

IOWA RURAL HEALTHCARE WORKFORCE INITIATIVE

Townhall Comparison Brief



May 2026

This work is done in partnership with:



EXECUTIVE SUMMARY

The Iowa Medical Society, in partnership with the Iowa Department of Health and Human Services, Iowa Pharmacy Association, Iowa Hospital Association, and Iowa Primary Care Association helped conduct townhall meetings across the state to bring together healthcare leaders, providers, and community members to discuss their healthcare system. The purpose of these meetings was to assess and evaluate the current landscape and future of the healthcare workforce in Iowa.

Across all Iowa healthcare workforce townhalls from 2023–2026, several dominant themes emerged consistently regardless of geography. Communities across the state repeatedly identified workforce shortages and retention instability, pipeline and educational capacity concerns, reimbursement and financial sustainability challenges, rural access and transportation barriers, and generational and cultural workforce shifts as major concerns facing healthcare systems. Participants also frequently discussed administrative burden and insurance complexity, mental and behavioral health shortages, housing and childcare barriers, and broader quality-of-life concerns that impact recruitment and retention efforts. In addition, many communities emphasized an increasing dependence on collaboration and partnerships to sustain services, while also expressing rising concerns around public trust in healthcare, provider burnout, and workplace violence.

Although these themes were common statewide, the emphasis and urgency of the issues varied significantly by community. Urban areas focused more heavily on system fragmentation, reimbursement reform, care coordination, and broader policy-level infrastructure challenges. In contrast, rural and micropolitan communities placed greater emphasis on provider recruitment, transportation barriers, housing shortages, educational pipelines, and sustaining local access to care within smaller and often resource-limited communities.

Addressing healthcare workforce challenges will require community-driven solutions that reflect the unique needs and circumstances of each community. Priority actions identified include strengthening healthcare education and training pipelines through enhanced recruitment, expanded clinical faculty and preceptor capacity, and increased opportunities for clinical training. Equally important is supporting the current workforce by reducing administrative burdens, addressing reimbursement structures, and investing in workforce well-being, mentorship, and workplace safety. Continued collaboration with local stakeholders, healthcare organizations, educators, and community members will be essential to developing sustainable solutions that strengthen the healthcare workforce and improve access to care across Iowa.

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TOWNHALL MEETINGS

Townhall meetings began through regional meetings held in three areas across the state including Dubuque, Greenfield, and Fairfield (Figure 1) as well as three virtual meetings that covered southwest, central, and northeast Iowa. These meetings started the statewide conversation about Iowa's healthcare system and the ability to recruit, educate and train, retain, and sustain Iowa's healthcare workforce.

These were the beginning of townhall meetings and informed the questions comprised below that guided the townhall discussions to dive deeper into community-specific success and concerns.

Townhalls were held in new locations chosen based on rural or metropolitan regional hub locations with facilities and populations that would allow for adequate attendance and interactive discussion. The goal in location selection was to hit regions that would extend the areas covered from previous townhalls.

Meetings were held in-person in a focus group format of community members that live or work in the region or county visited. To increase opportunities for local stakeholders to engage, meetings followed a one and a half to two-hour format with options for morning and/or afternoon participation. Meetings were open to the public and promoted through both traditional and non-traditional channels to foster a diverse audience, working with local champions and statewide partners to design and disseminate invitations across their networks and contacts.

In total, the townhall stakeholder meetings hosted **262 participants** representing a vast array of disciplines, specialties, facility types, professional associations and health system administrators, human resources personnel and national recruiting agents, mid-wives and dental hygienists, and even health policy advisors for Congressional delegates.

These townhalls were designed to gather input from both traditional and non-traditional healthcare stakeholders. To encourage broad participation and ensure all perspectives were heard—not just those most comfortable speaking publicly or most familiar with existing workforce initiatives—discussion was guided through a consistent set of questions asked across all meetings. These questions were intentionally developed to build upon the themes identified during the first year of the project through prior meetings and surveys, while also allowing new participants with no previous engagement to contribute equally to the conversation. Below are the discussion questions utilized during facilitation:

- What does healthcare workforce look like in your community?
- What workforce challenges keep you up at night?
- Are you seeing changes in healthcare workforce? (Good, bad, indifferent?)
- What changes would you like to see?
- What partnerships are you seeing in your community?

