

The Growing Demand for Healthcare Workers in Iowa

The United States has faced shortages of healthcare workers for years; a challenge that was only exacerbated by the COVID-19 pandemic. By 2018, even before the pandemic, there were 27 open healthcare practitioner jobs — such as doctors, surgeons, registered nurses — for every available unemployed healthcare practitioner across the country.¹ And the situation in Iowa is no exception.² Despite the many barriers that internationally trained healthcare workers face to practicing medicine in the state, immigrants routinely make valuable contributions to the field.³ In 2019, they made up 5.2 percent of the state's healthcare workers⁴ — including 20.7 percent of all physicians and surgeons⁵ — while making up 5.6 percent of the population.⁶

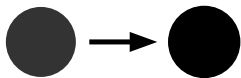
For Iowa to remain competitive and address critical shortages of physicians and other healthcare practitioners, it will be crucial to implement policies that not only attract and retain global talent that is complementary to the U.S.-born workforce, but that also build career pathways for immigrants who already call the state home.

One way to achieve this goal is to join states like Minnesota and Washington in reducing barriers for international medical graduates (IMGs) and other internationally trained healthcare workers.

In light of the COVID-19 pandemic, labor shortages, and a growing number of baby boomers who are reaching retirement age each year, Iowa has seen an increase in demand for healthcare workers.

From 2017 to 2021, there were **228,696** unique healthcare worker job postings in Iowa,⁷ an increase of

+7.5%



During the same time, the advertised wages also rose from **\$33.66** to **\$36.86 per hour**,⁸ or

+\$3.20/hr

From 2017 to 2021, the **top five in-demand healthcare jobs** in Iowa were:⁹

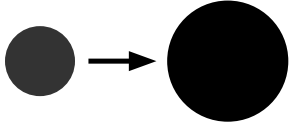
1. Registered Nurses
2. Medical Records Specialists
3. Licensed Practical and Licensed Vocational Nurses
4. Clinical Laboratory Technicians
5. Physicians

During the same period, the **top Iowa employers** hiring healthcare workers were:¹⁰

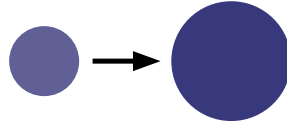
1. UnityPoint Health
2. CommonSpirit Health
3. Healthcare Employment Network
4. Mercy Hospital
5. University of Iowa

ONLINE JOB POSTINGS FOR HEALTHCARE WORKERS, 2017 – 2021¹¹

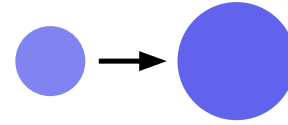
Magnetic Resonance Imaging Technologists
+200.0%



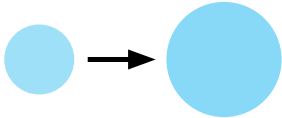
Opticians, Dispensing
+193.3%



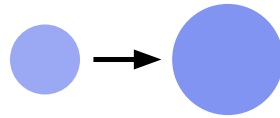
Optometrists
+185.5%



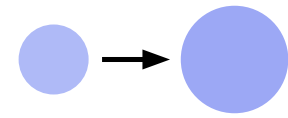
Diagnostic Medical Sonographers
+173.7%



Nuclear Medicine Technologists
+153.8%



Dentists
+136.8%



The average share of healthcare workers from 2015 to 2019 who were immigrants:¹²

4.4% Dentists

2.4% Opticians, Dispensing

As employers struggle to recruit and retain specialized healthcare workers, immigrants play a crucial role in helping to address labor shortages. With an increase in demand for multilingual and culturally competent employees, internationally trained healthcare professionals are uniquely positioned to provide support across all healthcare settings.

From 2017 to 2021, the number of healthcare job postings that required bilingual skills in Iowa increased by¹³

+13.0%



HEALTHCARE JOB POSTINGS BY RURAL-URBAN CLASSIFICATION¹⁴

The number of job postings between 2017 and 2021 by Iowa County Classification:

For small/medium metro counties¹⁵ increased by



For rural counties¹⁶ decreased by



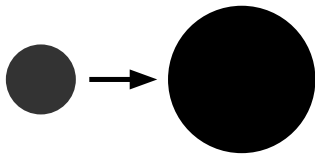
PHYSICIANS

In 2015, long before the COVID-19 pandemic, Iowa faced severe physician shortages, with some counties across the state registering ten physicians per 100,000 residents.¹⁷ Projections remain dire. Iowa is expected to need an additional 119 primary care physicians by 2030,¹⁸ significantly impacting the accessibility of healthcare, particularly in rural communities.

