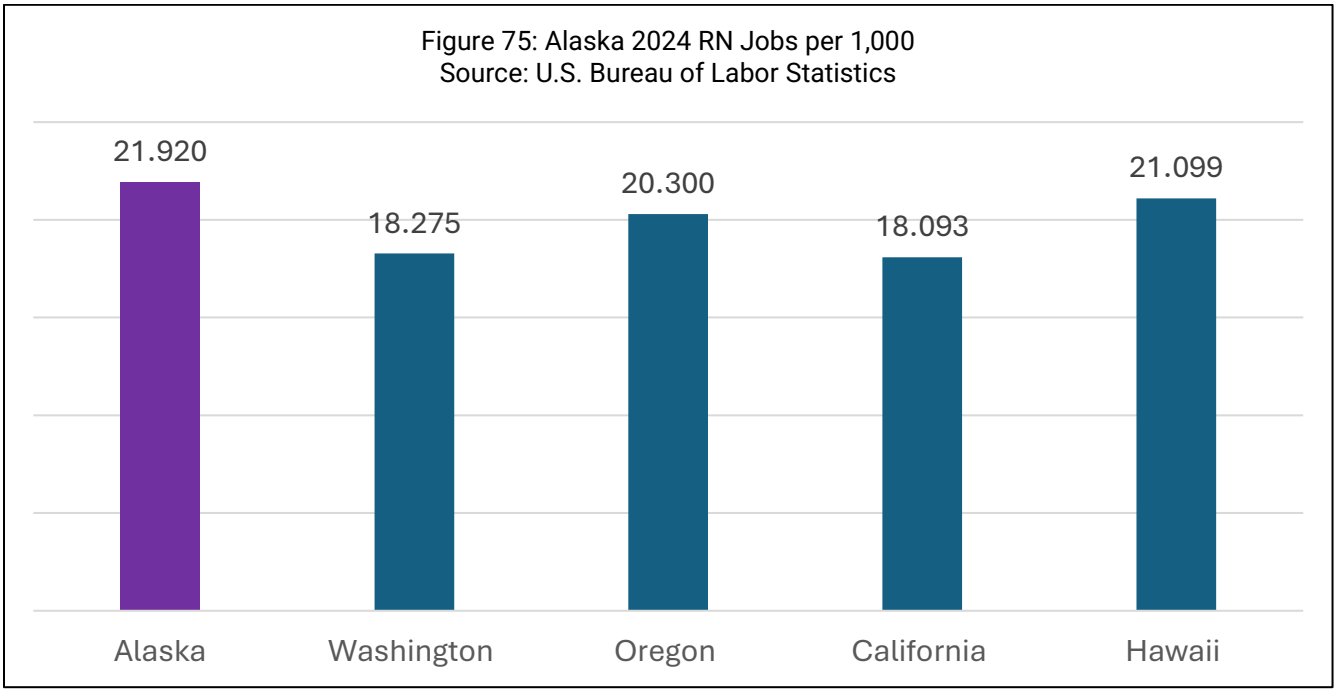
The greatest number (64.91%) of RN jobs are in Anchorage.

Figure 74: 2024 Alaska RN Regional Employment
Source: U.S. Bureau of Labor Statistics



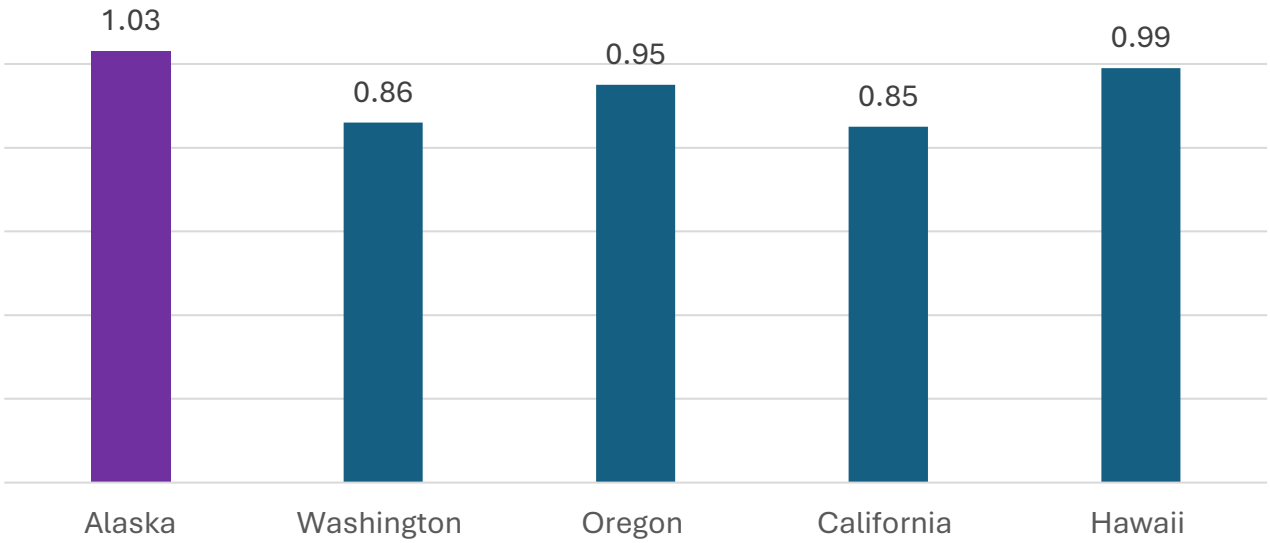
Alaska has a higher number of RN jobs per 1,000 jobs than other Pacific Region states.

Figure 75: Alaska 2024 RN Jobs per 1,000
Source: U.S. Bureau of Labor Statistics



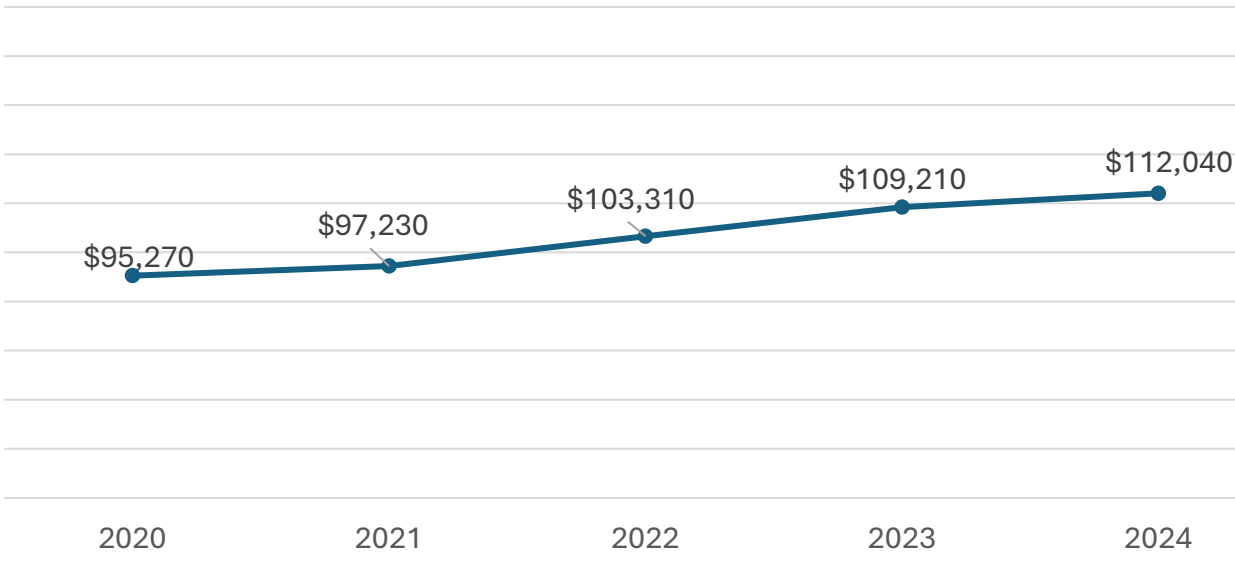
Alaska has a higher concentration of RN jobs as compared to other Pacific Region states and the nation.

Figure 76: 2024 Alaska RN Location Quotient Comparison
Source: U.S. Bureau of Labor Statistics



Alaska RN wages increased by 17.60% between 2020 and 2024.

Figure 77: Alaska RN Wage Trend 2020-2024
Source: U.S. Bureau of Labor Statistics

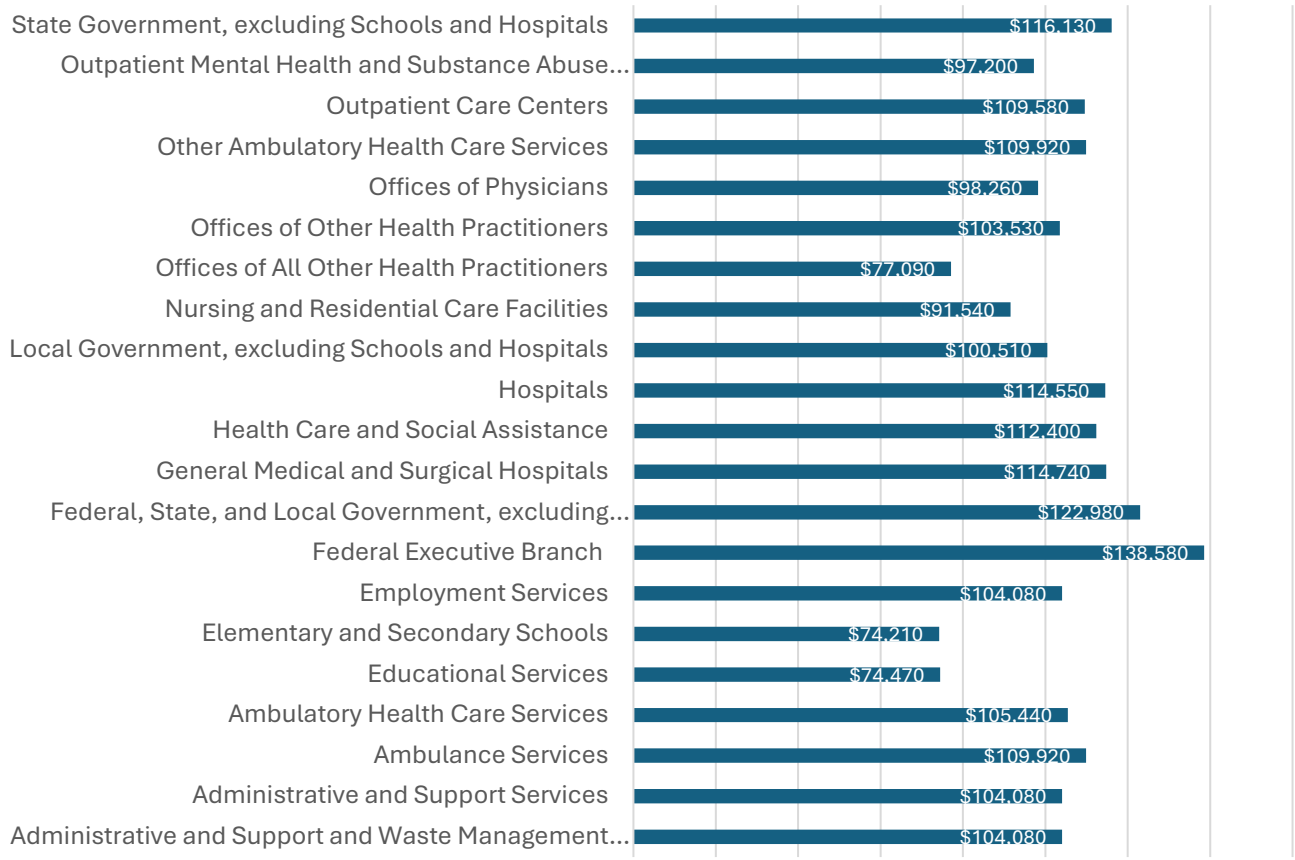


The highest average Alaska RN wage is in Anchorage.

Figure 78: 2024 Alaska RN Regional Salary
Source: U.S. Bureau of Labor Statistics

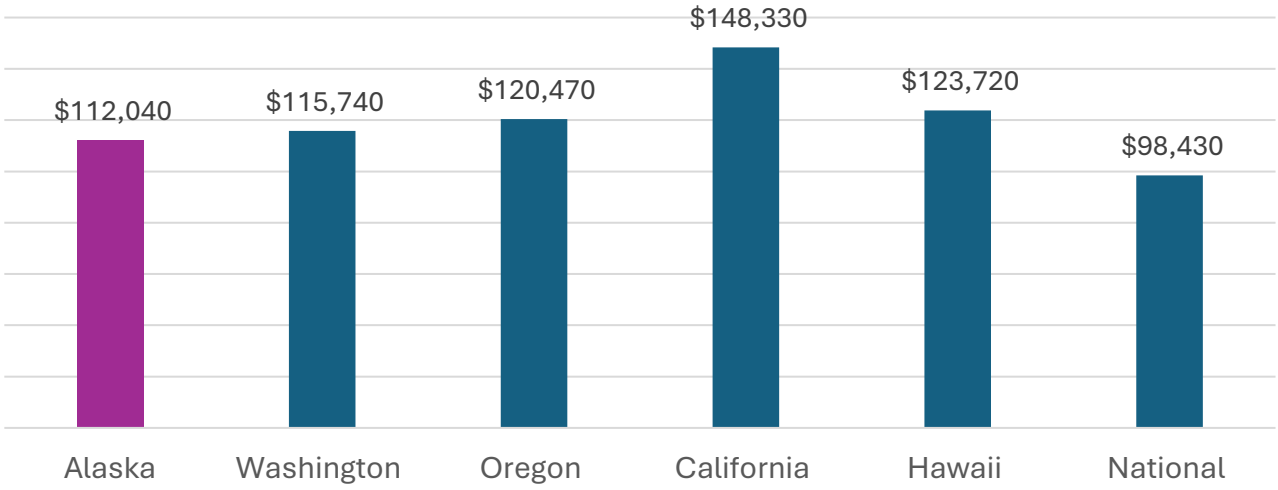
When divided by industry sector, Alaska RNs in the federal executive branch had the highest wage. RNs working in the Elementary and Secondary schools had the lowest average wage.

Figure 79: 2024 Alaska RN Sector Wage Comparison
Source: U.S. Bureau of Labor Statistics



The Alaska RN wage was higher than the national average but lower than the other Pacific region states.

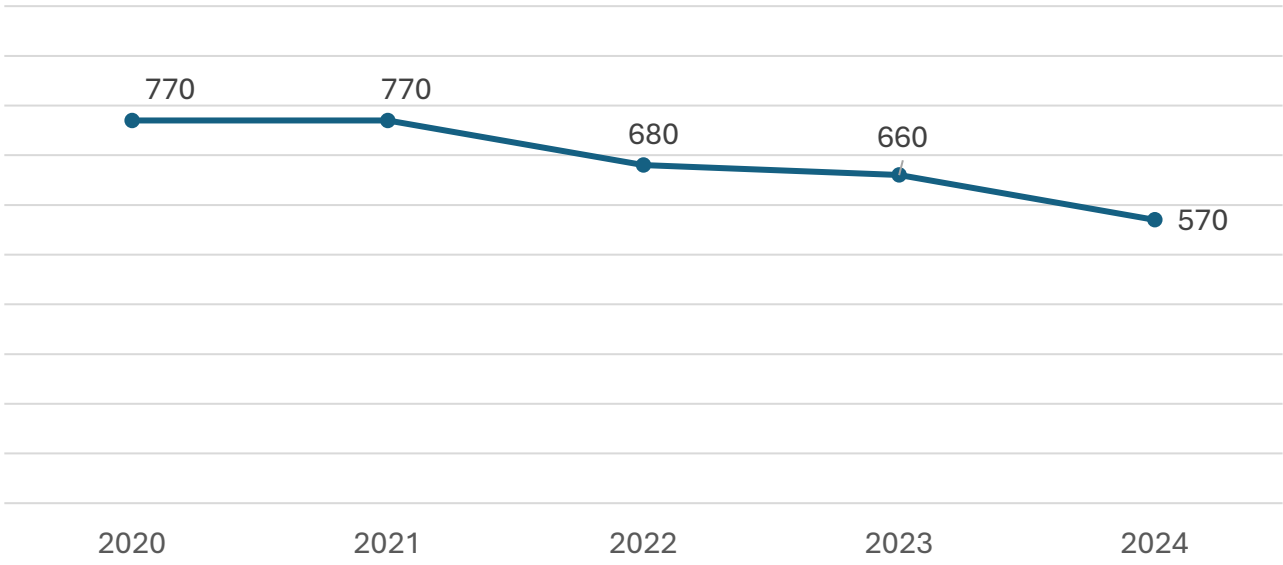
Figure 80: 2024 Alaska RN Pacific State Salary Comparison
Source: U.S. Bureau of Labor Statistics



NP Employment and Wage Data

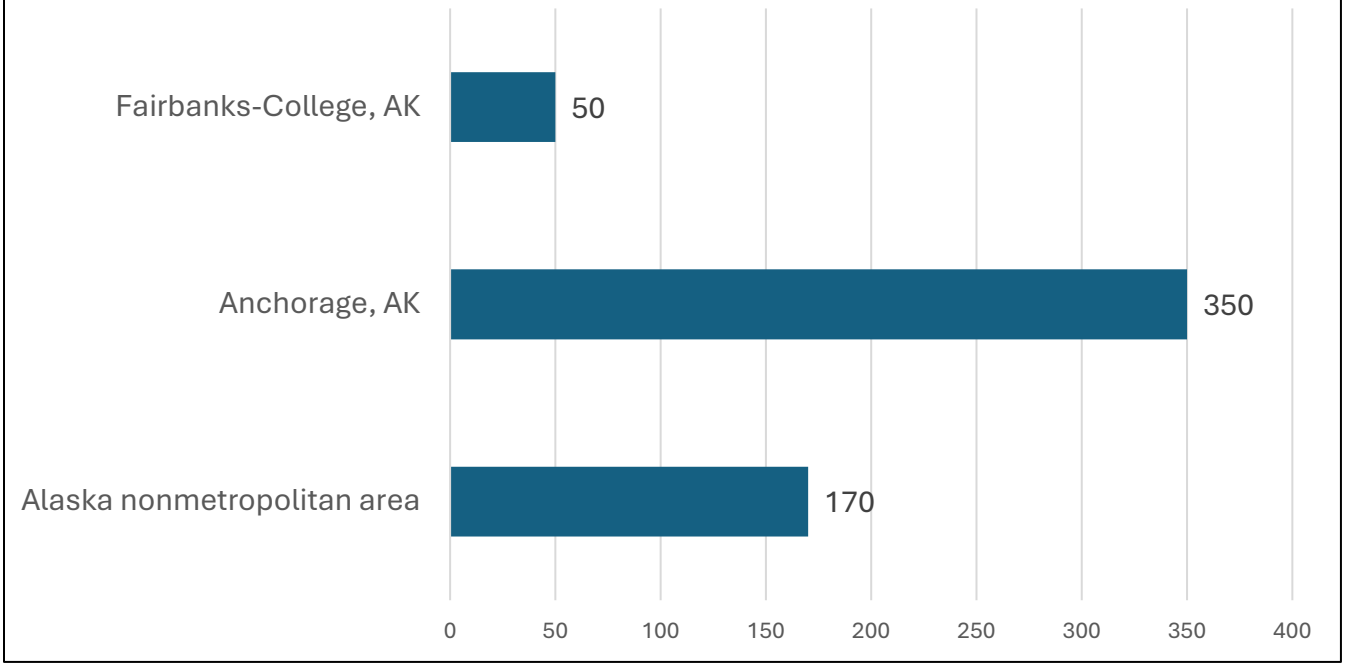
Alaska NP jobs decreased by 25.97% between 2020 and 2024.