Each event welcomed a diverse group of stakeholders to discuss the issues and opportunities shaping the healthcare workforce within their communities in Iowa and from their lived and professional experiences. Conversations were dynamic and forward-looking, extending beyond current challenges to also highlight successful efforts, emerging opportunities, and potential solutions. Although the same discussion questions were used at each meeting, the resulting dialogue varied considerably across regions, reflecting the unique characteristics, needs, and assets of each community. Participants consistently demonstrated a commitment to developing local solutions while also recognizing the need for broader systems-level and policy-driven improvements.

These meetings continued to provide valuable insight into local healthcare environments and workforce needs across Iowa. Discussions reflected on the post-COVID healthcare workforce landscape and highlighted many lingering, emerging, and evolving challenges impacting rural healthcare systems. Below you can review the townhall locations visited from 2023-2026.

Figure 1.

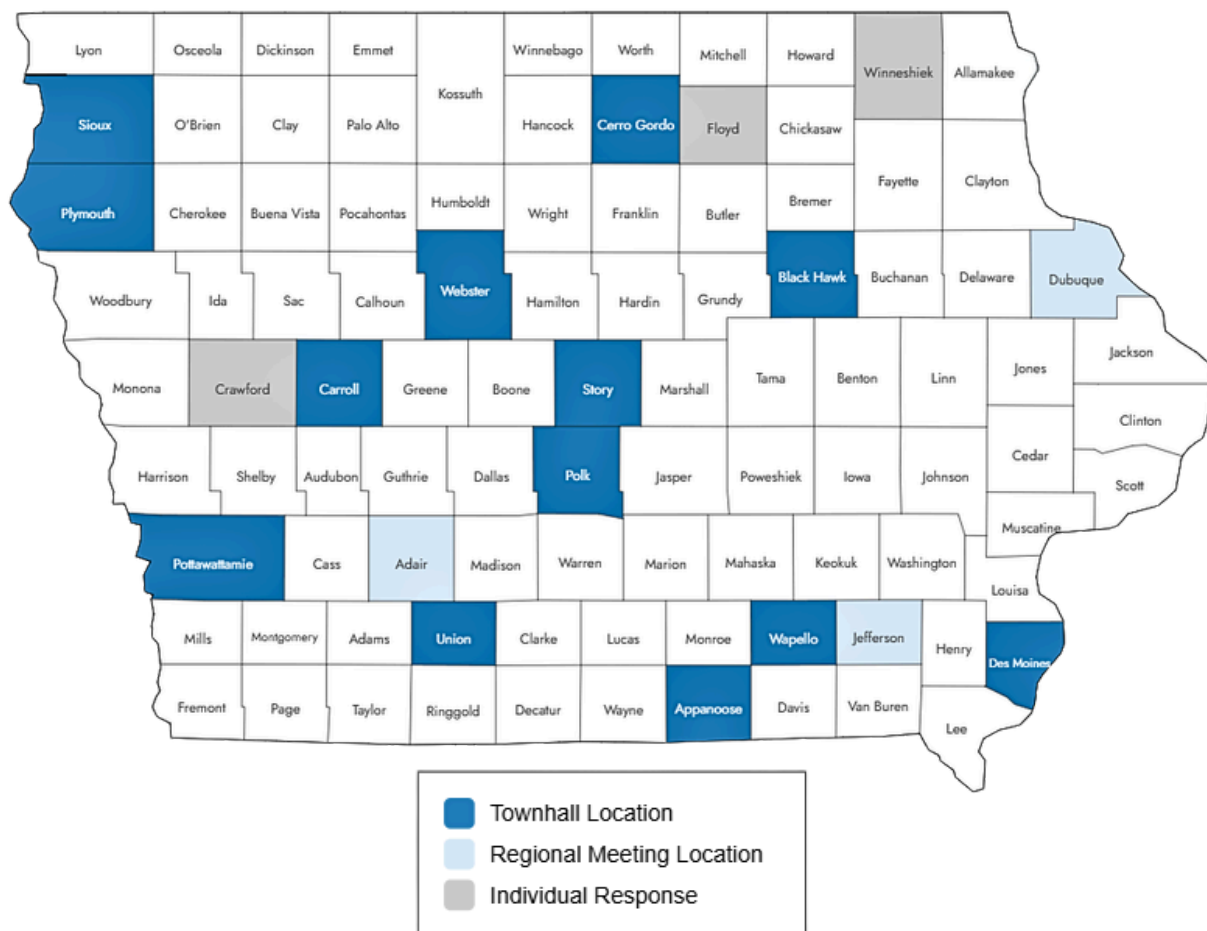


Figure 1 shows the county locations of the healthcare workforce townhalls held between 2023-2026. It also shows where regional meeting locations occurred, as well as individual responses submitted from those unable to attend an in-person event.

