

# Leveraging the Skills of Immigrant Health-Care Professionals in Illinois and Chicago

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BY JEANNE BATALOVA AND MICHAEL FIX

## Executive Summary

Since the onset of the pandemic, the nation's health-care system has struggled to keep up with high demand for emergency care, vaccines, and COVID-19 testing. More than two years on, doctors, nurses, and other health professionals are confronting what some call the fifth wave of the virus, with many leaving or poised to leave the profession—even as the economy faces unprecedented shortages of workers in health care and other fields. These developments and the intense pressures they impose on health systems are occurring alongside long-standing mismatches in the supply and demand for health-care professionals and significant demographic shifts that predate the pandemic.

The Migration Policy Institute (MPI) has been tracking these developments with an eye toward engaging the 270,000 underemployed immigrant health-care professionals in the United States who have been on the sidelines of the nation's public-health emergency. Building on that national work, MPI has been exploring the extent and nature of "brain waste" or skill underutilization among highly skilled immigrant health-care professionals in Illinois, a state with the sixth largest immigrant population in the country and one that boasts a long history of immigration and innovative immigrant integration efforts. This issue brief draws on the most recent U.S. Census Bureau data and on interviews with

national, Illinois, and Chicago representatives of health professional organizations, experts in workforce development, immigrant advocacy groups, and educational leaders.

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The authors find that Illinois presents a paradox. While on the one hand, immigrants play a vital role at all levels in the state's health-care workforce, MPI estimates that 12,000 immigrants with health or medical degrees remain underemployed or out of work. Half of these underemployed immigrants live in Cook County. This underemployment, even at a time of high demand, exemplifies the brain waste phenomenon.

The brief's other key empirical findings include:

- ▶ **Population aging and diversity will shape future demand for and supply of health-care professionals in Illinois.** Illinois, like many states around the nation and in the Midwest, is undergoing a significant demographic transition marked by the

decline of the overall population and the growth of its older population (ages 65 and older). The state's health-care professionals are aging as well. Large shares of physicians (18 percent) and nurses (20 percent) are within ten years of retirement age (ages 55–64 as of 2019). Notably, almost half of doctors in rural Illinois are age 55 or older.

Illinois' population is also becoming more racially and ethnically diverse. However, Latino and Black individuals tend to be underrepresented among health-care professionals in Illinois. In Cook County, for example, Latino and Black residents each account for about 25 percent of the total population, but only 5 percent of the county's doctors are Latino and 9 percent Black.

- ▶ **Immigrants have been and will be essential to meeting demand for health services in Illinois.** Demand for health services is growing: pre-pandemic projections indicated that Illinois would face a shortage of 6,200 physicians and 14,000 registered nurses by 2030. Immigrants have been essential in meeting demand. Immigrants account for 14 percent of the total state population, but they make up 37 percent of its physicians and 19 percent of nurses.
- ▶ **Most underemployed immigrants in health care were educated abroad, are women, have degrees in nursing, and are legally present in the United States.** About 60 percent of Illinois' underutilized health-care professionals are immigrants who obtained their degrees outside the United States, and 80 percent are women. Nursing is the most common degree held by Illinois' underemployed immigrants with degrees in health or medicine. About half of all underemployed immigrants with undergraduate degrees in these fields are naturalized U.S. citizens, about one-fifth

are green-card holders, and slightly less than 10 percent are on various temporary work-related visas. About one-quarter of underemployed immigrants with health degrees are unauthorized immigrants.

- ▶ **Illinois' underemployed immigrant health professionals come from a wide range of countries, bringing valuable cultural and linguistic competencies.** The Philippines, India, and Mexico are the top three countries of birth for underemployed immigrant health-care professionals in Illinois. About two-thirds of underemployed immigrant health-care professionals in Illinois are fully proficient in English. At the same time, most of these underemployed immigrants are bilingual, and they speak a variety of languages in addition to English (Tagalog, Spanish, Arabic, Polish, and Chinese, for example) that are also spoken by Illinois residents who are Limited English Proficient and may encounter language barriers when seeking access to health care.

As a policy issue, viewing immigrant workers as a solution to a skills or labor shortage is not new per se. However, less attention has been paid at the national and state levels to the labor supply implications of immigrants' skill underutilization. There is much to learn from the experiences of other states (including New York, Washington State, Minnesota, and Colorado) with initiatives to reduce brain waste. This research points to several institutional and legislative opportunities to address the needs of underemployed, highly skilled immigrants in the health-care field. These approaches include supporting programs and internships that boost immigrants' work skills and English proficiency in U.S. professional settings, expanding the options for internationally trained health professionals to work with restricted licenses, and offering alternative career counseling for those who could pursue rewarding careers in adjacent fields such as clinical research.

# 1 Introduction

The nation's health-care system—from hospitals and clinics to pharmacies and diagnostic labs—has strained to keep up with the COVID-19 pandemic. Demand for diagnostic and treatment services related to COVID-19 and its variants has spiked over time as schools and businesses have sought to reopen and stay open.<sup>1</sup> The pressures these developments impose on health systems have occurred alongside mismatches in the supply and demand for health-care professionals that predate the pandemic. And they have taken place within the context of several interconnected macro trends: an aging population, declining birth rates, geographic mismatches between health providers and vulnerable populations, and the persistent under-representation of racial and ethnic minorities among current health-service providers and students in medical and nursing schools compared to the populations they aim to serve.<sup>2</sup>

One strategy for expanding the number of health-care providers in high-demand jobs and places is to leverage the immigration system. The logic is simple: Expand the number of visas designated for health-care workers, and given the global demand for U.S. visas, many of the nation's most immediate labor needs could be eventually addressed. However, the reality is less straightforward. Aside from the difficulties of migrating during the pandemic and ethical issues of poaching health professionals from other countries, highly skilled immigrants face difficult challenges after their arrival. As Migration Policy Institute (MPI) researchers and others have demonstrated, lack of recognition of foreign education and work experience remains a major barrier to immigrants' labor market integration. MPI has estimated that close to 270,000 immigrants with health- and medical-related college-level degrees have been underemployed or out of work,<sup>3</sup> a phenomenon often referred to as "brain waste" or skill underutilization.