Figure 81: Alaska NP Employment Trend 2020-2024
Source: U.S. Bureau of Labor Statistics



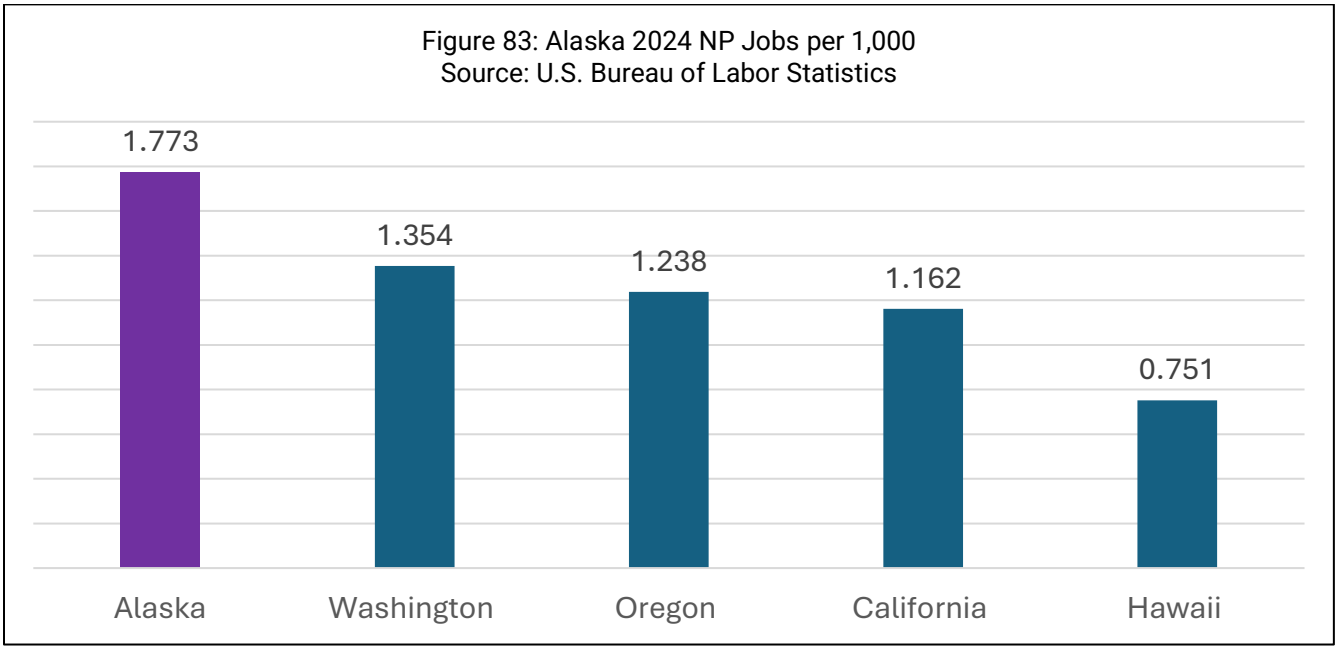
The greatest number (61.40%) of Alaska NP jobs are in Anchorage.

Figure 82: 2024 Alaska NP Regional Employment
Source: U.S. Bureau of Labor Statistics



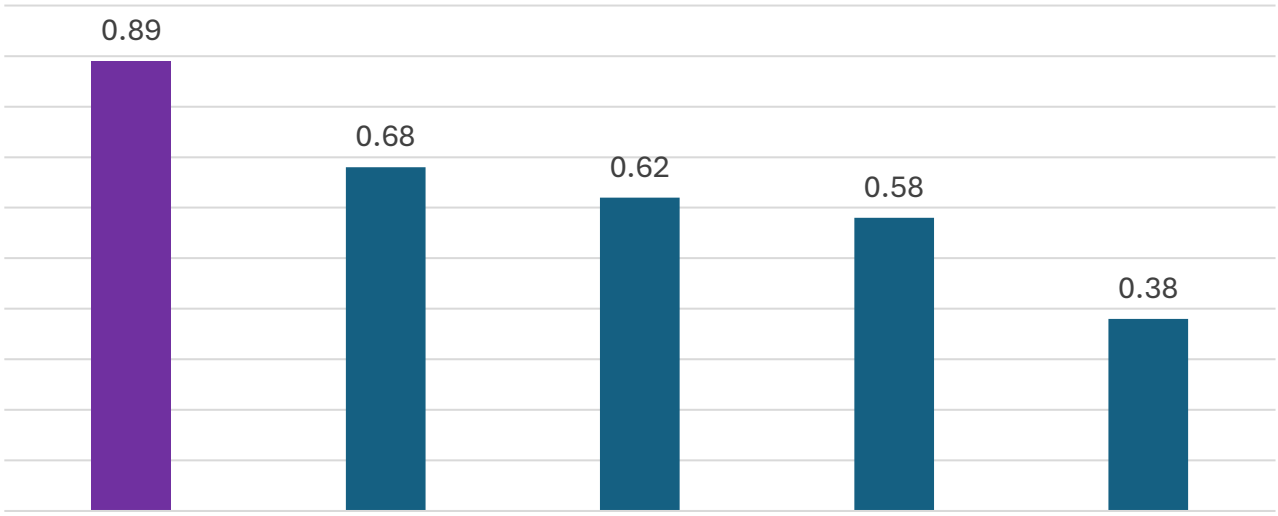
Alaska has a higher number of NP jobs per 1,000 jobs than other Pacific Region states.

Figure 83: Alaska 2024 NP Jobs per 1,000
Source: U.S. Bureau of Labor Statistics



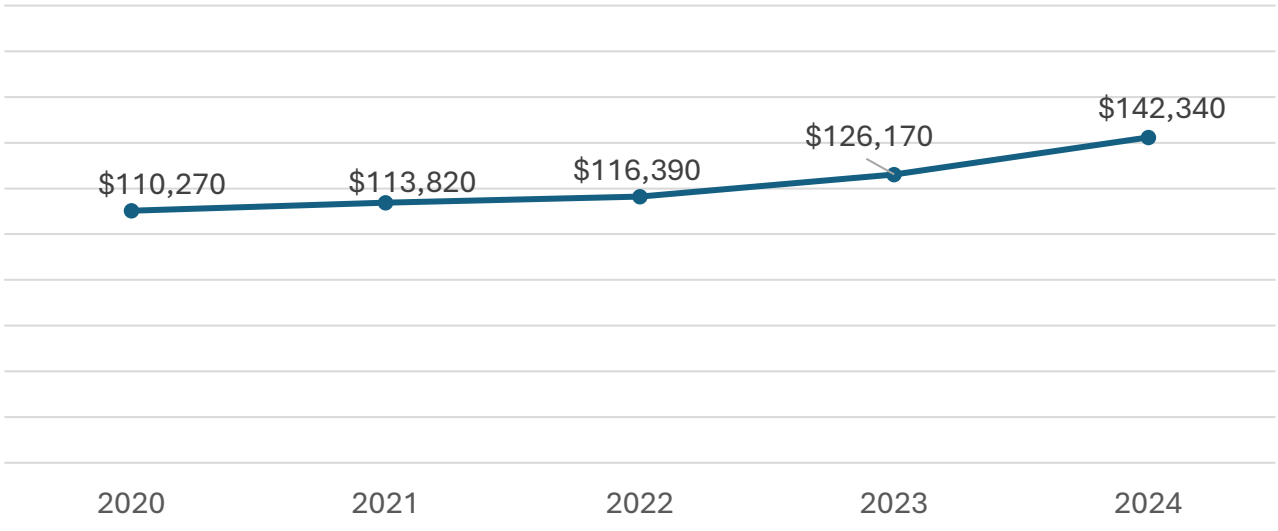
Alaska has a higher concentration of NP jobs compared to other Pacific Region states but lower than the nation.

Figure 84: 2024 Alaska NP Location Quotient Comparison
Source: U.S. Bureau of Labor Statistics



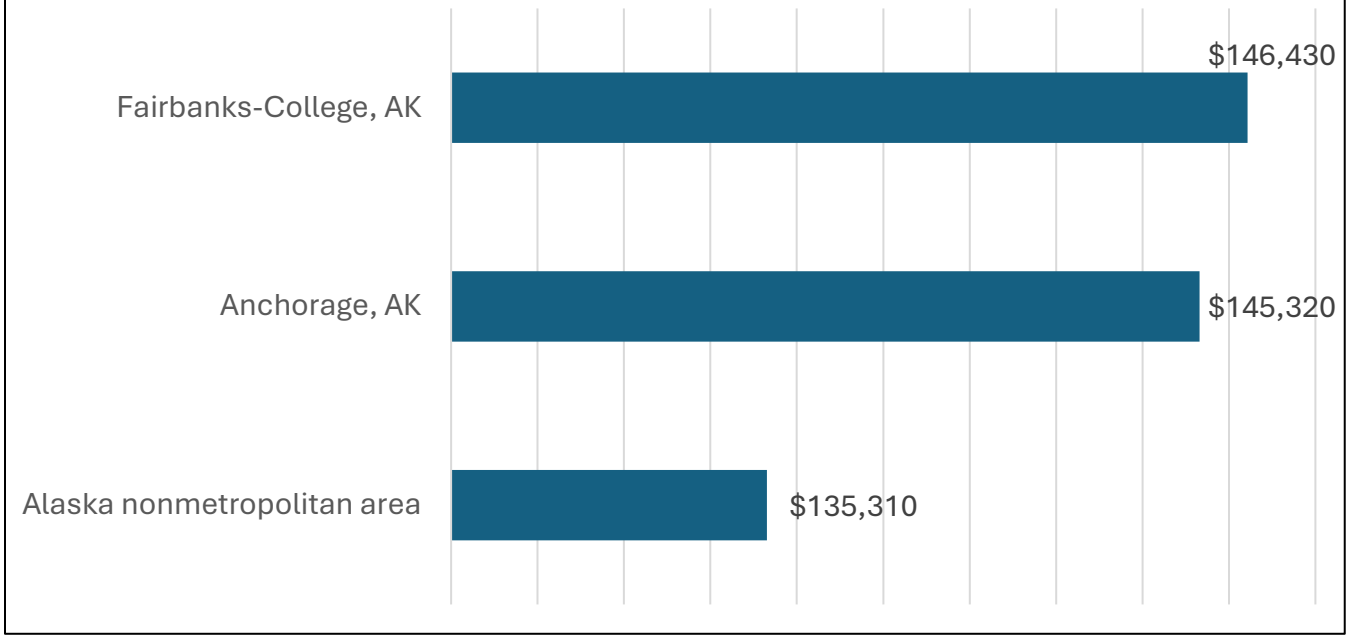
Alaska NP wages increased by 29.08% between 2020 and 2024.

Figure 85: Alaska NP Wage Trend 2020-2024
Source: U.S. Bureau of Labor Statistics



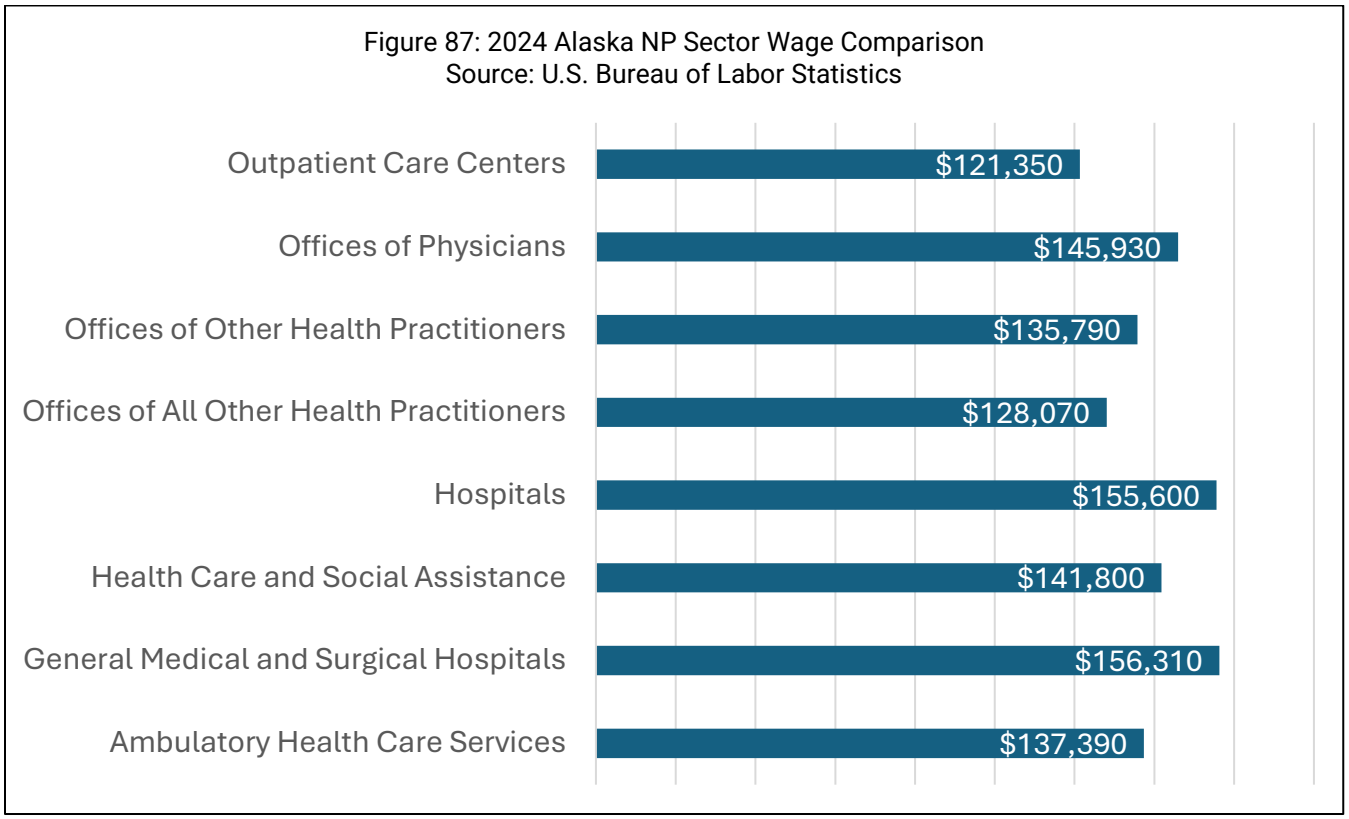
The highest average NP wage is in the Fairbanks-College region.