Table 2.

Townhall Locations 2023-2026			
City	Date	Hosted Location	Attendance
Sioux City	April 13, 2023 9–11 am and 1–3 pm	Hilton Garden Inn Riverfront	6 total
Des Moines	April 28, 2023 9–11 am and 1–3 pm	Pappajohn Education Center	62 total
Waterloo	May 10, 2023 9–11 am and 1–3 pm	Allen College, Winter Hall	26 total
Burlington	March 26, 2024 9–11 am and 1–3 pm	Burlington Public Library	16 total
Fort Dodge	June 5, 2024 9–11 am and 1–3 pm	Fort Dodge Public Library	13 total
Creston	June 12, 2024 9–11 am and 1–3 pm	Southwest Community College	18 total
Le Mars	March 13, 2025 11 am–1 pm	Le Mars Public Library	16 total
Mason City	March 27, 2025 11 am–1 pm	North Iowa Area Community College	9 total
Des Moines	April 8, 2025 9–10:30 am and 12–1:30 pm	Des Moines Public Library – Central	25 total
Ottumwa	April 30, 2025 11 am–1 pm	Ottumwa Public Library	14 total
Council Bluffs	October 15, 2025 11 am–1 pm	Council Bluffs Public Library	11 total
Ames	December 4, 2025 11 am–1 pm	Ames Public Library	20 total
Centerville	April 28, 2026 11 am–1 pm	Drake Public Library	17 total
Carroll	May 6, 2026 11 am–1 pm	Carroll Public Library	9 total

Table 2 shows the timeline of locations visited across Iowa alongside the number of attendees at each townhall. A total of 262 participants attended townhalls from 2023-2026.

From 2023–2026, the healthcare workforce townhall initiative engaged stakeholders across a broad geographic range of Iowa communities. Collectively, these meetings represented urban, rural, and micropolitan regions across the state and captured perspectives from a wide range of healthcare stakeholders.

Several locations hosted dual-session formats, particularly during the earlier years of the initiative, allowing for expanded participation and more in-depth discussion. Des Moines was visited twice—once in 2023 and again in 2025—providing an opportunity to revisit themes over time and observe evolving workforce concerns in one of Iowa’s largest metropolitan area.

Attendance varied across communities, with the largest participation occurring in Des Moines in 2023 (62 participants), while smaller rural communities still demonstrated strong engagement relative to population size, number of health systems, and clinics in the immediate area. The distribution of meeting sites across of Iowa highlights a deliberate effort to ensure statewide representation and to capture both shared and region-specific healthcare workforce experiences.

KEY FINDINGS

Table 3.

Regional Stakeholder Meeting Insights - 2023
<ul style="list-style-type: none">• Changing cultural dynamics among generations of workforce.• Recruitment of new students into available training slots.• Capacity challenges for training programs to take advantage of new interest in healthcare fields.• Concerns for quality of workforce – how to team urgency with quality to uphold patient safety.• Intense competition with other industries creating limitations on available workforce.• Healthcare now perceived as politicized and influence of state culture on recruitment.• Statewide programs starting to reach communities, some unaware.• Value in local connections to mentor(s).• Local programs seeing positive impact for recruitment & retention, make it personal.

Table 3 shows the themes and insights from townhalls hosted in 2023 which includes Sioux City, Des Moines, and Waterloo (n = 94). Major themes included culture shift for the incoming generation and importance of relationship-based recruitment.

Table 4.

Regional Stakeholder Meeting Insights - 2024

- Aging providers coupled with an aging population.
- Competition between locum staffing agencies and hospitals.
- Concerns over education/training and quality of care – more online degrees.
- Generational shifts in work ethic – more focused on work-life balance, flexible scheduling, and compensation over benefits.
- Greater regulation and perceived overreach by insurance companies and state government.
- Challenges: lack of educators/preceptors, students leaving or not passing/graduating, and not enough programs and students to fill demand.
- Value in local connections when recruiting.
- Unique partnerships that are engaging students earlier in education to garner interest in healthcare while also providing real view of work.
- Emphasis on a shift to broader community-based recruitment: proper housing, childcare opportunities, transportation, and activities of interest.
- Need for greater reimbursement to make telehealth a sustainable option for organizations.