The pandemic has thrown into sharp relief disparities in infection, death, and vaccination rates and has called for unconventional thinking. In 2020, the governors of eight states responded by using their executive authority to adjust licensing requirements during the crisis to expand internationally trained health professionals' access to the field. These policy experiments have not generally led to the intended policy outcome of rapidly increasing the number of high-skilled immigrants in health care, but they have sparked long-needed conversations among policymakers, employers, funders, and immigrant and health-care advocates about tapping this pool of workers.

The pandemic's ebbs and flows and existing staff shortages are likely to keep these policy conversations and options alive. Since the pandemic began, MPI researchers have estimated the number of internationally trained health professionals who have been sidelined in the United States, examined the barriers they face, and identified ways these professionals' skills could be leveraged more strategically at the national level (see Box 1).<sup>4</sup> This issue brief presents the results of a regional study of the number and characteristics of underemployed immigrants with college degrees in health or medicine, focusing on Illinois, Cook County, and other urban and rural counties in the state. Illinois presents an important case study, with its large immigrant population (ranking sixth in the nation) and its long history of promoting immigrant integration, one that dates back to founding of Hull House and Travelers and Immigrants Aid by Jane Addams. The brief first discusses demographic and labor force trends at the state and county levels, and then sketches a profile of the 12,000 underutilized college-educated immigrants with medical and health-related degrees who live in Illinois. The brief concludes by highlighting several institutional challenges and opportunities that might turn the brain waste of much-needed immigrant health-care professionals into a state's "brain gain."

## BOX 1 Research Approach and Key Definitions

This issue brief draws on both quantitative and qualitative research.

**Quantitative research.** To estimate the extent of skills underutilization among college-educated immigrants with health and medical degrees by state and county and the characteristics of these underutilized professionals, the researchers analyzed the U.S. Census Bureau’s 2019. To ensure the robustness of county-level estimates, the researchers also used pooled 2015–19 American Community Survey (ACS) data. The study population is adults ages 25 to 64 who have degrees in medical and health sciences and services and who were employed in low-skilled jobs, unemployed but seeking employment, or were out of the labor force. The analysis differs from earlier Migration Policy Institute (MPI) work on immigrant skill underutilization by including college-educated immigrants of prime working age (ages 25 to 64) who are not engaged in the labor force as part of the pool of potential talent during the pandemic.

The estimates are presented for Illinois, Cook County (which includes the city of Chicago and its suburbs), “other urban counties” (which includes DuPage County, Lake County, and Will County), and rural counties. Although many of the immigrants surveyed by the ACS may also hold advanced degrees, the survey collects information only on respondents’ undergraduate degree majors. Degrees in medical and health sciences and services include nursing; treatment therapy professions; pharmacy, pharmaceutical sciences, and administration; communication disorders sciences and services; health and medical administrative services; medical technology technician professions; and community and public health.

Drawing on O\*NET, the U.S. Department of Labor’s online database of occupational profiles, MPI researchers assigned occupations as “low skilled” if they require a high school degree or less and little-to-moderate on-the-job training (for example, home-health aides, construction laborers, and taxi drivers). Immigrants’ legal status is a key factor in determining skill underutilization. Estimates by legal status are derived from the U.S. Census Bureau’s 2014–18 ACS and from the 2008 Survey of Income and Program Participation (SIPP), with legal status assignments using a unique MPI methodology developed in consultation with James Bachmeier of Temple University and Jennifer Van Hook of The Pennsylvania State University, Population Research Institute.

**Qualitative research.** In addition to conducting a literature review, MPI researchers interviewed representatives of health professional organization, experts in workforce development, immigrant rights groups, and educational leaders in Illinois and Chicago, as well as national experts, among others. The purpose of these interviews was to better understand the challenges and opportunities of bringing underemployed immigrant health-care professionals off the sidelines during the pandemic and beyond.

Note: For a description of MPI’s methodology for assigning legal status to noncitizens in Census Bureau data, see: [bit.ly/MPILegalStatusMethods](https://bit.ly/MPILegalStatusMethods).

Source: Jeanne Batalova and Michael Fix, *Leaving Money on the Table: The Persistence of Brain Waste among College-Educated Immigrants* (Washington DC: MPI, 2021).