Figure 86: 2024 Alaska NP Regional Salary
Source: U.S. Bureau of Labor Statistics



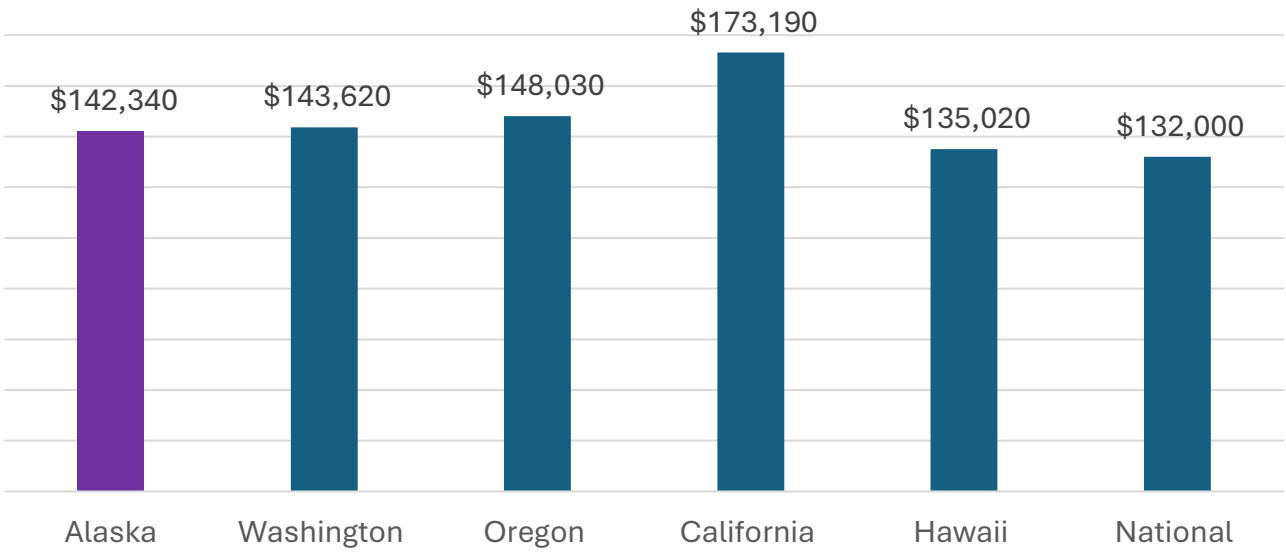
When divided by industry sector, Alaska NPs in general medical and surgical hospitals had the highest wage. NPs working in the Outpatient Care Centers had the lowest average wage.

Figure 87: 2024 Alaska NP Sector Wage Comparison
Source: U.S. Bureau of Labor Statistics



Alaska NP wage was higher than both Hawaii and national average wage but lower than the other Pacific region states.

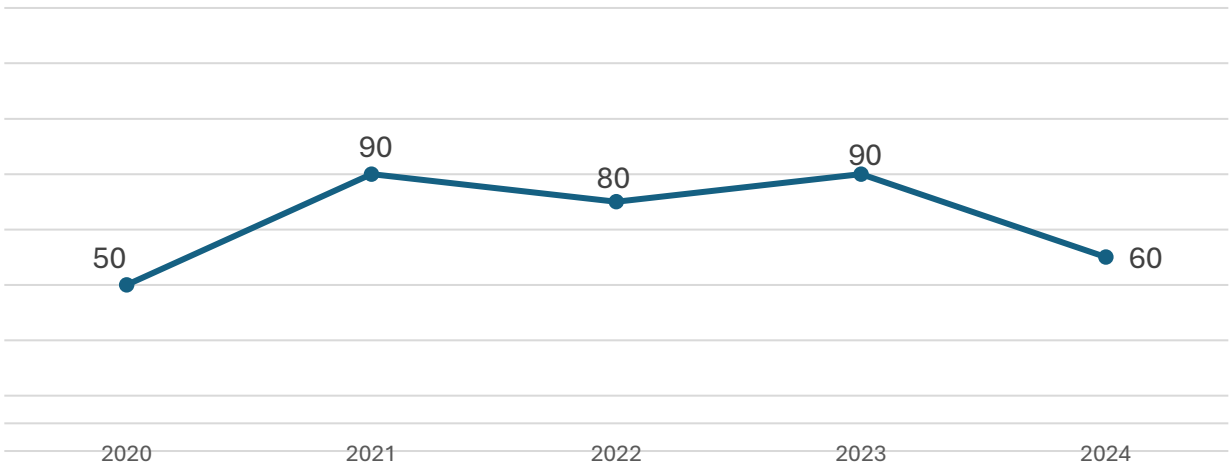
Figure 88: 2024 Alaska NP Pacific State Wage Comparison
Source: U.S. Bureau of Labor Statistics



CNM Employment and Wage Data

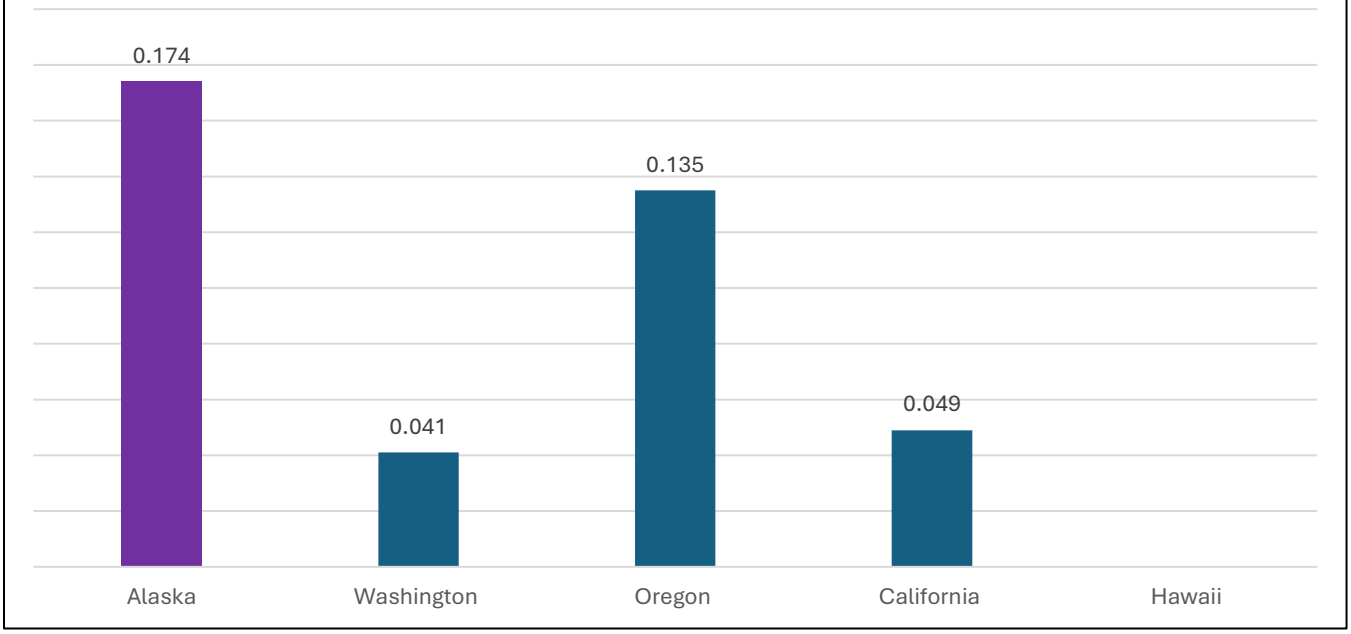
Alaska CNM jobs increased by 20% between 2020 and 2024 with the greatest number (83.33%) of jobs in Anchorage.

Figure 89: Alaska CNM Employment Trend 2021-2024
Source: U.S. Bureau of Labor Statistics



Alaska has a higher number of CNM jobs per 1,000 jobs than other Pacific Region states.

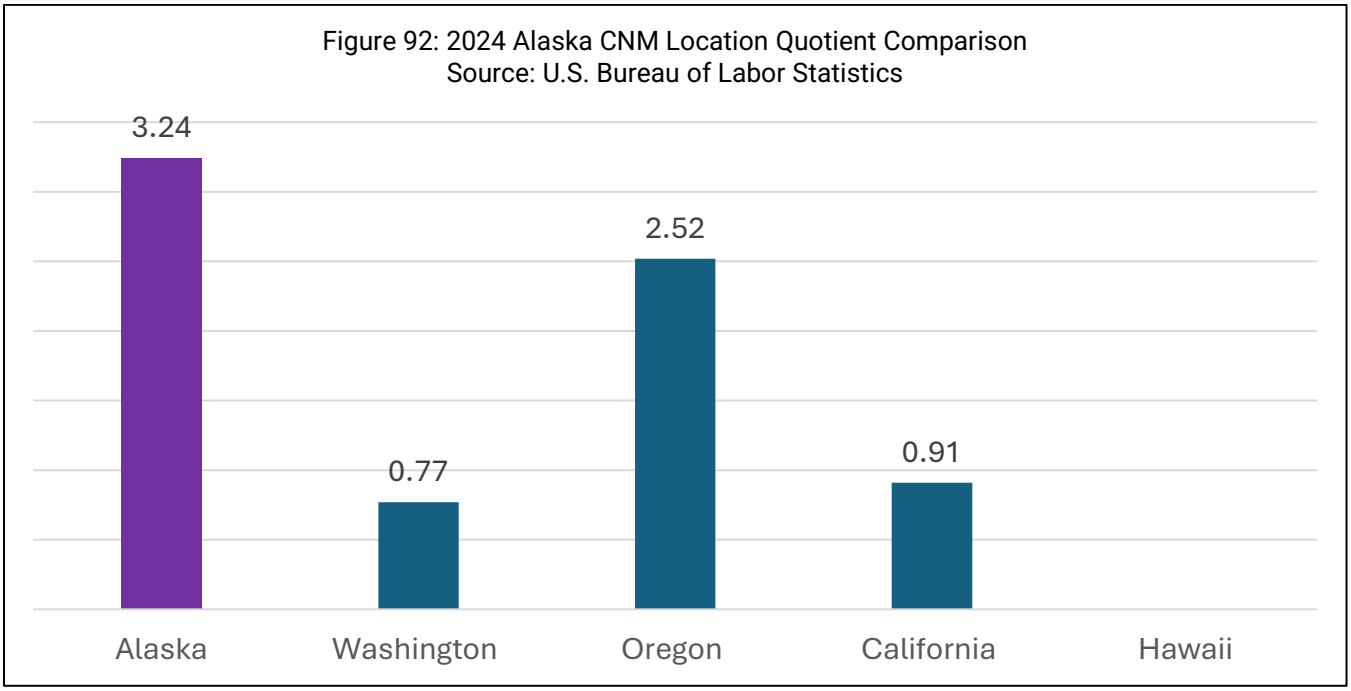
Figure 91: Alaska 2024 CNM Jobs per 1,000
Source: U.S. Bureau of Labor Statistics



Note: Hawaii data unavailable.

Alaska has a higher concentration of CNM jobs as compared to other Pacific Region states and the nation.

Figure 92: 2024 Alaska CNM Location Quotient Comparison
Source: U.S. Bureau of Labor Statistics

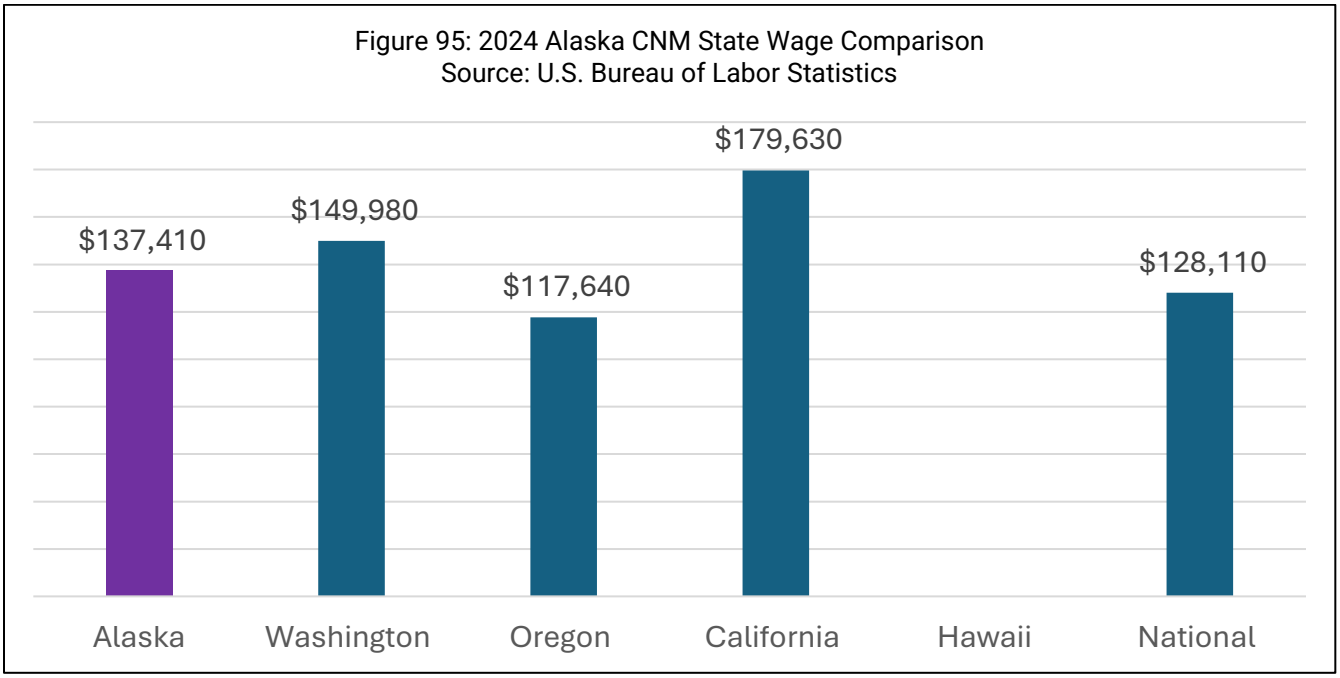


The Alaska CNM wage increased by 47.63% between 2020 and 2024.

Figure 93: Alaska CNM Wage Trend 2020-2024
Source: U.S. Bureau of Labor Statistics

Anchorage had an average CNM wage of $139,260 – data for other regions was unavailable. Alaska CNM wage was higher than Oregon state wages and the national average but lower than the other Pacific region states.

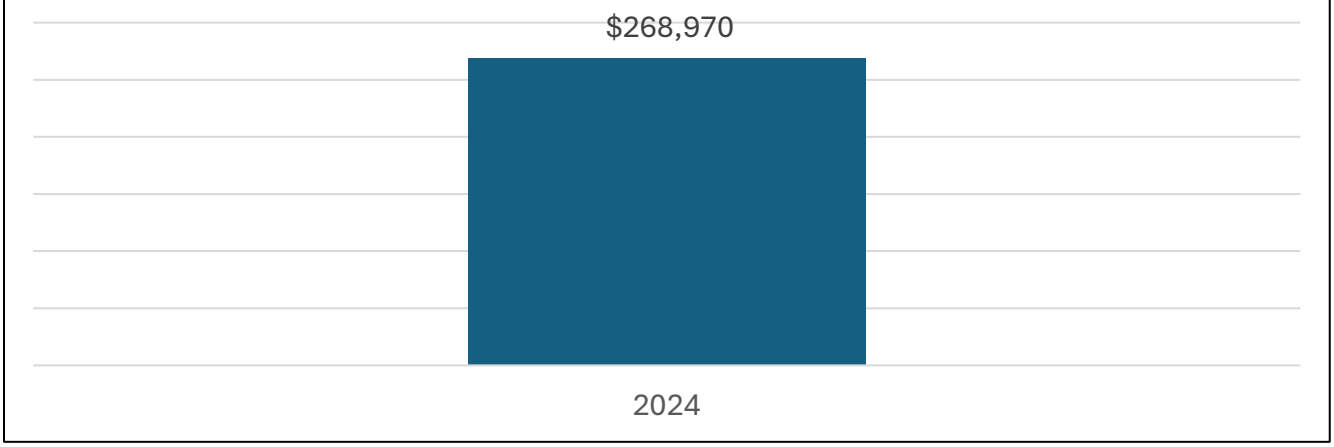
Figure 95: 2024 Alaska CNM State Wage Comparison
Source: U.S. Bureau of Labor Statistics



CRNA Wage Data

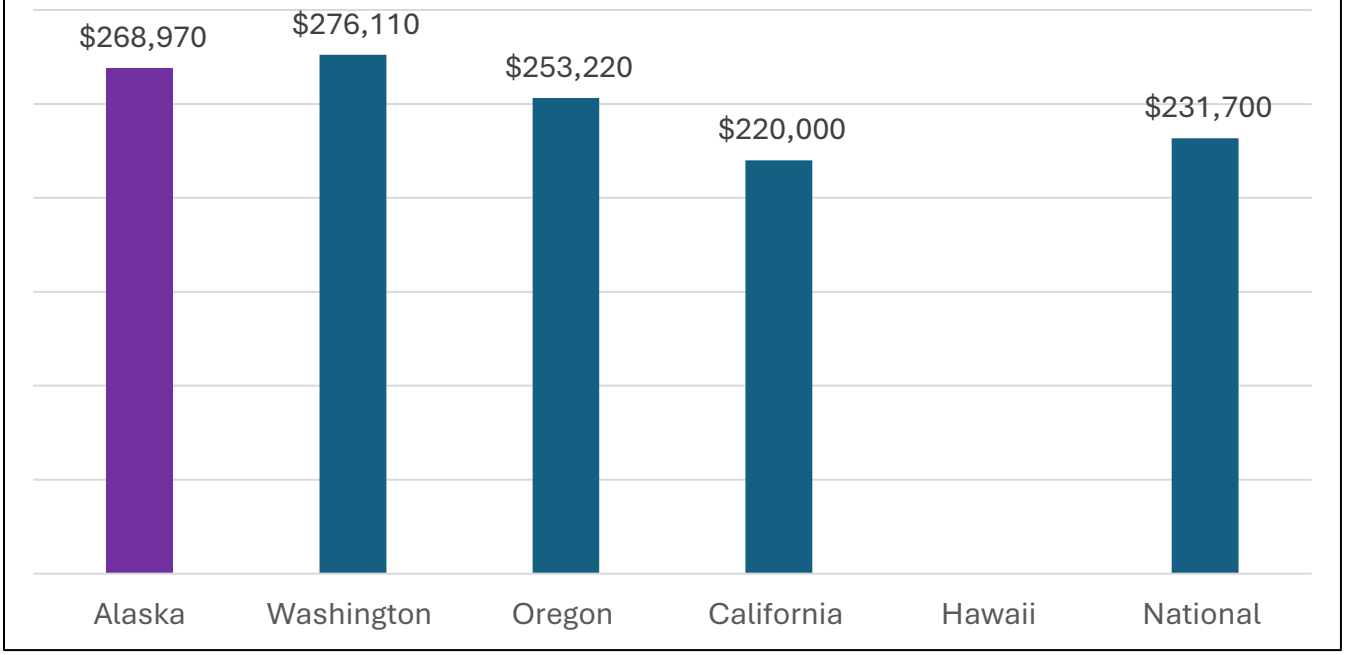
Alaska CRNA wage was only available for 2024. The average wage was $268,970.