Table 4 shows the themes and insights from townhalls hosted in 2024 which includes Burlington, Fort Dodge, and Creston (n = 47). Themes that are unique to this year included highlighting telehealth, reported shifting to community-based recruitment, and highlighting major concerns that span outside the community.

Table 5.

Regional Stakeholder Meeting Insights - 2025

- Aging providers coupled with an aging population.
- Generational shifts in work ethic.
- Shift in use of urgent care as primary care (patients) due to long wait times.
- Lower utilization of travel and locums due to strain on overall budget.
- Challenges in educational pipelines.
- Higher turnover equates to increased burnout and lower collective knowledge on the floor.
- Desire to see decreased regulation.
- Telehealth increasing access to services and allowing facilities to “share providers”.
- The need to improve the image of working in healthcare through statewide marketing that improves trust in the system and encourages interest in entering the field.
- Funding opportunities for students to continue their education while working (apprenticeship programs, internal programs).
- Unique partnerships that are engaging students earlier in education: Kids in White Coats, Career Days/Fairs, Shadowing.
- Value in local connections and spousal opportunities when recruiting.

Table 5 shows the themes and insights from townhalls hosted in 2025 which includes Le Mars, Mason City, Des Moines, Ottumwa, Council Bluffs, and Ames (n = 95). Major themes unique to 2025 included reported shifting to urgent care as primary care has reported access delays, student funding opportunities, and improving public trust in healthcare.

Table 6.

Regional Stakeholder Meeting Insights - 2026

- Rural healthcare workforce shortages across nursing, behavioral health, specialty care, emergency medical services (EMS), and direct care roles.
- Aging populations, increasing patient complexity, and growing Medicaid/uninsured populations.
- Barriers tied to housing, childcare, scheduling, and rural quality-of-life factors.
- Administrative burden, insurance complexity, prior auths, and reimbursement challenges.
- Generational/cultural workforce shifts impacting work expectations, soft skills, and retention.
- Shortages of instructors, preceptors, and qualified applicants.
- Expanded use of telehealth and alternative care models to improve rural access.
- Importance of “grow your own” recruitment, local partnerships, and early student engagement.
- Increasing emphasis on community-based collaboration involving schools, public health, hospitals, nonprofits, and economic development organizations.
- Desire for stronger community trust, health literacy, and patient-centered care coordination.

Table 6 shows the themes and insights from townhalls hosted in 2026 which includes Centerville and Carroll (n = 26). Major themes unique to these townhalls include reported growing concerns over corporate medicine, emphasizing soft-skills focus for incoming workforce, exploring expanding community-based partnerships.

These tables represent a summary of the notes taken during each townhall meeting and do not encapsulate all components of discussion. Below is a summary of themes through email responses of healthcare workforce advocates unable to attend townhall meetings due to timing or location. They represent subsidiaries of Floyd, Crawford, and Winneshiek counties. Additional themes are drawn by rural and urban counties as defined by the Health Resources and Services Administration of the United States Department of Health and Human Services, which states that urban areas comprise of either over 2,000 housing units or a population of 5,000 or more. Whereas rural is defined as all populations, housing, and territory not included within an urban area.¹ For reference, the state of Iowa is 63.2% urban and 36.8% rural, a rural share which is higher than the national average.²

Submission Themes

Additional rural stakeholder feedback reinforced many of the themes across other townhalls, particularly ongoing recruitment and retention challenges for physicians, specialists, and allied health professionals in smaller communities. Participants emphasized financial pressures related to reimbursement rates, high-deductible insurance plans, and the continued loss of local healthcare infrastructure such as obstetrical services and pharmacies. Concerns were noted regarding workforce preparedness as healthcare systems increasingly rely on accelerated and non-physician training pathways to meet demand. Stakeholders highlighted the importance of partnerships between healthcare organizations, public health, EMS, schools, and community groups to strengthen prevention efforts and support workforce development. This also reflected growing concerns around misinformation, declining trust in healthcare, and the impact of political and cultural tensions on recruitment and retention efforts in rural Iowa.