## 2 Old and New Challenges Faced by Illinois' Health-Care System

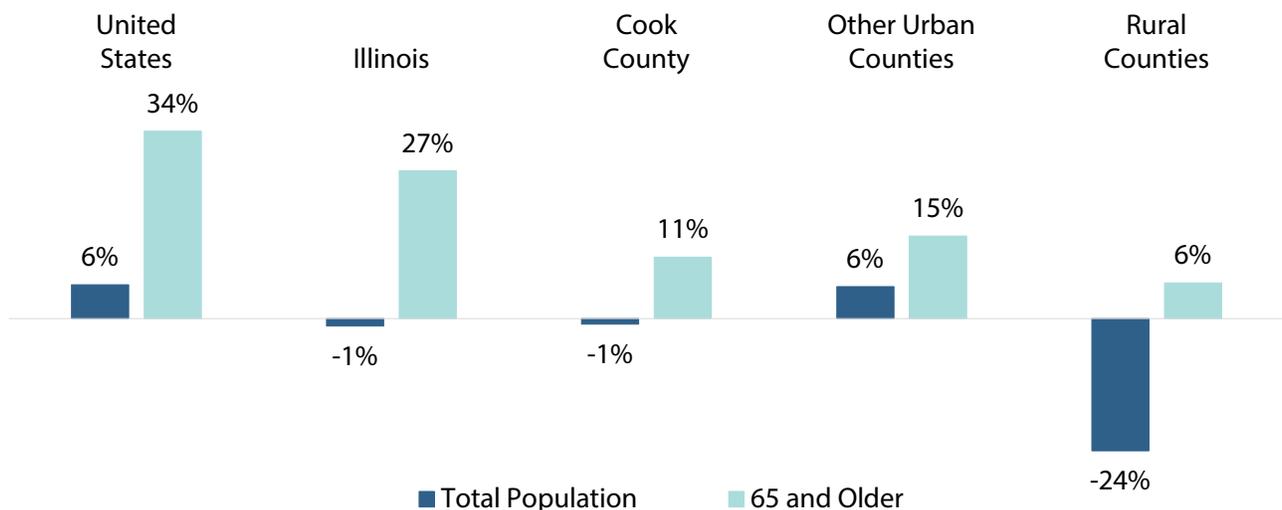
Even as the nation's focus is on the ongoing battle with the pandemic, the United States is experiencing several important, longer-term demographic shifts that have implications for health-care systems. Results of the 2020 Decennial Census showed that the overall growth of the U.S. population has been the slowest since the 1930s, with the Northeast and the Midwest experiencing population losses between 2010 and 2020.<sup>5</sup> During the decade, most urban areas in the United States gained population while rural areas declined. At the same time, the nation's racial and ethnic diversity increased, and racial and ethnic minorities (including multiracial individuals)

now account for 43 percent of the total U.S. population, up from 34 percent in 2010.<sup>6</sup>

Many of these national trends can be seen in Illinois. MPI analysis of the Census Bureau's data found a small decline (1 percent) in the state's overall population between 2010 and 2019 and an increase of 27 percent in the number of people ages 65 and older (see Figure 1). Rural Illinois experienced a large population decline as well as growth in the number of people 65 and older. Cook County and other urban counties also saw an increase in the number of older people in the past decade.

The state's health-care professionals are aging as well. Large shares of physicians (18 percent) and nurses (20 percent) in Illinois are within ten years of retirement age (ages 55–64 in 2019; see Table 1). Notably, almost half of Illinois' rural doctors were ages 55 and older in 2019.

**FIGURE 1**  
**Total and Older (65 and older) Populations in the United States, Illinois, and Its Counties:**  
**Percent Change between 2010 and 2019**



Source: Migration Policy Institute (MPI) tabulation of data from the U.S. Census Bureau's 2010 and 2019 American Community Surveys (ACS).

TABLE 1

**Share of Total Population and Employed Health-Care Professionals in the United States, Illinois, and Its Counties, by Age Group, 2019**

	Number	Share by Age Group			
		Under 25	25–54	55–64	65 and Older
<b>Total population</b>					
United States	328,240,000	31%	39%	13%	16%
Illinois	12,672,000	31%	39%	13%	16%
Cook County	5,150,000	30%	42%	12%	15%
Other urban counties	6,078,000	33%	38%	13%	16%
Rural counties	1,444,000	30%	36%	14%	20%
<b>Physicians</b>					
United States	961,000	0%	67%	20%	13%
Illinois	40,000	0%	71%	18%	11%
Cook County	24,000	0%	75%	16%	9%
Other urban counties	15,000	0%	66%	21%	12%
Rural counties	1,000	0%	51%	26%	23%
<b>Nurses</b>					
United States	3,366,000	5%	71%	19%	5%
Illinois	142,000	5%	70%	20%	6%
Cook County	56,000	5%	69%	20%	7%
Other urban counties	64,000	4%	72%	19%	4%
Rural counties	23,000	5%	69%	20%	6%

Source: MPI tabulation of data from the U.S. Census Bureau's 2019 ACS.

The racial/ethnic composition of Illinois' population resembles that of the nation: Whites accounted for about 61 percent of the state population in 2019, and Latinos made up about 17 percent, followed by Blacks (15 percent; see Table 2).<sup>7</sup> Cook County is much more diverse than other urban counties in the state, while the population residing in rural counties in Illinois remains overwhelmingly White.

Like the nation, Latino and Black individuals tend to be under-represented among health-care pro-

fessionals in Illinois. In Cook County, for example, the Latino and Black populations each accounted for about 25 percent of the total population but only 5 percent and 9 percent, respectively, of the county's doctors were Latino or Black. By contrast, Asian American and Pacific Islander (AAPI) doctors were over-represented relative to their share of the total state and Cook County populations. Even in rural counties, where AAPI residents made up only 1 percent of the total population, they represented 15 percent of all doctors.