Figure 96: Alaska Nurse Anesthetists Wage 2024
Source: U.S. Bureau of Labor Statistics



Alaska CRNA wage was higher than other Pacific region states and the national average except Washington state.

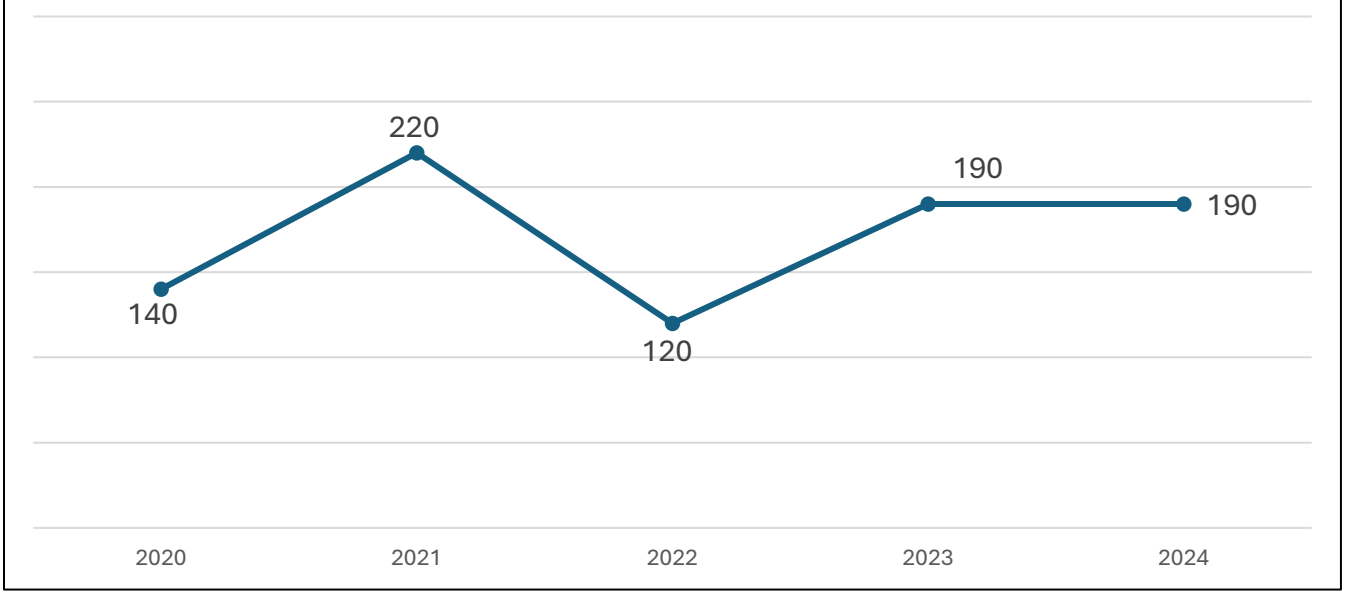
Figure 97: 2024 Alaska CRNA State Wage Comparison
Source: U.S. Bureau of Labor Statistics



Faculty Employment and Wage Data

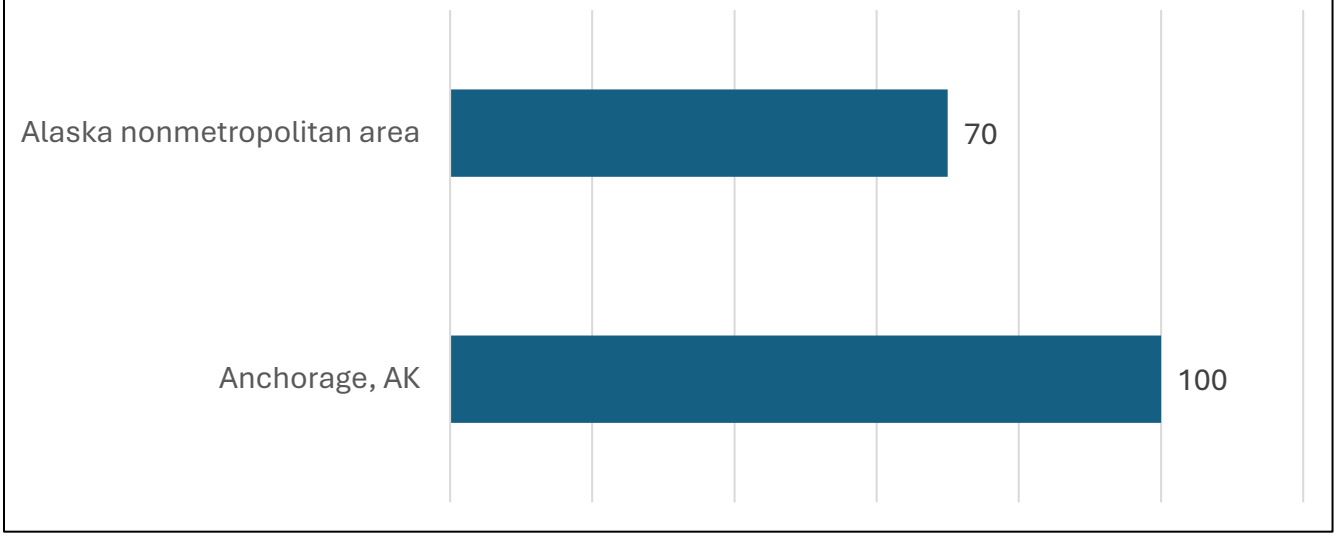
There has been a 35.71% increase in Alaska Nursing Faculty jobs between 2020 and 2024.

Figure 98: Alaska Nursing Faculty Trend 2020-2024
Source: U.S. Bureau of Labor Statistics



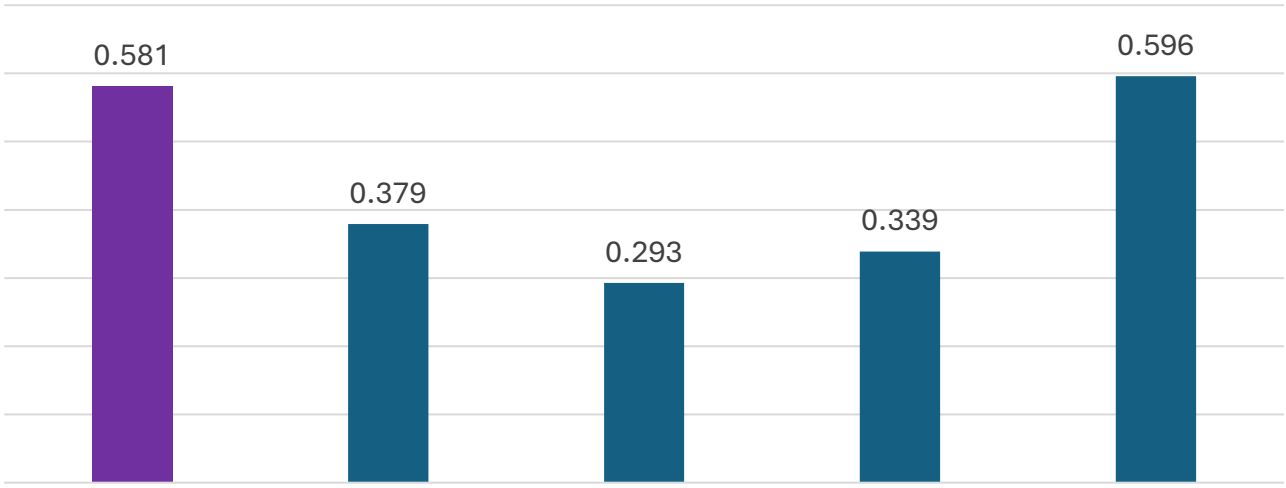
The greatest number (52.63%) of Nursing Faculty jobs are in Anchorage.

Figure 99: 2024 Alaska Nursing Faculty Regional Employment
Source: U.S. Bureau of Labor Statistics



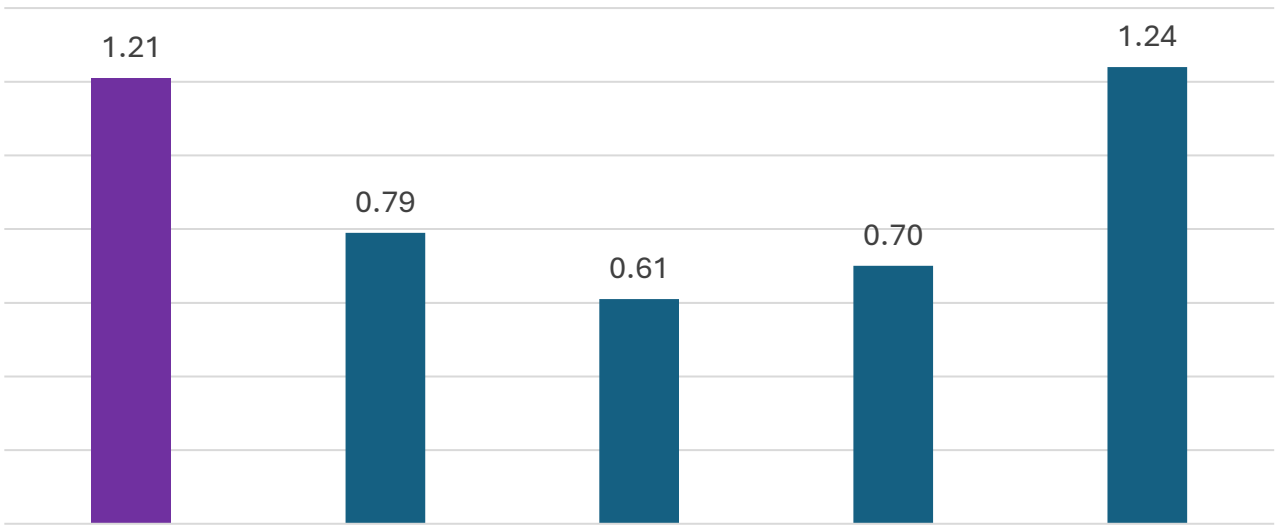
Alaska has a higher number of CNM jobs per 1,000 jobs than other Pacific Region states except Hawaii.

Figure 100: Alaska 2024 Nursing Faculty Jobs per 1,000
Source: U.S. Bureau of Labor Statistics



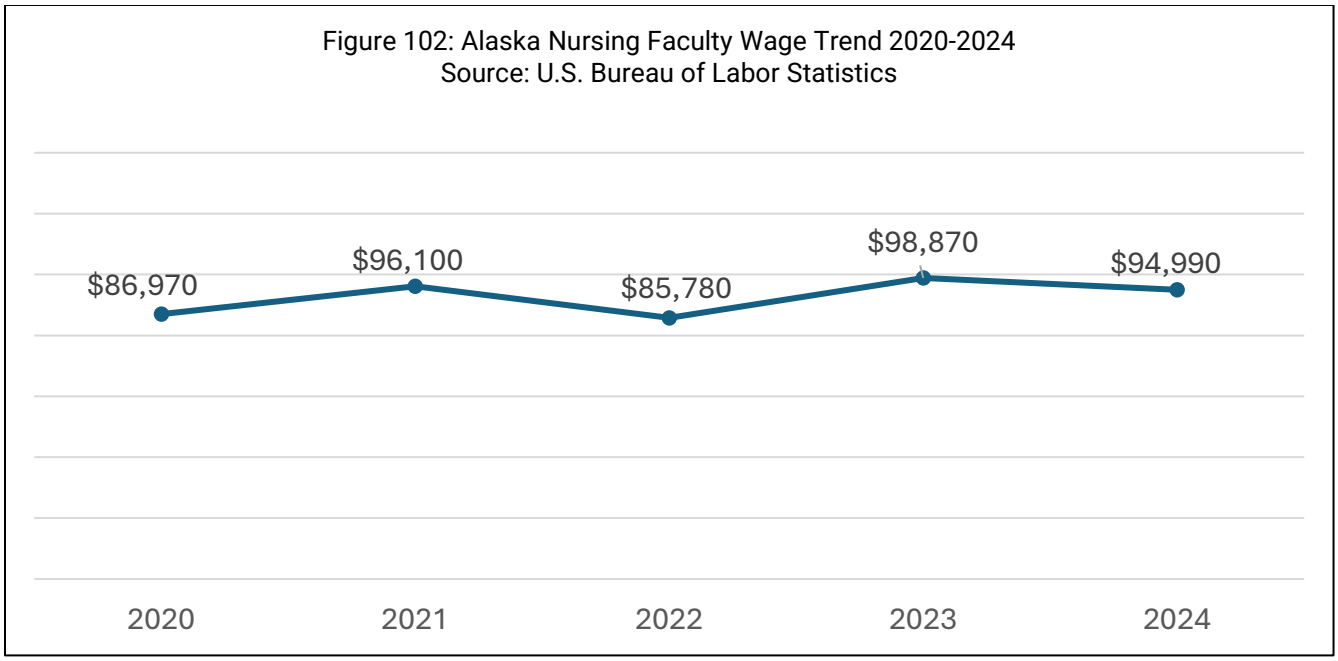
Alaska has a higher concentration of nursing faculty jobs compared to other Pacific Region states and the nation but lower than Hawaii.

Figure 101: 2024 Alaska Nursing Faculty Location Quotient Comparison
Source: U.S. Bureau of Labor Statistics



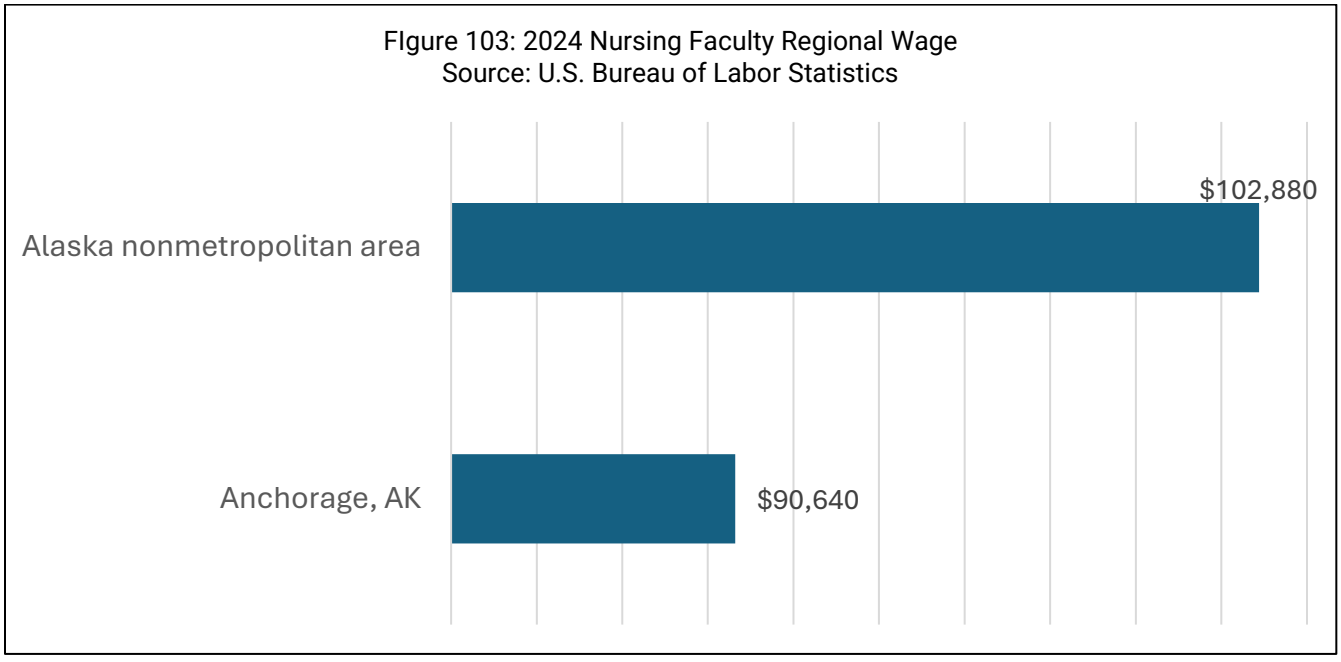
Alaska nursing faculty wages increased by 9.22% between 2020 and 2024.