1. United States Census Bureau. (2024, December 16). Urban and Rural. Census.gov. <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html#:~:text=Rural%20encompasses%20all%20population%2C%20housing%2C,density%20and%20For%20population%20density%20requirements>

2. Charvat Burke, S. (2023, July 31). Indicators Program Census 2020: Urban and Rural Population in Iowa's Counties, 1940 - 2020. Ames; Iowa State University Extension and Outreach.

Rural Themes

Across rural and under-resourced Iowa counties such as Centerville, Carroll, Fort Dodge, Burlington, Le Mars, and Creston, a consistent theme is widespread provider shortages across nearly every level of care, including primary care, behavioral health, dentistry, EMS, and specialty services. These gaps often require reliance on locum staffing, telehealth, or referrals outside the community, further complicating access for patients who already reportedly travel long distances for care.

Access barriers are intensified by geography, transportation limitations, and fragmented care coordination systems. Patients frequently experience delays, limited local services, and challenges navigating transfers or referrals. At the same time, reimbursement rates, Medicaid dependence, and prior authorization requirements continue to limit both service availability and provider sustainability.

Workforce pipeline and recruitment challenges are also critical, with shortages of educators, preceptors, and clinical training capacity, along with concerns about graduate preparedness and retention of students in rural communities. Housing shortages, childcare gaps, and limited infrastructure further compound recruitment difficulties, making it harder to attract and retain healthcare workers in these communities.

In response, communities increasingly rely on alternative staffing models such as telehealth, travel and international staff, and shared workforce arrangements. There is also strong emphasis on “grow your own” strategies through school partnerships, apprenticeships, and early exposure programs, alongside broader cross-sector collaboration with schools, EMS, public health, and community organizations to sustain rural healthcare access.

Urban Themes

Across the urban areas of Des Moines, Waterloo, Ottumwa, Mason City, Council Bluffs, and Ames, several consistent themes emerge. The most prominent is severe workforce pipeline strain, including limited clinical training capacity, lack of preceptors and faculty, declining enrollment in health programs, and difficulty retaining new graduates. A second major theme is system fragmentation and access barriers, reflected in long wait times, reported overreliance on urgent care and EMS, inconsistent care coordination, and challenges navigating insurance, prior authorizations, and reimbursement systems. A third shared theme is workforce instability and retention pressure, driven by retirements (“silver tsunami”), burnout, workplace violence, generational shifts in work expectations, and competition from non-healthcare employers and other states. Across all urban sites, there is also strong emphasis on behavioral health shortages, along with gaps in maternal health, dental care, and specialty services, often compounded by Medicaid acceptance limitations and provider shortages.

A fourth cross-cutting theme is socioeconomic and structural barriers to care and recruitment, including housing affordability, childcare access, transportation, and social drivers of health such as language barriers and food insecurity. Participants also consistently highlighted administrative burden and reimbursement challenges, particularly prior authorization complexity and financial pressure on both hospitals and private practices. Finally, there is a growing focus on rebuilding trust, improving the image of healthcare, and strengthening early career exposure, including school pipelines, apprenticeships, and efforts to make healthcare careers more visible and appealing.

Several themes are more pronounced in urban settings compared to rural discussions. Urban townhalls more frequently emphasize system-level fragmentation and coordination failures, including interoperability, multi-system care navigation, and large-scale service duplication across competing health systems.

Urban townhalls also increasingly highlight health equity and population-level disparities, particularly related to race, ethnicity, language access, and immigration status in high-density communities. Urban sites uniquely stress institutional complexity and workforce bureaucracy, such as hiring system depersonalization, human resources automation, and large organizational structures that reportedly reduce connection between employers and applicants. Additionally, urban areas place greater emphasis on cross-system collaboration and large-scale partnerships (e.g., universities, major health systems, corporations, and public agencies working together), as well as more advanced solutions like telehealth integration at scale, e-consults, residency expansion strategies, and regional workforce collaboratives.

Statewide Themes

Across all Iowa healthcare townhalls from 2023–2026, several dominant themes emerged consistently regardless of geography:

- Workforce shortages, recruitment, and retention instability; both in **quantity** and **preparedness**
- **Reimbursement** and financial sustainability pressures
- **Administrative burden** and insurance complexity
- **Rural access barriers** and service closures leading to reliance on transfers to urban centers
- **Generational and cultural** workforce **shifts** affecting expectations and retention
- Behavioral health workforce and service gaps
- **Housing, childcare**, and quality-of-life barriers impacting recruitment
- Increasing dependence on partnerships, **regional collaboration**, and shared staffing models
- Growing concerns around provider **burnout**, **workplace violence**, and **declining trust in healthcare**
- Health **system fragmentation**, care coordination failures, and inefficient patient flow
- Concerns regarding scope of practice, workforce substitution, and erosion of primary care capacity

Figure 7.