TABLE 2

**Share of Total Population and Employed Health-Care Professionals in the United States, Illinois, and Its Counties, by Race/Ethnicity,\* 2019**

	Number	Share by Race/Ethnicity				
		Latino	Black	Asian American and Pacific Islander	Others (non-White)	White
<b>Total population</b>						
United States	28,240,000	18%	14%	7%	1%	60%
Illinois	12,672,000	17%	15%	6%	1%	61%
Cook County	5,150,000	26%	24%	8%	1%	42%
Other urban counties	6,078,000	15%	10%	6%	0%	68%
Rural counties	1,444,000	5%	5%	1%	1%	88%
<b>Physicians</b>						
United States	961,000	7%	6%	24%	1%	64%
Illinois	40,000	5%	7%	33%	1%	53%
Cook County	24,000	5%	9%	34%	2%	50%
Other urban counties	15,000	6%	4%	33%	0%	56%
Rural counties	1,000	4%	9%	15%	0%	72%
<b>Nurses</b>						
United States	3,366,000	8%	12%	10%	1%	68%
Illinois	142,000	8%	11%	15%	0%	65%
Cook County	56,000	14%	22%	24%	0%	40%
Other urban counties	64,000	6%	5%	12%	0%	77%
Rural counties	23,000	1%	4%	1%	0%	94%

\* Latinos can be of any race. The other racial groups refer to non-Latinos. Black refers to non-Latino persons who reported their race as "Black alone" or "Black in combination with other race." Asian American and Pacific Islander (AAPI) refers to non-Latino persons who reported their race as "AAPI alone" or "AAPI in combination with other race" except Black. White refers to non-Latino persons who reported their race as "White alone." The remainder is a small group that includes non-Latino people who reported their race as "American Indian alone," "American Indian and White," or unspecified multiracial.

Source: MPI tabulation of data from the U.S. Census Bureau's 2019 ACS.

The pandemic has led to significant disparities in rates of infection, death, hospitalization, and later vaccination access, with racial minorities, immigrants, and rural populations faring worse than White, nonimmigrant, and urban residents.<sup>8</sup> Health-care providers themselves have suffered the coronavirus' mental and physical toll, prompting some to consider early retirement.<sup>9</sup> These macro and COVID-19-related trends have implications for the health-care sector overall.

While demand for health services is growing, pre-pandemic projections indicated that the United States would face a shortage of 139,200 physicians and 510,400 registered nurses by 2030.<sup>10</sup> For Illinois, estimates suggested a shortfall of 6,200 physicians and 14,000 registered nurses. The pandemic is likely to aggravate these trends.<sup>11</sup> Additionally, the fact that a significant share of Illinois' doctors and nurses is age 55 or older means that if their exit from the labor force is not offset by the entry of new providers,

health-care access is likely to decline. The resulting shortages will be felt most acutely in rural areas in part because of the aging of their health-care providers and the challenges these communities face in attracting and retaining young providers. Although the U.S. population as a whole continues to diversify in terms of race and ethnicity, the physician and nurse workforces are changing more slowly both nationwide and in Illinois, and Blacks and Latinos remain under-represented.<sup>12</sup> This lagging pace is important from a health perspective because an extensive medical and public-health literature demonstrates that patients' health outcomes improve when they are able to see providers of similar ethnic, cultural, or linguistic backgrounds.<sup>13</sup> One untapped source of potential health-care providers is underutilized internationally educated and trained professionals, who often have valuable cultural and linguistic skills but who often face multiple barriers

to re-entering the field of their studies and working after their arrival in the United States.

### 3 Immigrant Health-Care Professionals in Illinois

Reflecting a national trend, immigrant health-care providers have long been an integral part of Illinois' health-care system. Immigrants accounted for 14 percent of the total state population, but they made up 37 percent of physicians and 19 percent of nurses in 2019 (see Table 3).<sup>14</sup> Similarly, immigrants are over-represented in Cook County and other urban counties among both doctors and nurses. And even though the number of immigrant doctors is relatively small in rural areas, they account for one in five doctors practicing in rural Illinois.

**TABLE 3**  
**Number of Immigrants and Their Share among the Total Population and Employed Health-Care Professionals in the United States, Illinois, and Its Counties, 2019**

	Total Population			Physicians			Nurses		
	All	Immigrants	Immigrant Share	All	Immigrants	Immigrant Share	All	Immigrants	Immigrant Share
<b>United States</b>	<b>328,240,000</b>	<b>44,788,000</b>	<b>14%</b>	<b>961,000</b>	<b>274,000</b>	<b>29%</b>	<b>3,366,000</b>	<b>524,000</b>	<b>16%</b>
Illinois	12,672,000	1,762,000	14%	40,000	15,000	37%	142,000	27,000	19%
Cook County	5,150,000	1,084,000	21%	24,000	8,000	35%	56,000	16,000	29%
Other urban counties	6,078,000	658,000	11%	15,000	6,000	41%	64,000	10,000	16%
Rural counties	1,444,000	25,000	2%	1,000	–	21%	23,000	–	2%

Note: – indicates that an estimate is not available because the number of sample cases was too small to produce a robust estimate for this geography.  
Source: MPI tabulation of data from the 2019 ACS.

TABLE 4

**Total and Underutilized Adults (ages 25–64) with Health or Medicine College Degrees in the United States, Illinois, and Its Counties, by Nativity, 2019\***

	All Immigrants			U.S. Born		
	Total	Underutilized	Share Underutilized	Total	Underutilized	Share Underutilized
<b>United States</b>	<b>1,173,000</b>	<b>269,000</b>	<b>23%</b>	<b>4,742,000</b>	<b>856,000</b>	<b>18%</b>
Illinois	56,000	12,000	22%	204,000	32,000	16%
Cook County	29,000	6,000	22%	73,000	13,000	17%
Other urban counties	22,000	4,000	20%	89,000	15,000	17%
Rural counties	-	-	-	23,000	4,000	17%

Note: – indicates that an estimate is not available because the number of sample cases was too small to produce a robust estimate for this geography.