Figure 102: Alaska Nursing Faculty Wage Trend 2020-2024
Source: U.S. Bureau of Labor Statistics



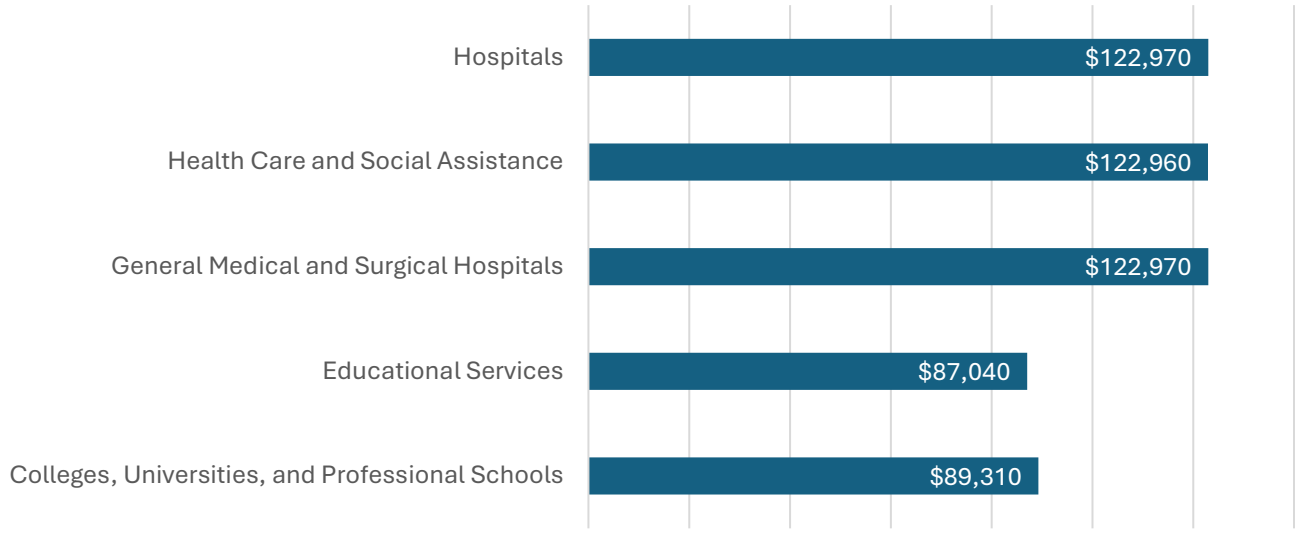
The highest average nursing faculty wage is in the Alaska non-metropolitan area.

FIgure 103: 2024 Nursing Faculty Regional Wage
Source: U.S. Bureau of Labor Statistics



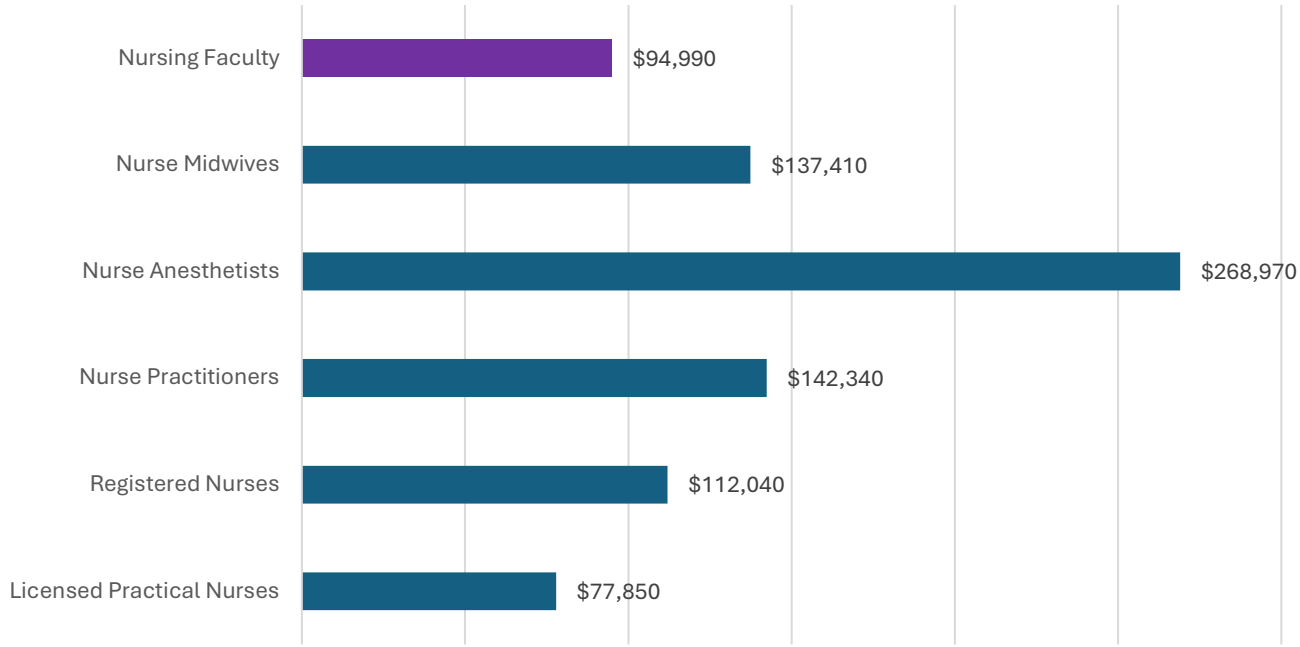
When divided by industry sector, Alaska nursing faculty in hospitals and health care and social assistance had the highest wage. Nursing faculty working in educational services had the lowest average wage.

Figure 104: 2024 Alaska Nursing Faculty Wage Comparison
Source: U.S. Bureau of Labor Statistics



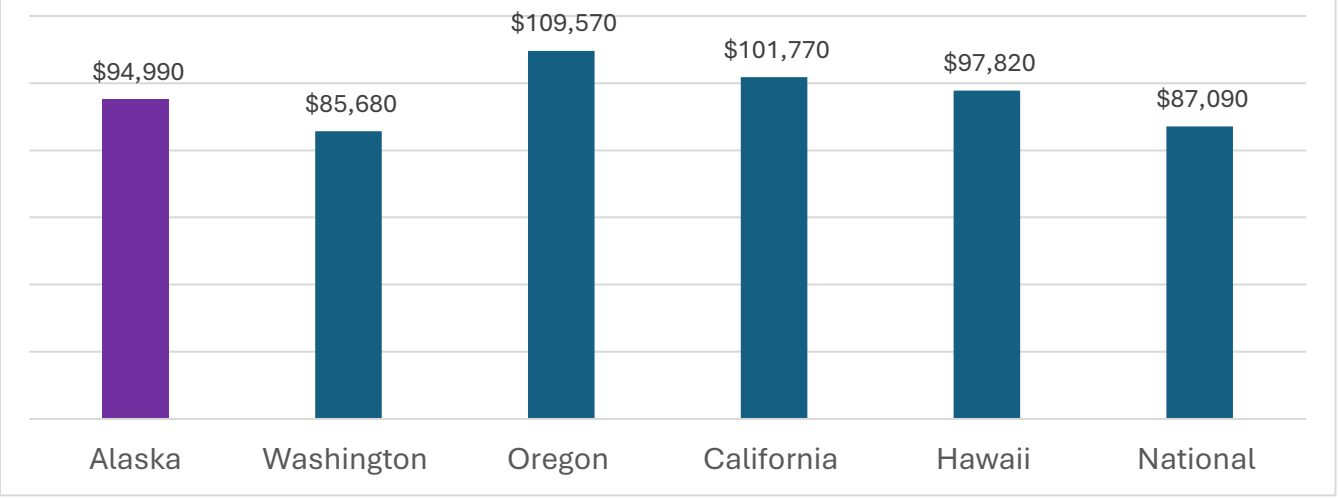
Nursing faculty salary was lower than all APRN salaries and RN salaries. Nursing faculty positions typically require a master's degree or higher.

Figure 105: 2024 Alaska Nursing Wage Comparison
Source: U.S. Bureau of Labor Statistics



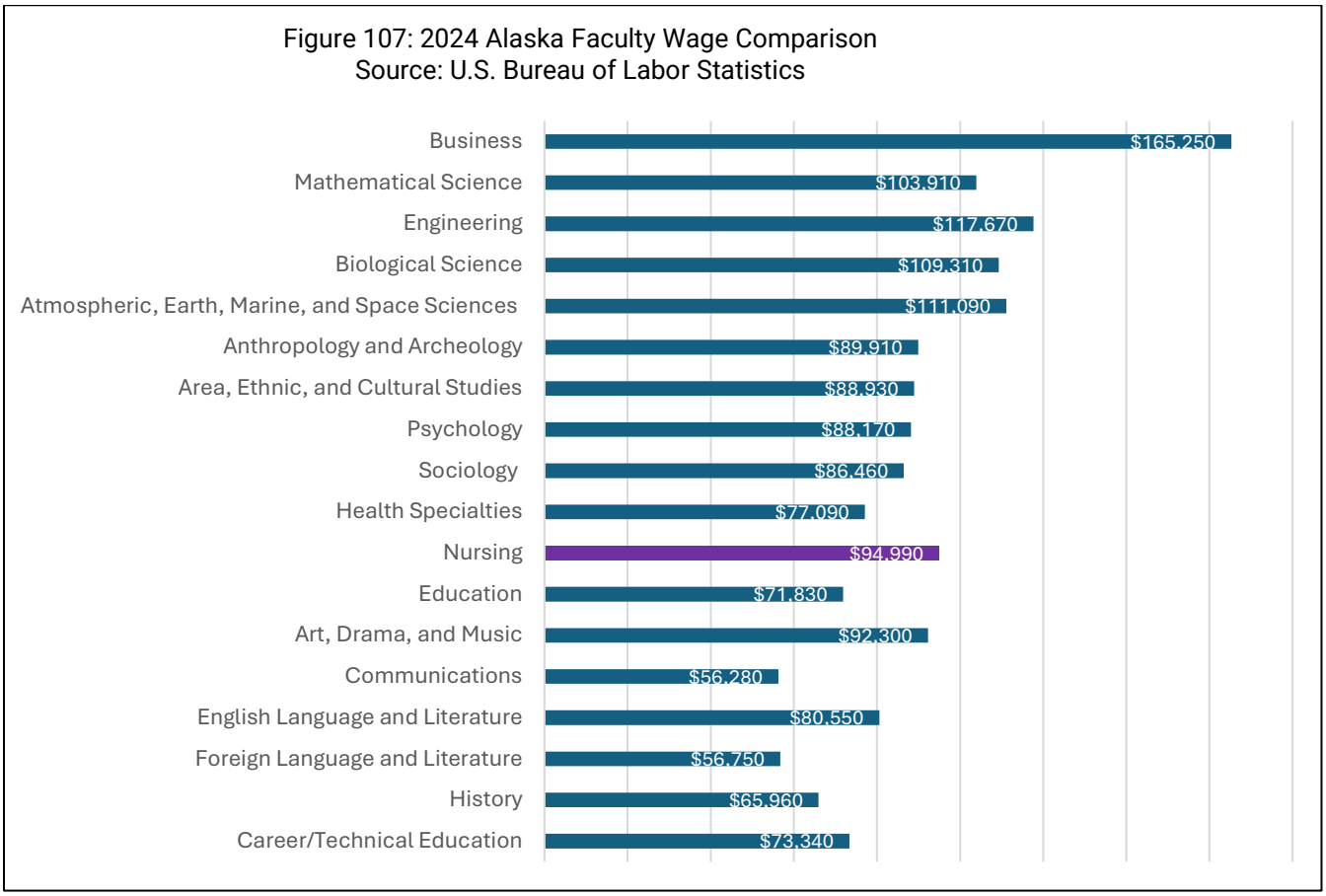
Alaska nursing faculty wage was higher than the Washington state and national averages but lower than the other Pacific region states.

Figure 106: 2024 Alaska Nursing Faculty State Wage Comparison
Source: U.S. Bureau of Labor Statistics



Alaska nursing faculty wage is the 11th highest wage as compared to all faculty wages.

Figure 107: 2024 Alaska Faculty Wage Comparison
Source: U.S. Bureau of Labor Statistics



Nursing Demand Data Gaps

Gaps for Alaska nursing demand data include:

- Health care facility surveys collecting the National Forum MDS variables
- Job posting data

Nursing Demand Future Data Recommendations

Suggested future data collection efforts include encouraging greater completion of OEWS surveys to address the CRNA error rate and examining sources of job posting data such as The Conference Board® Burning Glass® Help Wanted OnLine™ to provide an additional demand data source.

Nursing Workforce Projections

Nursing Workforce Projection Introduction

The most frequent question asked by policy makers is, “Do we have, and will we have, a nursing shortage?” Education, supply, and demand data are required to provide the best answer to this question. By comparing data and utilizing historical trends for supply and demand, projection estimates can determine if there is an imbalance in any of these three ways:

- The supply of nurses may exceed demand, which can result in high unemployment rates and low wages.
- Maldistribution of nurses - this is apparent in Alaska as most nurses are situated in large population centers and more rural areas have an insufficient supply of nurses.
- A nursing shortage where there are not enough nurses to meet demand.

The resulting projections are estimates based on specific assumptions and should be interpreted with caution. Rather than providing exact figures, they are designed to illustrate anticipated trends and provide a high-level visualization of future workforce supply and demand.

There are two sources of workforce projections for Alaska. The first model utilizes Labor Market demand projections and a stock and flow supply model. The second source for workforce projections is the Health Resources and Services Administration (HRSA) Nursing Supply and Demand Projections.

Labor Market Demand and Stock and Flow Supply Model Projection Introduction

Long-term demand projections have been developed by the Alaska Department of Labor and Workforce Development utilizing a national workforce projection model through the U.S. Bureau of Labor Statistics. Employment projections provide job seekers, policy makers, and training providers an idea of how many jobs exist within industries and occupations, how the number of jobs is expected to change over time, and what the future demand for workers will be. Projections show expected changes in employment by industry and occupation, the current and projected employment counts, estimated growth rates, and average annual openings.

Definitions of key measures include:

- Growth: The difference between employment in the forecast year and the base year.
- Percent Change: Numeric change divided by the base year employment. This number can be deceptive. A large percentage change does not necessarily mean a large number of jobs. For instance, if the base year for an occupation is 20 and the forecast year shows an increase of 10, it is a 50 percent increase. In reality, it is only 10 jobs.
- Labor Force exits (annual): Labor force exits are the projected number of workers leaving an occupation and exiting the labor force entirely. Labor force exits are more common at older ages as workers retire but can occur at any age. Labor force exits are not necessarily permanent exits from the labor force; for example, some workers exit the labor force to pursue additional education with the intention of returning to the labor force. They do represent permanent separations from an occupation.
- Occupational Transfers (annual): Occupational transfers are the projected number of workers leaving an occupation and transferring to a different occupation. Transfers represent permanent separations from an occupation, not temporary movements where the worker is expected to return to the same occupation in the future.

- Total Occupational Separations (annual): Occupational separations are the projected number of workers permanently leaving an occupation. The separations are defined as the sum of labor force exits and occupational transfers. In most occupations, separations result in openings for new workers to enter the occupation, but in declining occupations, not all separations result in openings.
- Total Occupational Openings (annual): Occupational openings are the projected number of openings (positions) for workers entering the occupation. The openings are defined as the sum of net occupational employment change and occupational separations. Workers who change jobs within an occupation do not generate openings since there is no net change in openings from this movement.

Limitations of the Labor market demand projections include that they are estimates based on historical data. It is important not to rely on these projections as the actual employment numbers that will occur in the future. While every attempt is made to incorporate current and future events, such as business closings, corporate layoffs, openings, and expansions, it is not possible to know everything that might happen. Events that would take place after the projection period or announcements concerning closings, layoffs, openings, and expansions known after projections were completed are not reflected in the forecasts. Also, legislative policy could cause employment to change. Events such as these will likely cause the actual employment numbers to vary significantly from these projections.