ONLINE JOB POSTINGS FOR PHYSICIANS, 2017 – 2021¹⁹

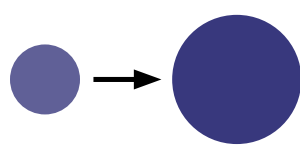
Podiatrists

+343.8%



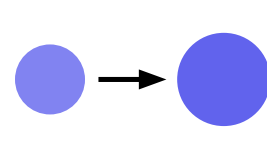
Anesthesiologists

+241.0%



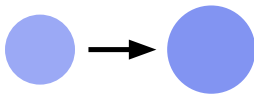
General Internal Medicine Physician

+77.5%

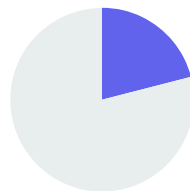


Obstetricians and Gynecologists

+59.1%



The average share of physicians from 2015 to 2019 who were immigrants:²⁰



21.1%

BRAIN WASTE IN IOWA

Although there is a growing need for healthcare workers in Iowa, many immigrants who have received specialized education, training, and licensing abroad are unable to practice in the state, facing challenges such as recredentialing and language proficiency. Their skillsets are all too often underutilized — in what is known as “brain waste” — which frequently leads to under- or unemployment.²¹

In 2021, across Iowa:²²

Share of residents who had a biology or healthcare-related bachelor’s degree but worked in an occupation that did not require a bachelor’s:

18.7% FOREIGN-BORN

22.4% U.S.-BORN



15.4%

of immigrants with professional and doctorate degrees²³ worked in occupations in the healthcare industry that did not require a medical doctorate or professional degree.

Addressing the barriers that prevent additional qualified, internationally trained healthcare workers from practicing in Iowa will be vital to helping the state meet its growing healthcare needs.

ENDNOTES

1. New American Economy, “Immigrant Healthcare Workers Are Critical in the Fight Against Covid-19,” April 2020, <https://research.newamericaneconomy.org/report/covid-19-immigrant-healthcare-workers/>.
2. Unless stated otherwise, all data in this report is reflective of Kansas.
3. We define an immigrant as anyone born outside the country to non-U.S. citizen parents who is a resident in the United States. This includes naturalized citizens, green card holders, temporary visa holders, refugees, asylees, and undocumented immigrants, among others.
4. American Immigration Council analysis of the IPUMS microdata from the 2019 American Community Survey, 5-Year Sample.
5. Ibid
6. American Immigration Council analysis of data from the 1-year 2019 American Community Survey. See American Immigration Council, “Map the Impact: Iowa,” accessed on July 31, 2022, <https://www.newamericaneconomy.org/locations/iowa/>.
7. American Immigration Council analysis of data compiled by Lightcast 2022, <https://kb.emsidata.com/methodology/emsi-data-basic-overview/>.
8. Ibid.
9. Ibid.
10. Ibid.
11. Ibid.
12. American Immigration Council analysis of the IPUMS microdata from the 2019 American Community Survey, 1-Year Sample.
13. American Immigration Council analysis of data compiled by Lightcast 2022, <https://kb.emsidata.com/methodology/emsi-data-basic-overview/>.
14. Using the 2013 NCHS Urban–Rural Classification Scheme for Counties, Iowa counties were grouped into two different population groups: medium and small metropolitan, and rural counties. NCHS medium and small metropolitan counties were combined for the middle classification. Rural counties were identified using the micropolitan and non-core NCHS classifications.
15. Small and medium metro counties in Iowa include Benton, Dallas, Guthrie, Harrison, Jones, Linn, Madison, Mills, Polk, Pottawattamie, Scott, Warren, Black Hawk, Bremer, Dubuque, Grundy, Johnson, Plymouth, Story, Washington, and Woodbury counties.
16. Rural counties in Iowa include Boone, Buena Vista, Cerro Gordo, Clay, Clinton, Davis, Des Moines, Dickinson, Jasper, Jefferson, Lee, Mahaska, Marshall, Muscatine, Wapello, Webster, Worth, Adair, Adams, Allamakee, Appanoose, Audubon, Buchanan, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Chickasaw, Clarke, Clayton, Crawford, Decatur, Delaware, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Keokuk, Kossuth, Louisa, Lucas, Lyon, Marion, Mitchell, Monona, Monroe, Montgomery, O’Brien, Osceola, Page, Palo Alto, Pocahontas, Poweshiek, Ringgold, Sac, Shelby, Sioux, Tama, Taylor, Union, Van Buren, Wayne, Winnebago, Winneshiek, and Wright counties.
17. New American Economy, “Life Support: The Shortage of Physicians in America’s Rural Counties and How Foreign-Born Doctors Can Help,” September 2015, <http://research.newamericaneconomy.org/wp-content/uploads/2015/09/lifesupport929-1.pdf>.
18. Stephen M. Petterson, Angela Cai, Miranda Moore, and Andrew Bazemore, “Iowa: Projecting Primary Care Physician Workforce, 2010-2030,” Robert Graham Center, September 2013, <https://www.aafp.org/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/iowa.pdf>.
19. American Immigration Council analysis of data compiled by Lightcast 2022, <https://kb.emsidata.com/methodology/emsi-data-basic-overview/>.
20. American Immigration Council analysis of the IPUMS microdata from the 2019 American Community Survey, 1-Year Sample.
21. New American Economy, “Untapped Talent: The Costs of Brain Waste Among Highly Skilled Immigrants in the United States,” December 2016, http://research.newamericaneconomy.org/wp-content/uploads/2016/12/NAE_BrainWaste_V4_Digital.pdf.
22. American Immigration Council analysis of data from the 2019 American Community Survey, 5-Year Sample
23. Doctorate degrees include the fields of Biology and Life Sciences, Nuclear, Industrial Radiology and Biological Technologies, and Medical and Health Sciences and Services.