\* This table is based on MPI tabulation of data from the 2019 ACS for the United States and Illinois. Pooled 2015–19 ACS data were used to generate robust estimates at the county level.

Somewhat paradoxically, although immigrants are over-represented among physicians and nurses in Illinois and among its counties, there is also a significant number of immigrants and refugees who have four-year college degrees in health or medicine are either working in low-skill jobs or are out of work, exemplifying brain waste.<sup>15</sup>

### A. *Underutilized Health-Care Professionals in Illinois: A Profile*

The skills of about 12,000 immigrant health-care professionals in Illinois were being underutilized in 2019, including 6,000 in Cook County (see Table 4).

Some U.S.-born adults' skills were also underutilized, but the state's immigrants were more likely to be underutilized than their U.S.-born counterparts (22 percent versus 16 percent).

One key characteristic of underutilized immigrants with medical and health-related credentials in Illinois is that 57 percent were not engaged in the labor force in 2019 (see Table 5). Though there are multiple reasons for staying out of the labor force (taking care of children or sick family members, for example), pandemic-related and longer-term demographic pressures could create incentives for policymakers and employers to reach out to these professionals.

TABLE 5

**Labor Force Status of Immigrant Health-Care Professionals (ages 25–64) in the United States, Illinois, and Its Counties, 2019\***

	United States	Illinois	Cook County, IL	Other Urban Counties, IL
<b>Total underutilized</b>	<b>269,000</b>	<b>12,000</b>	<b>6,000</b>	<b>4,000</b>
Low-skilled jobs	36%	36%	38%	33%
Unemployed	7%	6%	7%	6%
Out of labor force	57%	57%	56%	62%

\* This table is based on MPI tabulation of data from the 2019 ACS for the United States and Illinois. Pooled 2015–19 ACS data were used to generate robust estimates at the county level.

About 60 percent of underutilized health-care professionals in Illinois obtained their education abroad (see Table 6). As MPI’s and others’ research has demonstrated, internationally educated immigrants and refugees often find it difficult to restart their careers in health and medicine. Among the key obstacles to their labor market integration are lack of foreign credential recognition, licensing barriers, and limited professional networks.<sup>16</sup> About 40 percent of underutilized immigrant health-care professionals have lived in the United States for ten years or fewer, including one-quarter who arrived within the past five years. Unlike underemployed immigrants who have been in the country for longer

periods, the skills and training of newer arrivals may be recognized more easily.

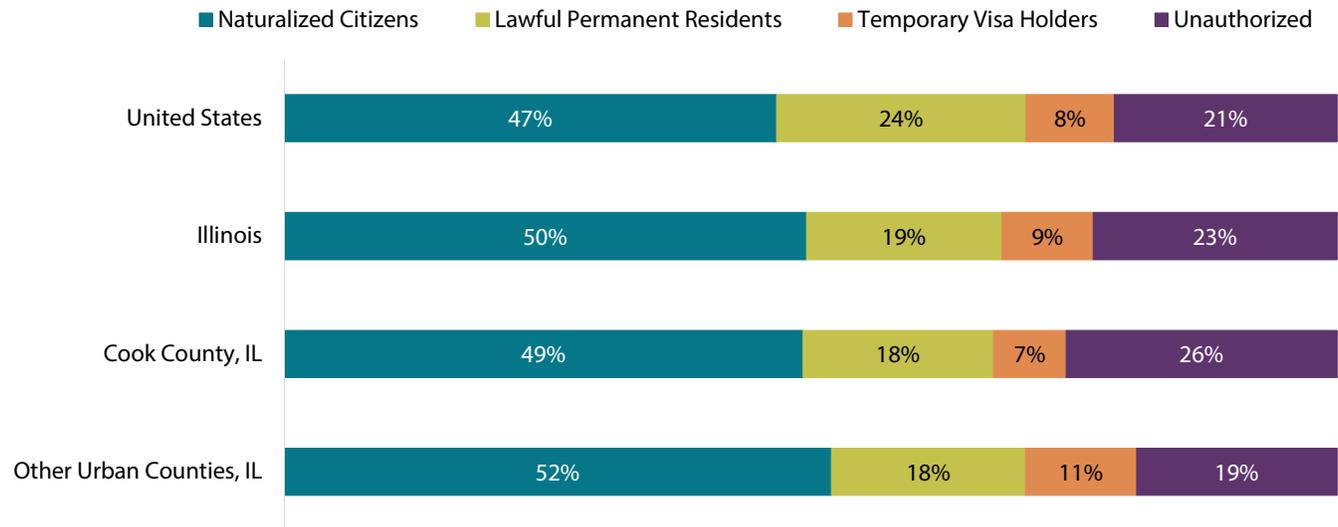
Women accounted for most of the underutilized health-care professionals in Illinois and its counties (roughly 80 percent), in part because women are more likely to be out of the labor force, primarily because of child-care responsibilities. The Philippines, India, and Mexico were the leading countries of birth of underemployed health-care professionals in Illinois and its counties, as they were nationwide. In Cook County, Poland and Pakistan were also among the top five origin countries of underemployed immigrants.