The projections reflect studies of past and present industrial trends. They illustrate what is likely to happen, barring major changes from past trends. These projections are based largely on the same major economic assumptions the U.S. Department of Labor Statistics uses to develop national projections:

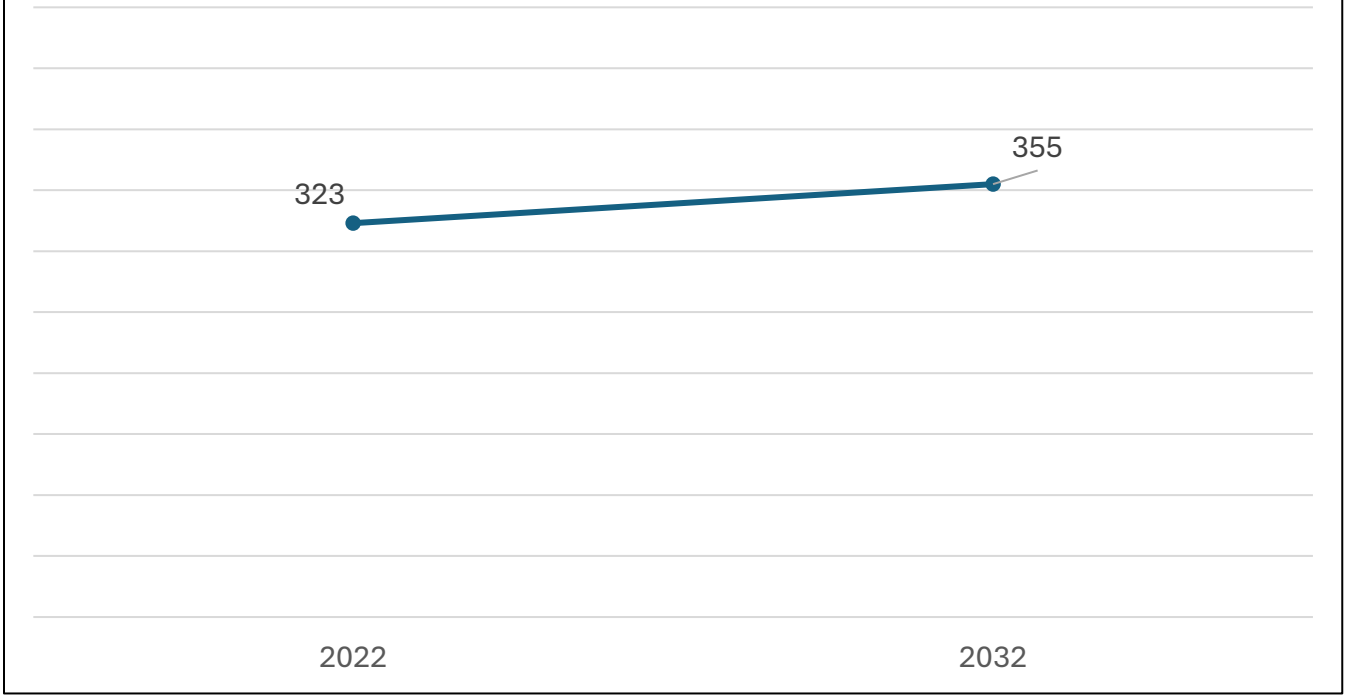
- Certain fundamental conditions will prevail throughout the projections period in the institutional framework of the U.S. and state economy; fluctuations in economic activity due to the business cycle will continue to occur.
- Recent technological and scientific trends will continue.
- Attitudes toward work, education, income, and leisure will not change significantly; for example, the average workweek will not change markedly.
- Population growth rates will not differ significantly from the U.S. Census Bureau data presently available.
- No major events, such as war or other catastrophic events, will occur that will significantly alter the industrial structure of the economy, the occupational staffing patterns, or the rate of long-term growth.

The projections are not intended to be precise point estimates of employment for each industry or occupation. It is unlikely that the projections data will precisely predict actual employment developments due to unforeseen state, national, and international trends and policies. However, the basic trends should prove accurate and aid in successful decision-making. Users should view the projected worker estimates as indicators of relative magnitude and direction rather than estimates of absolute values and use the data as a starting point when studying expected occupational employment levels.

Labor Market Demand Projections

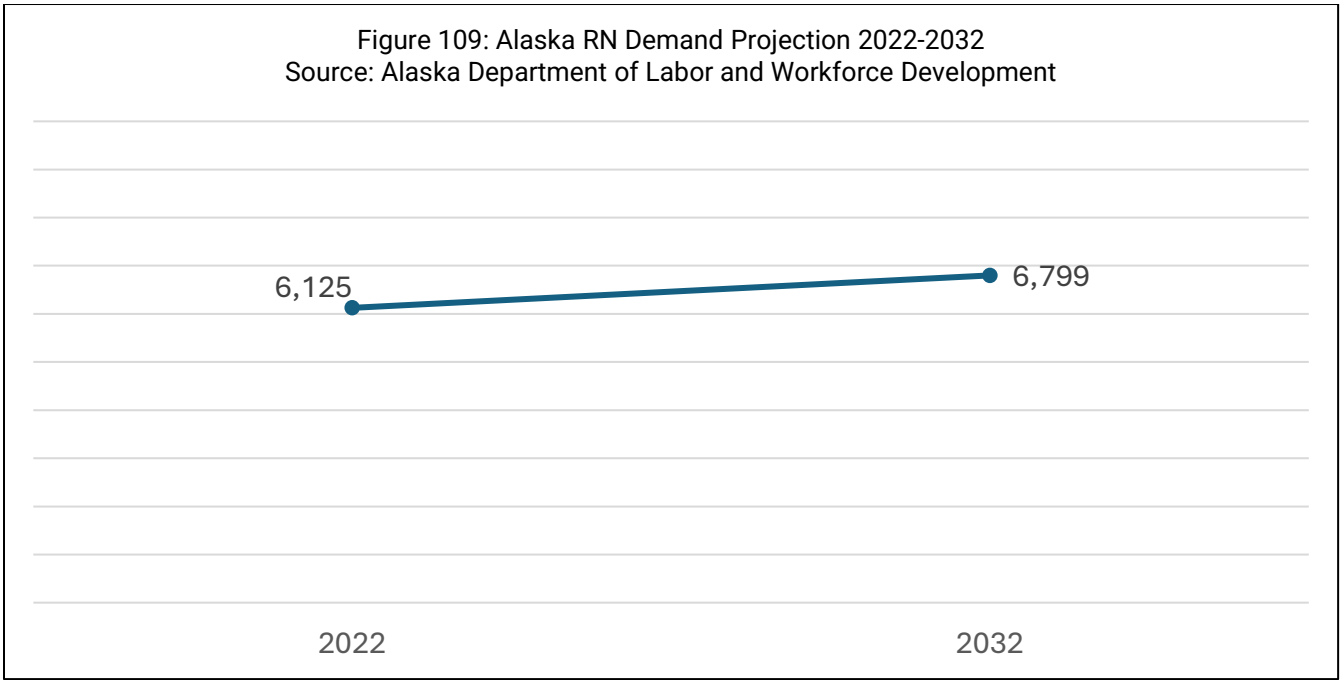
Alaska LPN jobs are projected to increase by 9.91% between 2022-2032. This is higher than the average growth for all Alaska occupations which is 6.92%.

Figure 108: Alaska LPN Demand Projection 2022-2032
Source: Alaska Department of Labor and Workforce Development



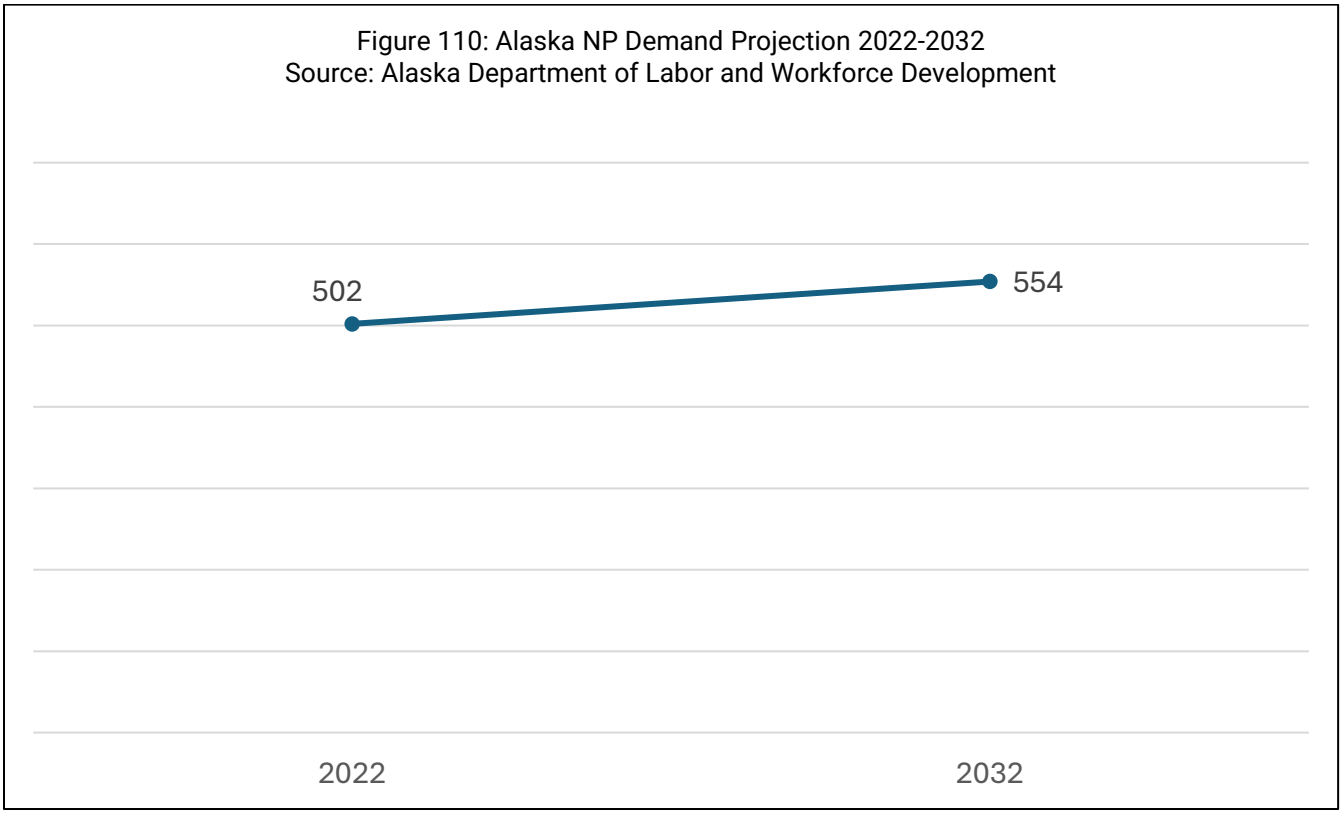
Alaska RN jobs are projected to increase by 11.00% between 2022-2032. This is higher than the average growth for all Alaska occupations which is 6.92%.

Figure 109: Alaska RN Demand Projection 2022-2032
Source: Alaska Department of Labor and Workforce Development



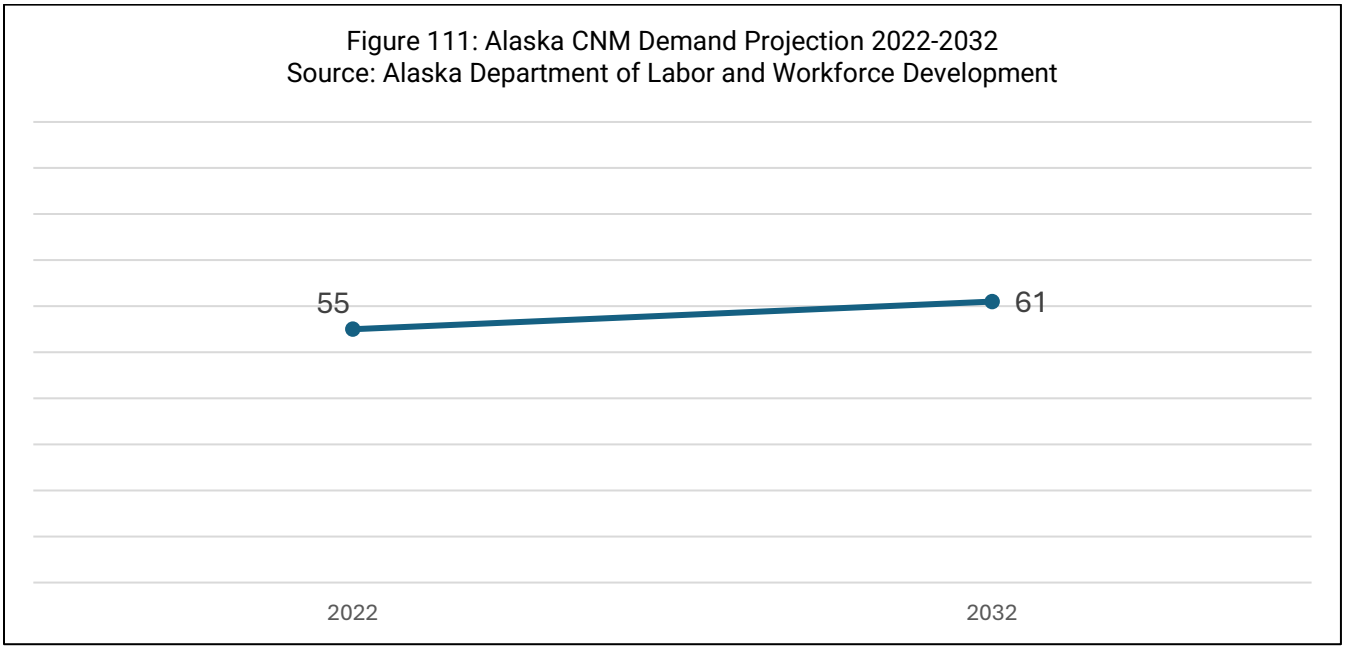
Alaska NP jobs are projected to increase by 10.36% between 2022-2032. This is higher than the average growth for all Alaska occupations which is 6.92%.

Figure 110: Alaska NP Demand Projection 2022-2032
Source: Alaska Department of Labor and Workforce Development



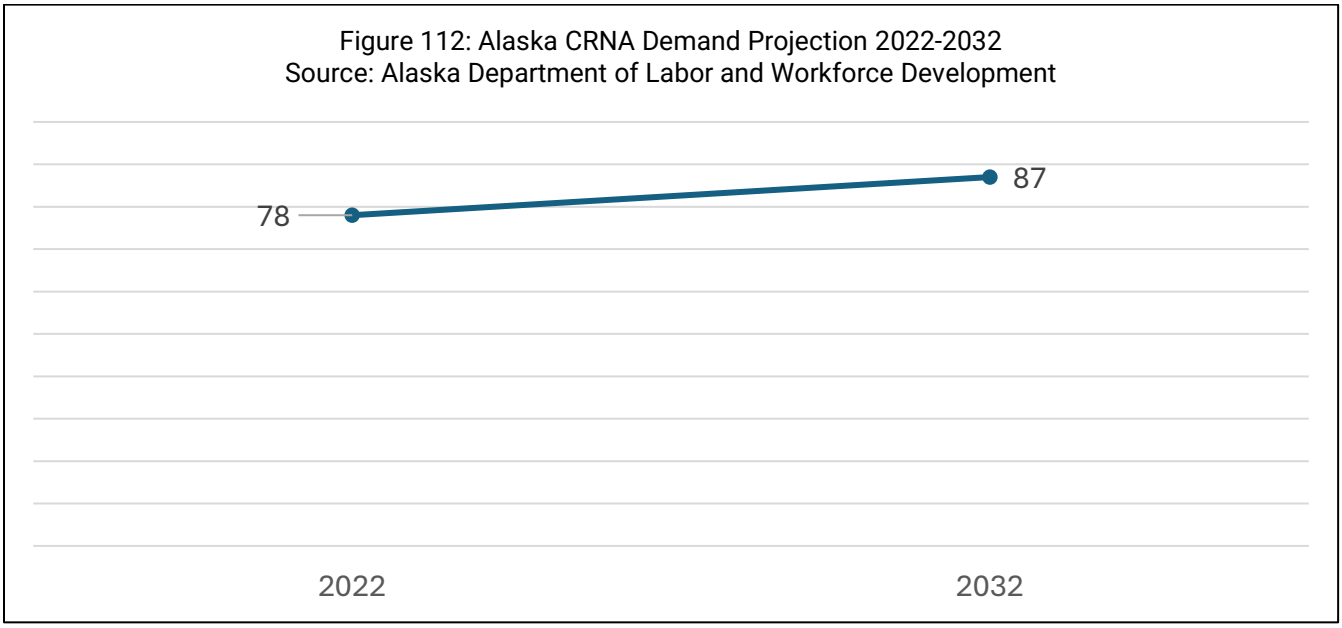
Alaska CNM jobs are projected to increase by 10.91% between 2022-2032. This is higher than the average growth for all Alaska occupations which is 6.92%.

Figure 111: Alaska CNM Demand Projection 2022-2032
Source: Alaska Department of Labor and Workforce Development



Alaska CRNA jobs are projected to increase by 11.54% between 2022-2032. This is higher than the average growth for all Alaska occupations which is 6.92%.

Figure 112: Alaska CRNA Demand Projection 2022-2032
Source: Alaska Department of Labor and Workforce Development



Alaska nursing faculty jobs are projected to increase by 10.81% between 2022-2032 This is higher than the average growth for all Alaska occupations which is 6.92%.

Labor Market Exits and Openings

- RNs are projected to have the greatest percent growth from 2022 – 2032.
- LPNs are projected to have the greatest percentage of annual labor force exits (3.94%). These workers exit the occupation and the workforce.
- Nursing Faculty are projected to have the greatest percentage of occupational transfer (3.66%). These workers are leaving an occupation and entering a new occupation.
- LPNs and Nursing faculty are projected to have the greatest separations (7.32%). These workers permanently leave the occupation.
- Nursing faculty have the projected greatest annual openings (8.54%). These are for new workers.