Figure 7 shows a candid photo of participants from the Des Moines townhall in 2023.

Although these themes were common statewide, the emphasis and urgency of the issues varied significantly by community. Urban communities such as Des Moines focused more heavily on system fragmentation, reimbursement reform, care coordination, and broader policy-level infrastructure challenges.

In contrast, rural and micropolitan communities placed greater emphasis on provider recruitment, transportation barriers, housing shortages, educational pipelines, and sustaining local access to care within smaller and often resource-limited communities.

LIMITATIONS

Several limitations should be considered when interpreting the findings from these healthcare workforce townhalls. First, the analysis is based on summarized meeting notes and facilitation documentation rather than verbatim transcripts or direct quotations from participants. As a result, findings reflect synthesized themes and discussion highlights rather than a complete representation of every perspective shared during the meetings.

Additionally, the townhalls occurred over multiple years (2023–2026), during a period of continued change within healthcare systems, workforce dynamics, reimbursement structures, and post-pandemic recovery efforts. Because healthcare environments evolve rapidly, some concerns, priorities, or conditions discussed during earlier meetings may have shifted over time.

Geographic coverage also represents a limitation. While meetings were intentionally held across Iowa, participation was limited to the communities and counties visited. Eastern Iowa and some highly rural regions were less represented in the townhall series, which may limit the generalizability of findings statewide. Participation levels also varied considerably by location, meaning some regions contributed more discussion depth and diversity of perspectives than others.

Furthermore, attendance was voluntary and composed of individuals who chose and were available to participate, which may introduce self-selection bias toward stakeholders already engaged in healthcare workforce discussions or advocacy efforts. Although meetings sought input from both traditional and non-traditional healthcare stakeholders, not all sectors, professions, or community perspectives may have been equally represented at each town hall.

Finally, the findings primarily reflect qualitative perceptions and lived experiences shared during discussion-based forums. While these insights provide valuable context regarding local challenges, priorities, and opportunities, they should be interpreted alongside quantitative workforce data and broader statewide healthcare trends.

OPPORTUNITIES FOR GROWTH

Additional opportunities include improving statewide dissemination of successful local models, enhancing cross-sector collaboration, supporting community-based recruitment strategies, and increasing public awareness and trust in healthcare careers and systems. These steps may strengthen the healthcare education and training pipeline through broader outreach and buy-in as well as bolstering the “grow your own” method of recruiting healthcare workforce within their own community.

To support workforce growth, recruitment efforts must be accompanied by expanded clinical faculty capacity, increased clinical placement opportunities, and a stronger network of preceptors to train both current and future healthcare professionals. Effective recruitment and retention strategies should also focus on reducing administrative burdens and other barriers that limit time for direct patient care, while addressing reimbursement rates that affect workforce sustainability. These efforts prioritize the capacity, support, and well-being of the healthcare workforce across all stages of the career pipeline. In addition, expanding mentorship opportunities can strengthen professional connections, support workforce development, and improve job satisfaction. Finally, fostering safe and supportive work environments is essential to retaining healthcare professionals and ensuring a resilient workforce for the future.

Continued engagement with communities across Iowa will remain essential as workforce needs evolve. Future efforts may benefit from expanded geographic outreach, integration of quantitative workforce data, and ongoing evaluation of local and statewide initiatives to better understand which strategies are most effective in strengthening Iowa’s healthcare workforce for the future.

CONCLUSION

The Iowa healthcare workforce townhalls conducted between 2023 and 2026 revealed a healthcare system experiencing significant strain while also demonstrating strong local commitment to collaboration, innovation, and long-term workforce sustainability. Across both urban and rural communities, stakeholders consistently identified workforce shortages, recruitment and retention instability, educational pipeline limitations, reimbursement concerns, and growing administrative burdens as central challenges impacting healthcare delivery statewide. Participants also highlighted increasing behavioral health needs, transportation and access barriers, housing and childcare limitations, and generational shifts in workforce expectations that continue to reshape the healthcare landscape.