**TABLE 6**  
**Educational and Demographic Characteristics of Underutilized Immigrant Health-Care Professionals (ages 25–64) in the United States, Illinois, and Its Counties, 2019\***

	United States	Illinois	Cook County, IL	Other Urban Counties, IL
<b>Total underutilized</b>	<b>269,000</b>	<b>12,000</b>	<b>6,000</b>	<b>4,000</b>
Internationally educated	60%	59%	61%	53%
Time in the United States				
0–5 years	27%	24%	26%	21%
6–10 years	13%	17%	15%	18%
10 or more years	60%	59%	59%	60%
Female	81%	83%	79%	88%
<b>Top 3 countries of origin</b>				
Country 1	Philippines	Philippines	Philippines	Philippines
Share of total	16%	24%	22%	29%
Country 2	India	India	India	India
Share of total	10%	14%	10%	18%
Country 3	Mexico	Mexico	Mexico	Mexico
Share of total	7%	8%	9%	8%

\* This table is based on MPI tabulation of data from the 2019 ACS for the United States and Illinois. Pooled 2015–19 ACS data were used to generate robust estimates at the county level.

FIGURE 2

**Legal Status of Underutilized Immigrant Health-Care Professionals in the United States, Illinois, and Its Counties, 2014–18**

Source: MPI analysis of data from the 2014–18 ACS pooled and the 2008 Survey of Income and Program Participation, drawing on an MPI methodology developed in consultation with James Bachmeier of Temple University and Jennifer Van Hook of The Pennsylvania State University, Population Research Institute.

Prior MPI research has identified legal and visa status as key determinants of skill underutilization, with immigrants on temporary visas or those who are naturalized U.S. citizens being much less likely to be underemployed. By contrast, unauthorized immigrant professionals and those who came to the United States as humanitarian migrants (e.g., refugees, asylees, or those on Special Immigrant Visas from Iraq and Afghanistan) face greater obstacles in finding jobs corresponding to their levels of education and skills.<sup>17</sup> Although lack of legal status is an important barrier, especially in regulated professions, legal status alone does not fully explain underemployment. In Illinois, about half of underutilized immigrant health-care professionals were naturalized U.S. citizens, one-fifth were green card holders (that is, lawful permanent residents or LPRs), and a little less than 10 percent held various temporary visas (see Figure 2). Close to one-quarter of underutilized immigrants in Illinois were unauthorized immigrants.

## ***B. English Proficiency and Languages Spoken by Underutilized Health-Care Professionals***

Medical researchers maintain that patients with low English proficiency are at a disadvantage both in terms of access to and quality of health care. These patients are also more likely to report lower satisfaction with the care they receive and are more likely to disregard medical advice.<sup>18</sup> In Illinois, like the nation overall, about two-thirds of underemployed immigrant health-care professionals are fully proficient in English.<sup>19</sup> They also speak a variety of languages other than English that could help them communicate with patients whose English proficiency is limited. Tagalog, Spanish, Arabic, and Chinese are among the most common languages spoken by underemployed immigrant health-care professionals in Illinois. These four languages are also among the most common for the state's Limited English Proficient residents (the overlap is indicated in bold in Table 7).

TABLE 7

**Linguistic Profile of Underutilized Immigrant Health-Care Professionals in the United States, Illinois, and Its Counties, 2019\***

	United States	Illinois	Cook County, IL	Other Urban Counties, IL
<b>Top 7 languages spoken by underemployed immigrant health-care professionals</b>				
Language 1	<b>Spanish</b>	<b>Tagalog</b>	<b>Tagalog</b>	<b>Tagalog</b>
Share	19%	19%	19%	21%
Language 2	<b>Tagalog</b>	<b>Spanish</b>	<b>Spanish</b>	<b>Spanish</b>
Share	13%	13%	14%	13%
Language 3	<b>Chinese</b>	Urdu	Urdu	Arabic
Share	6%	6%	7%	6%
Language 4	<b>Arabic</b>	<b>Arabic</b>	<b>Polish</b>	Urdu
Share	5%	5%	6%	5%
Language 5	<b>Korean</b>	<b>Polish</b>	<b>Arabic</b>	Hindi
Share	3%	4%	5%	5%
Language 6	Hindi	<b>Chinese</b>	<b>Chinese</b>	<b>Korean</b>
Share	2%	4%	4%	4%
Language 7	<b>Russian</b>	<b>Korean</b>	French	<b>Chinese</b>
Share	2%	3%	3%	3%
<b>Top 7 languages spoken by the Limited English Proficient population</b>				
Language 1	<b>Spanish</b>	<b>Spanish</b>	<b>Spanish</b>	<b>Spanish</b>
Share	64%	61%	59%	63%
Language 2	<b>Chinese</b>	<b>Polish</b>	<b>Polish</b>	<b>Chinese</b>
Share	7%	8%	10%	5%
Language 3	Vietnamese	<b>Chinese</b>	<b>Chinese</b>	Polish
Share	3%	5%	5%	4%
Language 4	<b>Korean</b>	<b>Tagalog</b>	<b>Arabic</b>	<b>Tagalog</b>
Share	2%	2%	3%	2%
Language 5	<b>Tagalog</b>	<b>Arabic</b>	<b>Tagalog</b>	Vietnamese
Share	2%	2%	2%	2%
Language 6	<b>Arabic</b>	<b>Korean</b>	Korean	<b>Korean</b>
Share	2%	2%	2%	2%
Language 7	<b>Russian</b>	Russian	Russian	Gujarati
Share	2%	2%	2%	2%

Notes: "Chinese" includes Mandarin, Cantonese, and Chinese. "Tagalog" includes Filipino.

\* This table is based on MPI tabulation of data from the 2019 ACS for the United States and Illinois. Pooled 2015–19 ACS data were used to generate robust estimates at the county level.

## 4 Reducing Brain Waste in Illinois: Challenges and Opportunities

These demographic findings raise two related questions: What challenges do state and local institutions face in reducing this skill underutilization? And what policy and other opportunities can be leveraged to reduce brain waste in Illinois and Chicago?