Table 20: Labor Market Exits and Openings
Source: Alaska Department of Labor and Workforce Development

	10-Year Growth	Percent Change 2022-2032	Annual Labor Force Exits (%)	Annual Transfers	Total Annual Separations	Total Annual Openings
LPN	32	9.91%	14 (3.94%)	12 (3.38%)	26 (7.32%)	29 (8.17%)
RN	674	11.00%	215 (3.16%)	133 (1.96%)	348 (5.12%)	415(6.10%)
NP	52	10.36%	12 (2.17%)	12 (2.17%)	24 (4.33%)	29 (5.23%)
CNM	6	10.91%	1 (1.64%)	1 (1.64%)	2 (3.28%)	3 (4.92%)
CRNA	9	11.54%	2 (2.30%)	2 (2.30%)	4 (4.60%)	5 (5.75%)
Nursing Faculty	8	10.81%	3 (3.66%)	3 (3.66%)	6 (7.32%)	7 (8.54%)

Stock and Flow Supply Projections

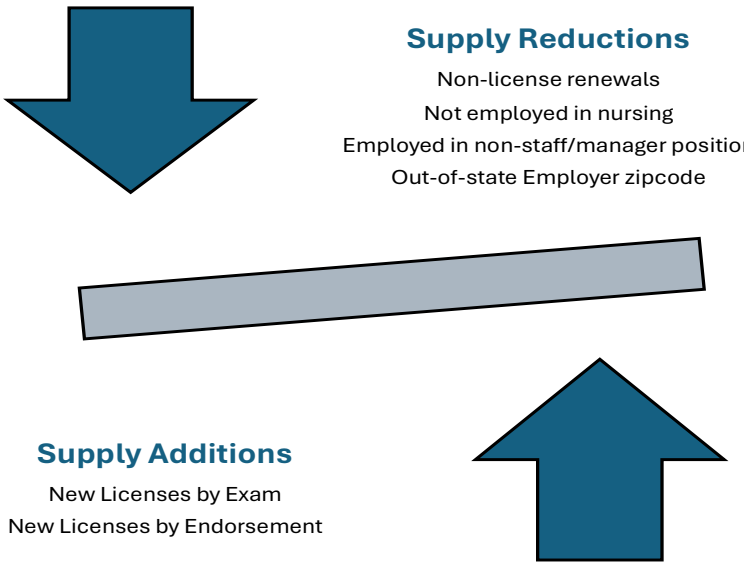
A stock and flow model was utilized to calculate a basic supply line utilizing available Alaska data. The model involves using licensure or available supply data as a base for future projections that are then adjusted (Moulton Burwell, 2025).

Projecting the future number of nurses involves adding an estimate of the number of new licenses by examination (typically graduates from in-state programs) and new licenses by endorsement (nurses transferring from out of state).

The current and projected number is then reduced to reflect nurses who have left the workforce (non-renewals), those that are not employed in nursing or in a staff/manager position, and those employed out of state.

Limitations of this model include the reliance on survey data to estimate nursing population characteristics. In addition, in Alaska, non-renewal and out-of-state employment is not available. Future collection of this data would make this projection model more accurate. Instead of out-of-state employment, this report utilizes out-of-state mailing address. Retirement loss is projected using National Nursing Workforce Survey data instead of non-renewals. Loss due to other reasons such as leaving the workforce, going back to school, etc. is not accounted for in this model due to the lack of non-renewal data.

Figure 114: Basic Stock and Flow Supply Projection Model
Source: Moulton Burwell, P. (2025)



The estimate for 2025 LPN supply starts with the number of active licenses (Alaska Board of Nursing) and then subtracting the number of licenses that are non-residents using their mailing address. This total is then adjusted by subtracting the estimated number that are not employed in nursing and the number that are not employed as a staff or manager using National Nursing Workforce Survey (2022, 2024) data. This provides a 2025 estimate that can be used to compare with labor market data as it includes LPNs that are in staff or manager positions in the workforce.

Table 21: LPN 2025 Supply Estimate Using Resident Status from Licensure Data
Sources: Alaska Board of Nursing, National Nursing Workforce Survey

		Number of Licenses
Active Licenses (2025, Alaska Board of Nursing)		689
Non-Residents (2025, Alaska Board of Nursing)	36.28%	-250
	Number of Licenses Subtotal	**439**
Reductions		
Not employed In Nursing- 2022/2024 average (National Nursing Workforce Survey)	22.85%	-100
Not Employed as a staff or manager- 2022 and 2024 average (National Nursing Workforce Survey)	18.80%	-83
	Reduction Subtotal	-183
	Number of Licenses- Reductions 2025 Estimate	**256**

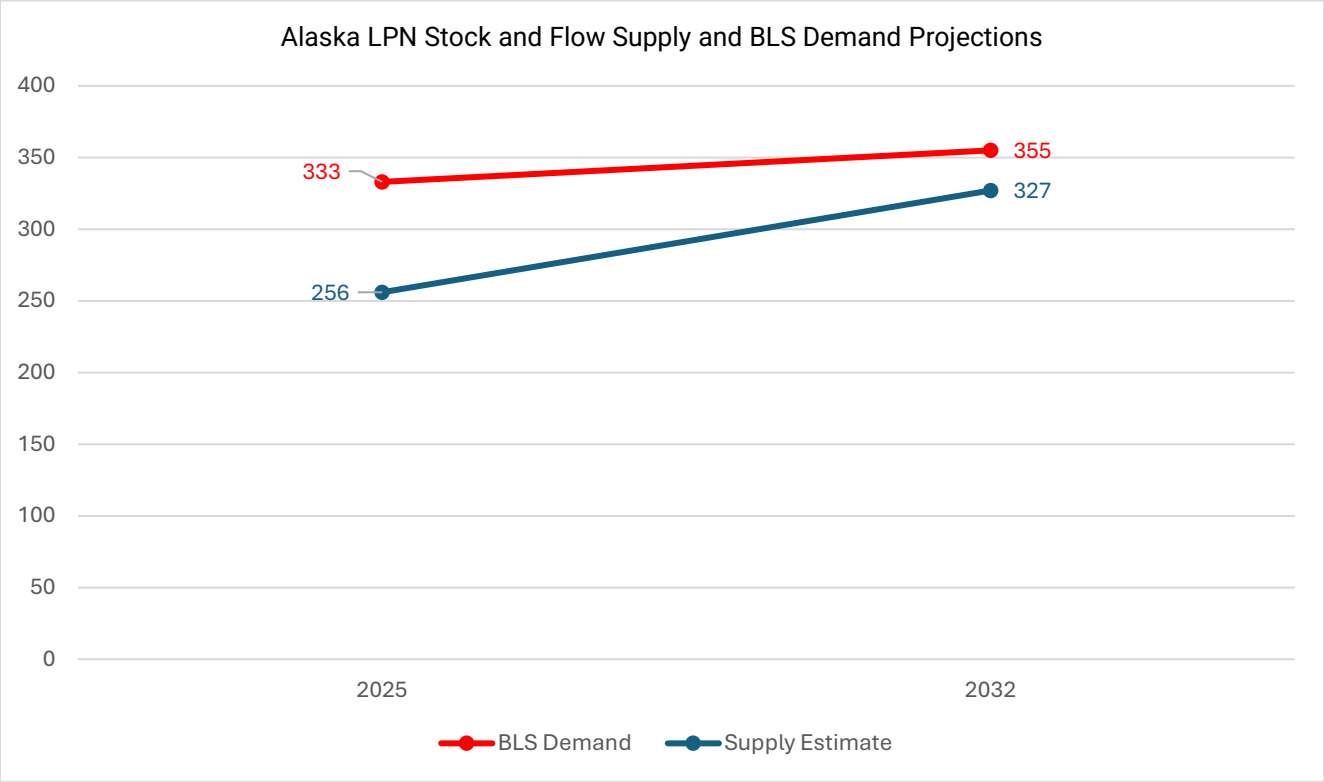
To calculate the 2032 LPN Supply estimate, the anticipated number of endorsements and examinations over the next seven years is estimated. This total is then adjusted to reflect the anticipated retirement loss. This total is then reduced using the same estimates of non-residents, those not employed in nursing, and not employed as a staff or manager.

Table 22: LPN Supply Estimate: 2032 Using Resident Status from Licensure Data
Sources: Alaska Board of Nursing, National Nursing Workforce Survey

Additions		
	Annual	7-year total
Endorsements- 2023/2024 average (Alaska Board of Nursing)	104	728
Examinations 2023/2024 average (Alaska Board of Nursing)	12	84
	Additions Subtotal	**812**
Adjustment		
Estimated Retirement Loss from 2024 data (National Nursing Workforce Survey)	60.60%	-492
	Adjusted Subtotal	320
Reductions		
Non-Residents (2025, Alaska Board of Nursing)	36.28%	-116

Not employed in nursing- 2022/2024 average (National Nursing Workforce Survey)	22.85%	-73
Not Employed as a staff or manager- 2022/ 2024 average (National Nursing Workforce Survey)	18.80%	-60
	Reductions Subtotal	-249
	Adjusted Subtotal-Reductions	71
	2025 Estimate (256) **+ Adjustment** **2032 Estimate**	**327**

Adding the Labor Market demand projection with the calculated supply projection results in a picture an overall projection of a shortage of LPNs through 2032. LPN supply is expected to increase by 2032 but not reach demand levels.



The estimate for 2025 RN supply starts with the number of active licenses (Alaska Board of Nursing) and then subtracts the number of licenses that are non-residents using their mailing address. This total is then adjusted by subtracting the estimated number that are not employed in nursing. Then, from the estimated number that are employed, we subtract the number that are not employed as a staff or manager. These reductions utilize National Nursing Workforce Survey (2022, 2024) data. This provides a 2025 estimate that can be used to compare with Labor market data as it includes LPNs that are in staff or manager positions in the workforce.

Table 23: RN 2025 Supply Estimate Using Resident Status from Licensure Data

		Number of Licenses
Active Licenses (2025, Alaska Board of Nursing)		18,888
Non-Residents (2025, Alaska Board of Nursing)	49.86%	-9,418
	Number of Licenses Subtotal	**9,470**
Reductions		
Not employed In Nursing- 2022/2024 average (National Nursing Workforce Survey)	10.25%	-971
Not Employed as a staff or manager- 2022/2024 average (National Nursing Workforce Survey)	26.30%	-2,491
	Reduction Subtotal	-3,462
	Number of Licenses- Reductions 2025 Estimate	**6,008**

To calculate the 2032 RN Supply estimate, the anticipated number of endorsements and examinations over the next seven years is estimated. This total is then reduced using the same reductions from the 2025 estimate. This includes an estimate of the non-residents, those not employed in nursing, not employed as a staff or manager and retirement. This results in a net loss from the 2025 number.

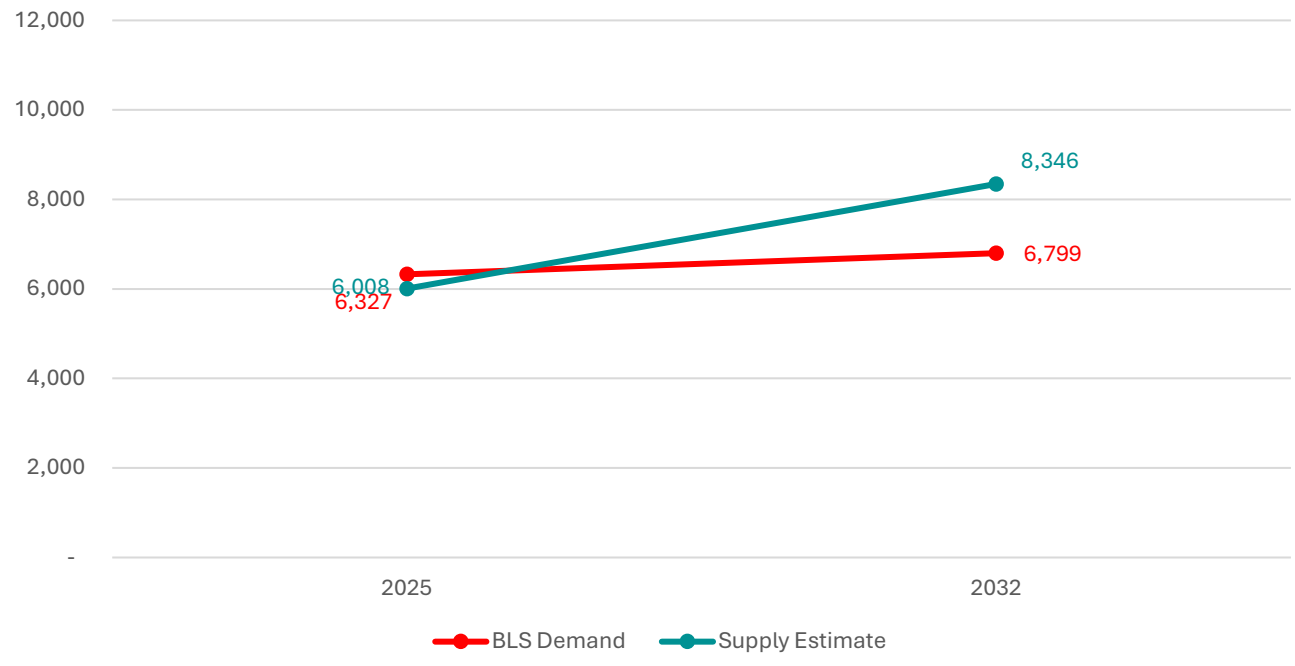
Table 26: RN Supply Estimate: 2032 Using Resident Status from Licensure Data

		Number of Licenses
Additions		
	Annual	7-year total
Endorsements- 2-year average	3,205	22,435
Examinations 2-year average	346	2,422
	Additions Subtotal	24,857
Adjustment		
Estimated Retirement Loss from 2024 data (National Nursing Workforce Survey)	30.80%	-7,656

	Adjusted Subtotal	17,201
Reductions		
Non-Residents	49.86%	-8,576
Not employed in nursing- 2022 and 2024 average	10.25%	-1,763
Not Employed as a staff or manager- 2022 and 2024 average	26.30%	-4,524
	Reductions Subtotal	-14,863
	Adjusted Subtotal-Reductions	2,338
	2025 Estimate (6,008) + adjusted additions	**8,346**

Adding the Labor Market demand projection with the calculated supply projection results an overall projection of a healthy supply of RNs through 2032. Note that this is a statewide number and does not reflect regional level, increased needs in rural communities, and seasonal variation. Retention efforts should be utilized to ensure a continued healthy workforce.

Figure 116: Alaska RN Stock and Flow Supply and BLS Demand Projections



Health Workforce Simulation Model Projection Introduction

The Health Resources and Service Administration (HRSA) provides national Health Workforce Simulation Model (HWSM) projections on their website. You can find an interactive dashboard along with a guide to the dashboard.

Supply is calculated using the HRSA National Sample Survey of RNs, U.S. Census Bureau American Community Survey, the U.S. Bureau of Labor Statistics Occupation Employment and Wage Statistics, and the National Council of State Boards of Nursing licensing exam (NCLEX). The projections start with an estimated base year supply and then models new entrants, workforce attrition, workforce participation, hours worked, and cross-state migration. Using these national databases for supply projections is a limitation as many states have more accurate licensure data.

Demand is calculated using multiple national datasets to develop a population database including the U.S. Census Bureau American Community Survey and U.S. Census Data, the Centers for Disease Control Behavioral Risk Factor Surveillance Survey, the Center for Medicare and Medicaid Services Medicare Current Beneficiary Survey. Utilization patterns are estimated using several national datasets including the Agency for Healthcare Research and Quality Medical Expenditure Panel Survey and the National Inpatient Sample, the Centers for Disease Control and Prevention National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care and the National Institute of Aging National Health and Aging Trends Study. These patterns are used to estimate demand for providers based on demand for services that provide a staffing ratios and a provider to population ratio.

Supply, which is the number of workers active in the workforce, consists of people working and people actively seeking employment. Demand is the number of workers required to provide a level of services that will be utilized given patient health-seeking behavior and the ability and willingness to pay for services.

Percent Adequacy, which is the relationship between the projected future supply and projected future demand, is the quotient of supply divided by demand. For many occupations, the estimated supply and estimated demand in the base year are assumed to be roughly in equilibrium. For all occupations, a percent adequacy of greater than 100% does not account for potential maldistribution in smaller geographic areas

Limitations of the HRSA model include modeling of long-term supply and demand workforce implications of COVID-19. The long-term implications of COVID-19 on provider supply and demand are not fully documented and are only partially incorporated into the projections.

The model sets demand equal to supply in the starting year with the exception of utilizing recent vacancy data for hospitals and academia to quantify starting year shortfall. Even in states where supply exceeds a national average level of demand there could be a provider perceived shortfall (or perceived balance between supply and demand) for two reasons: (a) approximately half the states are expected to be above the national average simply because demand is based on a national average, and (b) some states use a different mix of providers than the national average. For example, some states rely more heavily on licensed practical nurses (LPNs) and

less on registered nurses (RNs), relative to the national average. In these states, HWSM might show an RN shortfall and an LPN surplus, whereas the state might perceive no imbalances. The model currently lacks a market mechanism where labor costs respond to imbalances between supply and demand.

