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
The Growing Demand for Healthcare Workers in Iowa

**ONLINE JOB POSTINGS FOR HEALTHCARE WORKERS, 2017 – 2021**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnetic Resonance Imaging Technologists</td>
<td>+200.0%</td>
</tr>
<tr>
<td>Opticians, Dispensing</td>
<td>+193.3%</td>
</tr>
<tr>
<td>Optometrists</td>
<td>+185.5%</td>
</tr>
<tr>
<td>Diagnostic Medical Sonographers</td>
<td>+173.7%</td>
</tr>
<tr>
<td>Nuclear Medicine Technologists</td>
<td>+153.8%</td>
</tr>
<tr>
<td>Dentists</td>
<td>+136.8%</td>
</tr>
</tbody>
</table>

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 by +13.0%.
HEALTHCARE JOB POSTINGS BY RURAL-URBAN CLASSIFICATION

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

For small/medium metro counties increased by

+25.9%  

For rural counties decreased by

-23.0%  

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. Projections remain dire. Iowa is expected to need an additional 119 primary care physicians by 2030, significantly impacting the accessibility of healthcare, particularly in rural communities.

ONLINE JOB POSTINGS FOR PHYSICIANS, 2017 – 2021

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: 21.1%
The Growing Demand for Healthcare Workers in Iowa

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.
The Growing Demand for Healthcare Workers in Iowa

ENDNOTES


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.


5. Ibid


8. Ibid.

9. Ibid.

10. Ibid.

11. Ibid.


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.


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.