### A. Abiding Challenges

One challenge to integrating highly skilled immigrants with health degrees into the workforce is that most training programs directed at immigrants and disadvantaged populations in Chicago and Illinois have focused on providing pathways to lower-skill jobs such as entry-level nurses or medical assistants. These efforts have not, for the most part, sought to insert more highly trained immigrants into the middle- or high-skilled jobs that would more fully utilize their skills and training. Further, while several organizations exist in Chicago that focus on assisting underemployed highly skilled immigrants, some have found it difficult to scale up their programs due to limited funding. Yet the demand for such services has grown and will continue to grow. Illinois and Cook County experienced an influx of college-educated immigrants over the past decade, with increases of 31 percent and 27 percent, respectively, in the number of highly educated immigrants between 2010 and 2019.<sup>20</sup> The number of highly educated underemployed immigrants is likely to further increase in part because of the settlement of Afghan evacuees in Illinois<sup>21</sup> and with the Biden administration's increased refugee admissions ceiling of 125,000 per year.

Other challenges relate to workforce training institutions' and employers' perceptions of immigrant

workers. Both can be resistant to enrolling or hiring immigrants in general because they are unsure of these workers' legal and visa statuses. Training program administrators are often concerned that their costs will not be reimbursed under government contracts if workers are found to be unauthorized. And employers who invest significant time and resources in developing their employees' skills may worry that immigrant workers will not stay long term.

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*Health occupations are among the fields in which it has been most difficult to advance foreign credential recognition.*

Another challenge has to do with the recognition of foreign credentials, given that 60 percent of underemployed immigrants in Illinois obtained their health and medicine degrees abroad. Most health-care jobs require a license or certificate, and it is both an arduous and costly process to enter the sector's regulated professions with a foreign credential and work experience. Health occupations are among the fields in which it has been most difficult to advance foreign credential recognition, given the complex nature of licensure and regulations and strong protective stakeholder interests.<sup>22</sup>

### B. Institutional Opportunities

Several developments in health care and hospital administration support expanded hiring of personnel with linguistic and cultural competencies. Some of these developments, or what might be termed "pain points," include:

- ▶ Strong financial disincentives to re-admit recently released patients—a problem that might be partially averted by having clearer communications with patients.<sup>23</sup>

- ▶ Strong financial incentives to increase patient satisfaction with and adherence to treatment plans, which build on culturally and linguistically appropriate provider-patient communication.<sup>24</sup>
- ▶ Incentives for hospitals to seek a “magnet hospital” designation that is awarded to those with excellent nursing practices and work environments. These hospitals often look to hire nurses with bachelor’s degrees.<sup>25</sup>
- ▶ Hospitals’ interest in becoming important “anchoring institutions” in the geographic areas they serve. This community identity and role have propelled hospitals’ human-resource leaders to increasingly employ staff who more closely resemble the communities they serve.

These trends signal a shift to new approaches that can generate better health outcomes and higher revenues and that open opportunities for hiring health-care professionals from immigrant and ethnic communities. Studies also document other efficiency-based rationales for hiring highly skilled, underutilized immigrant health professionals. This research finds that immigrant health professionals exceed their U.S.-born counterparts in terms of annual hours worked, willingness to work at night, and willingness to work in medically underserved areas and with underserved populations.<sup>26</sup>

Several innovative program models have recently emerged that could reduce brain waste among highly skilled immigrants in health care. New York Presbyterian Hospital and the nonprofit organization Upwardly Global have developed one such promising program.<sup>27</sup> Launched in May 2021, this partnership aims to place up to 100 underemployed highly skilled immigrant job seekers in well-paid internships within the hospital. It offers at least three months of work at a \$60,000 annualized salary and may lead to participants’ full-term employment. The program not only helps address the hospital’s staff

shortages, it also supports New York City’s vaccine roll-out efforts.

Washington State and Minnesota’s initiatives that integrate internationally trained physicians into the labor force may also serve as models.<sup>28</sup> In May 2021, Washington State passed and is now implementing a law that provides internationally trained doctors (also known as international medical graduates or IMGs) with restricted licenses to work under the supervision of a U.S.-licensed physician. To be eligible, these internationally trained physicians must have passed all requirements for U.S. licensing except for postgraduate medical residency.

In Minnesota, the state legislature created the Foreign Trained Physician Task Force to recommend strategies for integrating IMGs into the state’s health-care system. The state provides funding for residency positions reserved for IMGs if they agree to work in underserved areas for five years after their residency.<sup>29</sup> The program also offers career guidance and support, including support in improving medical English proficiency. Building on models from Minnesota and Canada, the Nurse-Physician Advisory Task Force for Colorado Healthcare released its own recommendations in August 2021 on how to tap the unrealized medical expertise that IMGs represent.<sup>30</sup> One key recommendation is to create a state-funded IMG assistance program that would support IMGs in applying for licensure or to a residency program, focusing on high-demand specialties such as internal and family medicine. The task force also recommended amending the existing Medical Practice Act to allow IMGs with licenses from other countries to be eligible for re-entry licenses if they pass an evaluation of their clinical competency.

One promising Chicago-based model involves a collaboration between the Chicago Bilingual Nurse Consortium, the national Welcome Back Center, and Richard J. Daley College. The Welcome Back Center has extensive experience in providing job readiness

and English skills training along with career counseling strategies, including advising on alternative careers. The Chicago Bilingual Nurse Consortium will teach a nursing curriculum to immigrant nurses, and Richard J. Daley College—a Hispanic-serving institution with a long history of teaching immigrant adult students—will provide additional coursework for other immigrant professionals.