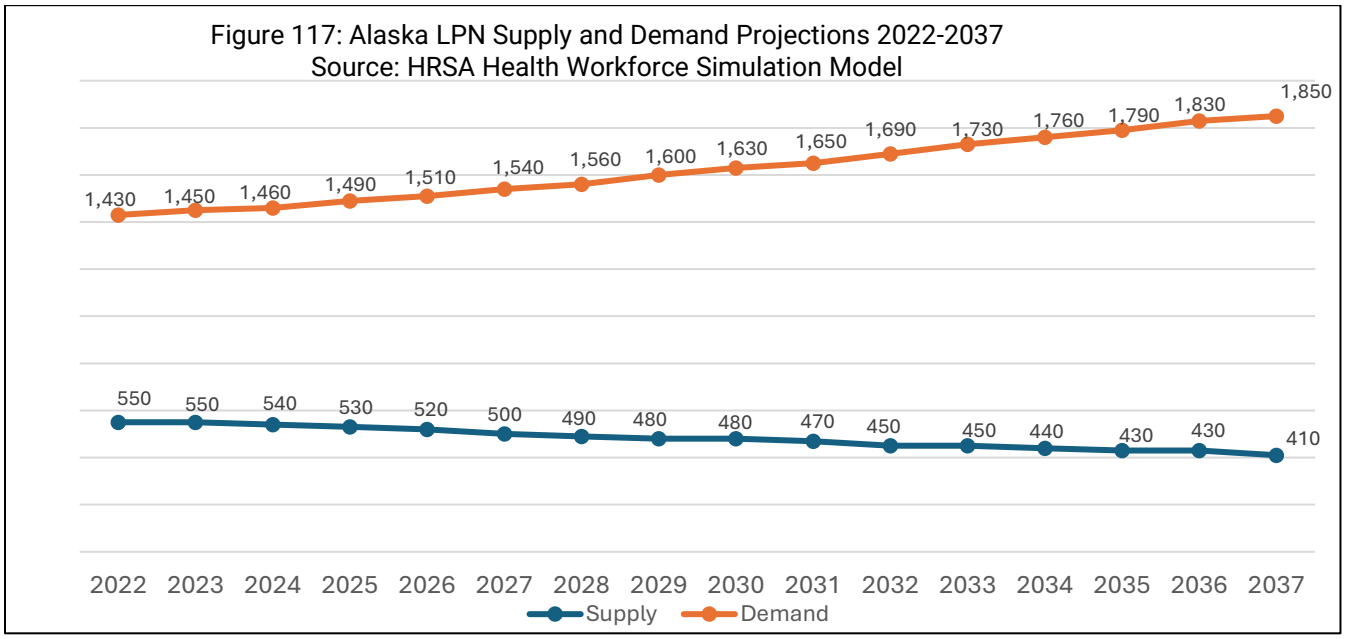
Another limitation is the utilization of American Community Survey Data or Occupational Employment and Wage Statistics data to estimate the starting year supply of many health occupations. Many states, however, have access to more complete supply data collected through the licensure/certification processes. While licensure files indicate whether the license is active, many licensure boards do not collect information on whether the licensed person is active in their profession and whether the person is active in that particular state. (This is especially true for the registered nurse workforce, where many states belong to compacts that allow the nurse to work in other states)._ Demand modeling extrapolates current health care use and delivery patterns to the future population. Changing technology, medical innovations, and economic factors all can contribute to evolving care use and delivery patterns creating uncertainty in projections.

There are more limitations included in their technical report.

HRSA LPN Projections

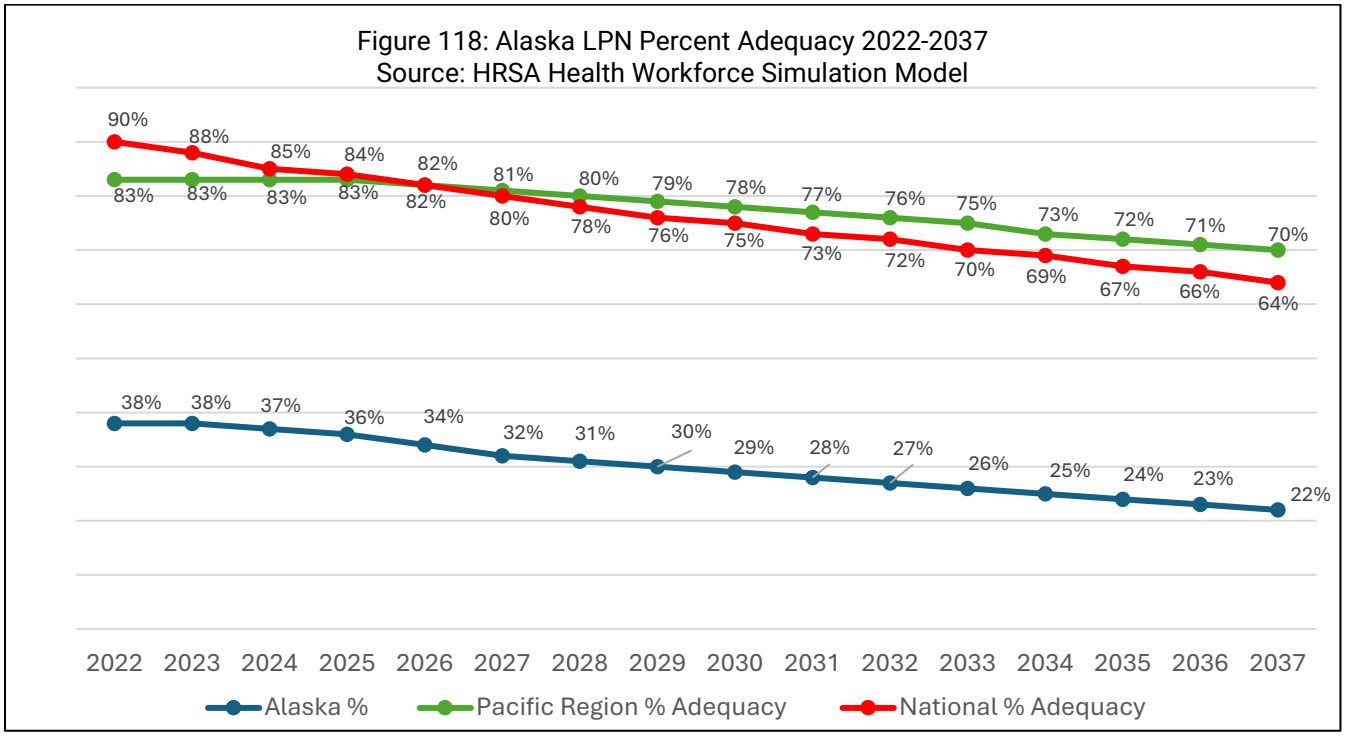
The HRSA Health Workforce Simulation Model projects a current and worsening shortage of LPNs through 2037.

Figure 117: Alaska LPN Supply and Demand Projections 2022-2037
Source: HRSA Health Workforce Simulation Model



Percent Adequacy is the relationship between the projected future supply and projected future demand. It is the quotient of supply divided by demand. Alaska's LPN percent adequacy is markedly less than the Pacific Region and the National adequacy. The Pacific Region includes Alaska, Washington, Oregon, California and Hawaii.

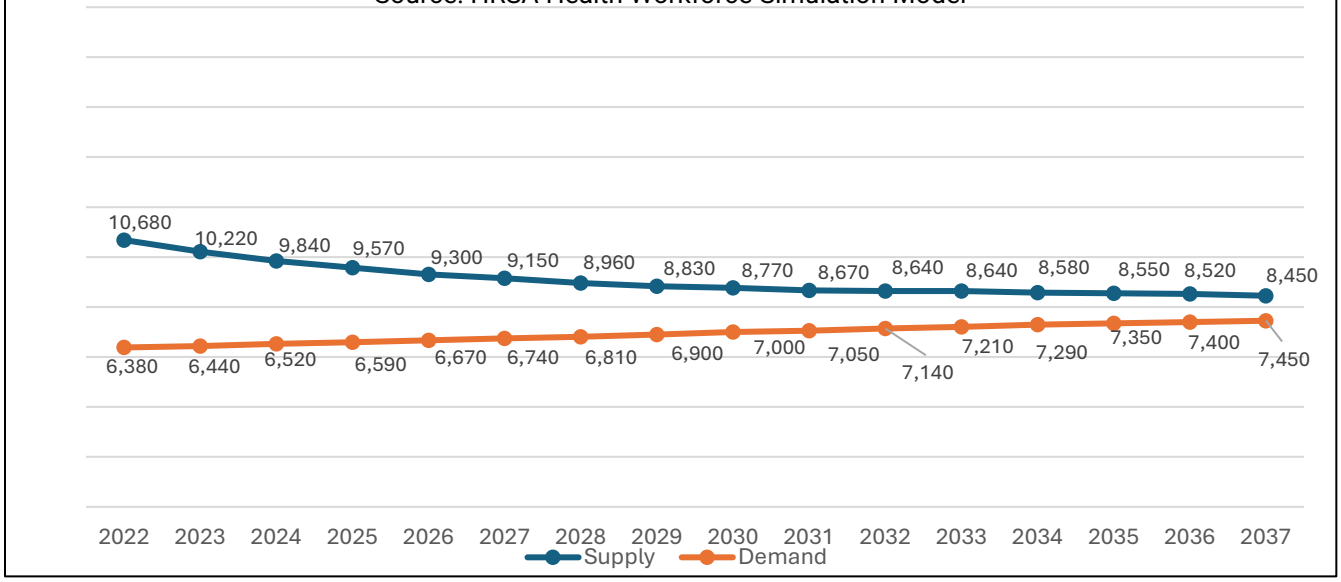
Figure 118: Alaska LPN Percent Adequacy 2022-2037
Source: HRSA Health Workforce Simulation Model



HRSA RN Projections

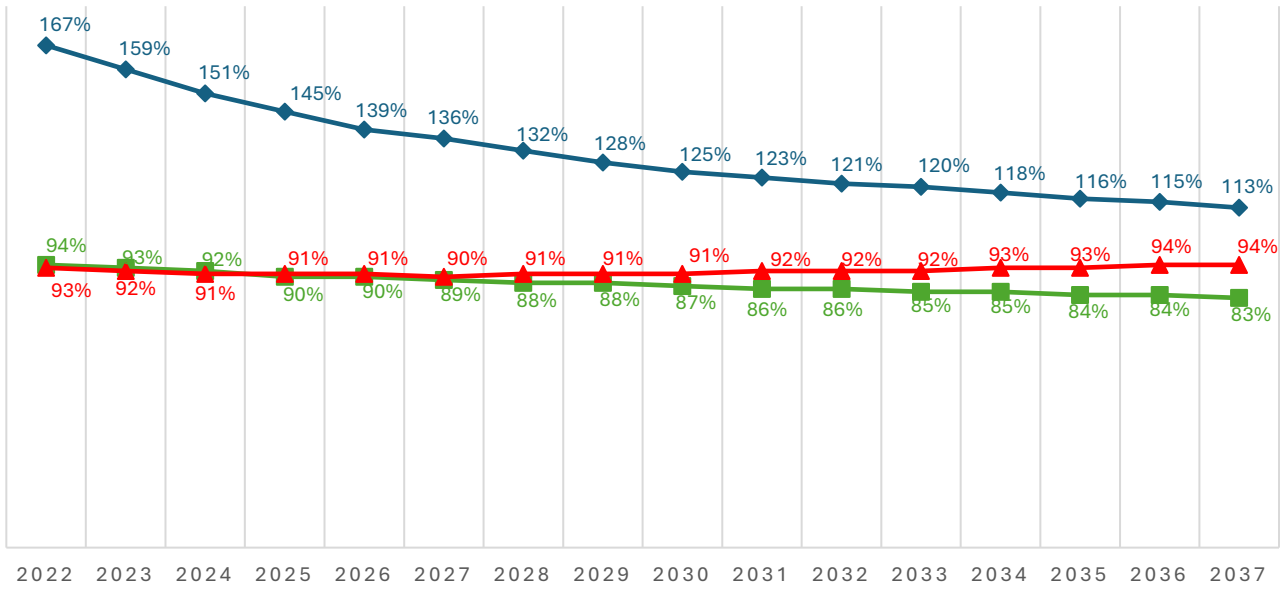
The HRSA Health Workforce Simulation Model projects a healthy statewide supply of RNs that lessens by 2037.

Figure 119: Alaska RN Supply and Demand Projections 2022-2037
Source: HRSA Health Workforce Simulation Model



Alaska's statewide RN percent adequacy is greater than the Pacific region and National adequacy.

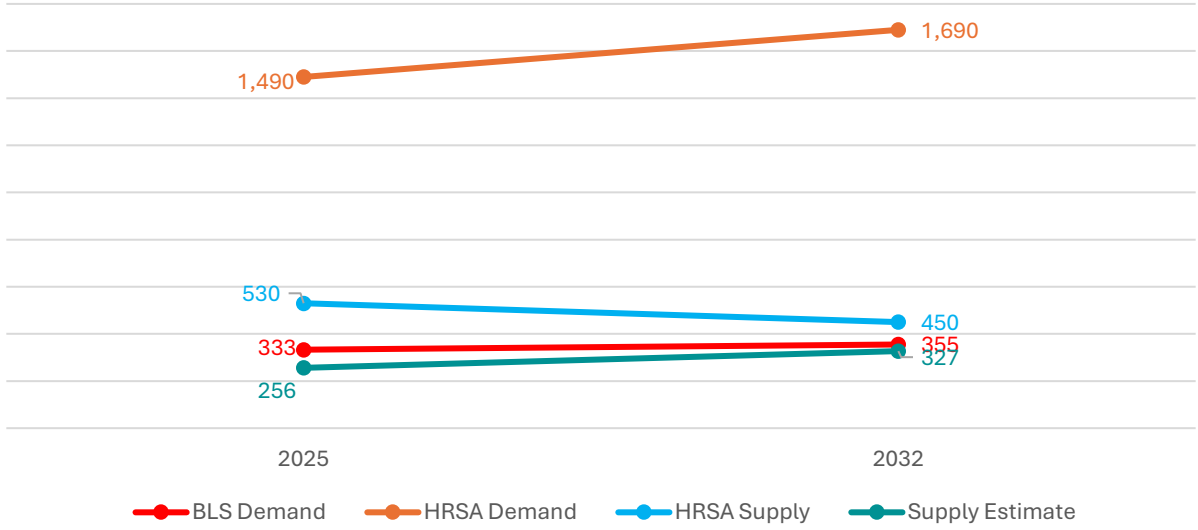
Figure 120: Alaska RN Percent Adequacy 2022-2037
Source: HRSA Health Workforce Simulation Model



Putting all of the Projections Together

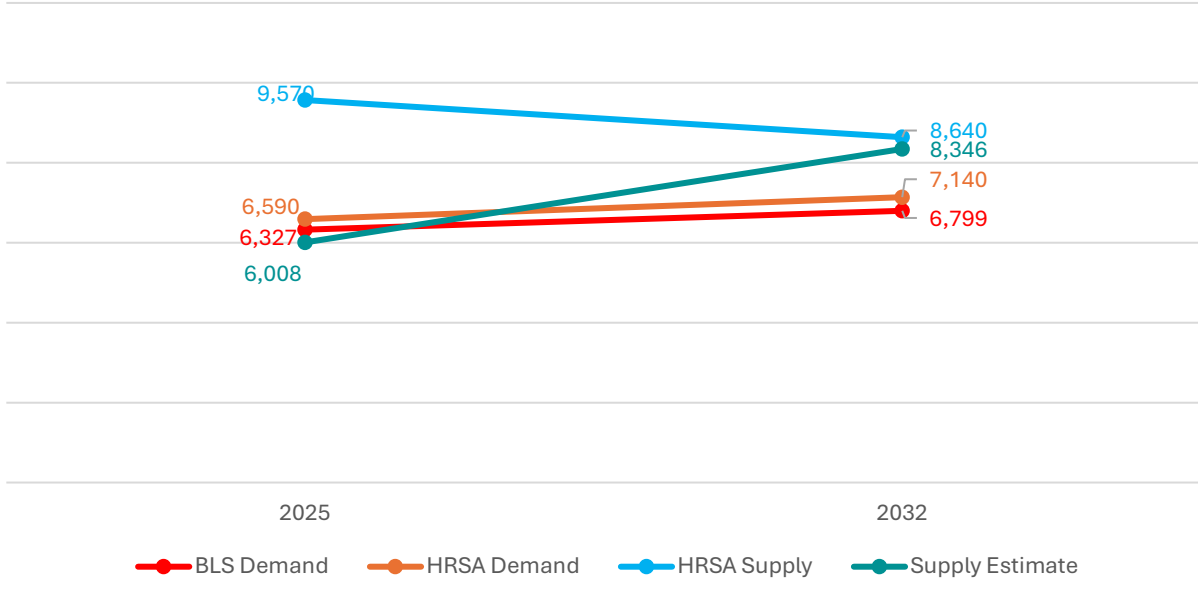
Overall, all projection models indicate a shortage of LPNs through 2032.

Figure 121: Alaska LPN Supply and Demand Projection Models



Overall, the projection models indicate a healthy statewide supply of RNs through 2032 if conditions stay the same including the increase in program enrollments. However, this does not mean that supply will be adequate across all parts of Alaska.

Figure 122: Alaska RN Supply and Demand Projection Models



Nursing Projection Data Gaps

Gaps in Alaska nursing projection data collection include:

- Tracking non-renewals would provide an accurate measure of workforce loss.
- Collecting employment zipcode with licensure data would provide more accurate data on nurses working in Alaska.
- Nurse population data gathered through the Supply MDS at licensure or through E-notify would provide more accurate data on the number of nurses employed, nursing position and other demographics.
- Projections based on multiple years of data provide a more accurate picture of the workforce.
- Projections are statewide estimates and do not reflect different regions of the state. A facility survey would provide more information that could be used at a regional level.

Nursing Projections Future Data Recommendations

Suggested future data recommendations include examining the possibility of hiring Global Data to customize the HRSA workforce projections for Alaska including LPN, RN and APRN. This would first require the collection of more extensive supply data. Examples of other states that have customized their projections include:

- Hawaii
- Florida
- Texas

Future data collection could also examine the impact of Alaska's unique seasonal and travel nursing on supply and demand estimates.

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2024 Alaska Healthcare Workforce Analysis (2023). Alaska Hospital & Healthcare Association. https://www.alaskahha.org/_files/ugd/ab2522_be6e457556e94e8286eb7d0e99585ae4.pdf

Moulton Burwell, Patricia (2025). Nursing Workforce Projections for All: State-Based Staff Registered Nurse Workforce Projections. *Online Journal of Nursing Workforce 1, 1. 28-39.*

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