While many concerns were shared across regions, the findings also underscored important geographic differences in experience and priority. Rural communities emphasized sustaining local access to care, provider recruitment, transportation, and workforce pipeline development, while urban communities more frequently focused on system fragmentation, care coordination, reimbursement rates, and broader policy infrastructure challenges. Despite these differences, communities consistently expressed a desire for practical, community-informed solutions that support both immediate workforce stabilization and long-term system transformation.

Importantly, the townhalls also highlighted numerous strengths and emerging opportunities across Iowa.

Stakeholders described successful local partnerships, apprenticeship and “grow your own” programs, expanded telehealth use, innovative school collaborations, and increased willingness among organizations to work together across sectors and regions. Participants repeatedly emphasized that solutions will require coordinated efforts among healthcare systems, educational institutions, policymakers, employers, public health organizations, and local communities.

Figure 8.

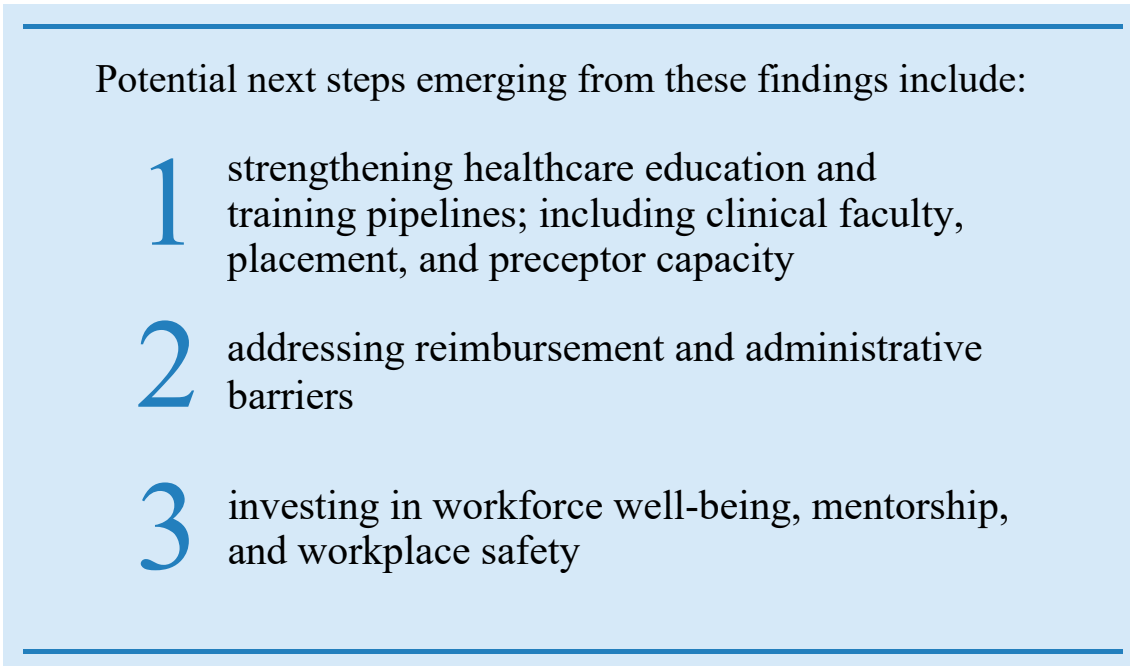


Figure 8 shows potential next steps following the completion of this report. Areas of improvement to consider include addressing the quality of healthcare education and training alongside the necessary faculty and preceptors, reimbursement rates, administrative barriers, and workforce well-being and safety.

Identified next steps to address Iowa’s healthcare workforce gap may include directly addressing the healthcare education and training pipelines. Not only does this include how we market healthcare workforce roles to future workers, but also bolstering the clinical faculty, training placements, and preceptor capacity needed to train more workers. Additional areas include addressing healthcare reimbursement rates and administrative barriers that slow capacity to provide healthcare services. This goes along with investing in our current healthcare workforce by focusing on well-being, increasing mentorship and connection among colleagues, as well as addressing and maintaining workplace safety to reduce healthcare workers leaving the field. These are potential areas to address statewide healthcare recruitment, education and training, retention, and sustainability of Iowa’s healthcare workforce. However, most importantly gleaned throughout this project is that localized interventions are necessary for success.

This report is part of an ongoing statewide rural healthcare workforce recruitment and retention strategic plan. This work is guided by our partners, Task Force members, townhall participants, and the public.

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