Over the last ten years, Chicago has also seen other programs that have sought to reduce brain waste among immigrant professionals, many administered by Upwardly Global. The organization’s Chicago office has assisted job seekers with health-care backgrounds as they seek professional work in Illinois and has helped a significant number of IMGs match into residency positions. It has also administered a program that provides underemployed immigrant health-care professionals training and placement into clinical research settings.

Policy directives announced by Illinois Governor J.B. Pritzker may also offer opportunities to help immigrant health-care professionals put their skills to work. The governor unveiled his plan for revitalizing the state’s economy in the fall of 2019, and several elements are relevant to underemployed immigrant health-care professionals.<sup>31</sup> One aims to address labor shortage in a range of health-care occupations by working with the Illinois Community College Board to provide targeted workforce training for state residents seeking to get in-demand health-care jobs. Another is identifying health-care regulations that limit access to unserved or underserved individuals. This process could include a systematic review of English language and credential assessments for nurses and other health-care professionals.<sup>32</sup>

The Illinois Underserved Physician Workforce Program is one possible vehicle for state reform that could realize the governor’s directives. The program provides grants, loan assistance, and scholarships to physicians who are willing to practice in

underserved communities.<sup>33</sup> The current version states that only U.S. citizens are eligible. Removing this requirement would open opportunities for qualified physicians who are legal permanent residents, Deferred Action for Childhood Arrivals (DACA) recipients,<sup>34</sup> Afghans on Special Immigrant Visas, and other noncitizens willing to work in communities with shortages of basic primary-care services.

## 5 Conclusion

Illinois presents a paradox. The state and its counties depend heavily on immigrant health-care workers, yet more than 12,000 immigrants with degrees in health or medicine remain underemployed. These underemployed immigrants are primarily women, hold degrees in nursing, are English proficient and speak multiple languages, and are legally present in the United States. Most have degrees that were acquired abroad, and many have been in the country for less than ten years.

The time may be right for broader efforts to address the underemployment of highly skilled immigrants in Illinois and Chicago in health care and other sectors. There is a network of strong and well-established workforce development organizations whose work could be aligned more closely with that of existing service providers working with highly skilled immigrants and refugees. At the same time, the pandemic has increased attention to the demand for and the untapped supply of health-care workers, including those in the subfields of public and mental health. In September 2021, a prominent coalition of local and national service providers and educational and workforce organizations worked closely with Theresa Mah, a state representative, to form the Illinois Healthcare Pathways Working Group. The group has been advising the state legislature and government agencies’ staff on ways to improve immigrants’ access to health-care licenses and occupations in the state. One of the group’s early achieve-

ments was the unanimous passing of a *Task Force on Internationally-Licensed Health Care Professionals Act* in March 2022 by both chambers of the Illinois legislature.<sup>35</sup> The act, which awaits the governor's signature as of this writing, would authorize a new task force to examine the barriers to licensure and practice face by internationally trained health-care professionals in Illinois and to propose strategies for reducing them.

There is a range of possible approaches that policymakers, workforce development systems, and philanthropic organizations can take to reduce brain waste among highly skilled immigrant health-care professionals. Some noted here include:

- ▶ Supporting programs that build skills and promote the occupational progression of immigrants who face challenges having their credentials, education, and experience recognized.
- ▶ Creating paid internships that expose immigrant professionals to medicine, information technology, and administrative careers in U.S. hospitals and clinics, including federally qualified health centers.
- ▶ Permitting internationally trained physicians who have yet to enter residency programs to practice under the supervision of U.S.-licensed doctors.
- ▶ Providing internationally trained nurses and other professionals with career counseling and bridge training.
- ▶ Promoting coalition building between organizations that work directly with underemployed, highly skilled immigrants and mainstream service providers and consortia engaged in workforce development.

In the face of the aging of Illinois' population and its health-care workforce, especially in rural areas, such approaches to better leveraging the skills of these 12,000 underemployed, linguistically and culturally competent immigrant professionals present a regional opportunity. The importance of seizing this opportunity has only been magnified by the persistence of the COVID-19 pandemic and the toll that it is taking on Illinois' health-care institutions and communities.

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*The importance of seizing this opportunity has only been magnified by the persistence of the COVID-19 pandemic and the toll that it is taking on Illinois' health-care institutions and communities.*

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## About the Authors



**JEANNE BATALOVA**

 @JeanneBatalova

Jeanne Batalova is a Senior Policy Analyst at the Migration Policy Institute (MPI) and Manager of the Migration Data Hub, a one-stop, online resource for the latest facts, stats, and maps covering U.S. and global data on immigration and immigrant integration. She is also a Nonresident Fellow with MPI Europe. Her areas of expertise include the impacts of immigrants on society and labor markets; social and economic mobility; and the policies and practices regulating the immigration and integration of highly skilled workers and foreign students.

Dr. Batalova earned her PhD in sociology, with a specialization in demography, from the University of California–Irvine; an MBA from Roosevelt University; and a BA in economics from the Academy of Economic Studies, Chisinau, Moldova.

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**MICHAEL FIX**

Michael Fix is a Senior Fellow at MPI, having previously served as the Institute's President. His research focus is on immigrant integration and the education of immigrant children in the United States and Europe, as well as citizenship policy, immigrant children and families, the effects of welfare reform on immigrants, and the impact of immigrants on the U.S. labor force.

Before joining MPI, Mr. Fix was Director of Immigration Studies at the Urban Institute. He is a Policy Fellow with IZA in Bonn, Germany, and has in the past been a member of the National Research Council's Committee on the Integration of Immigrants, the National Academy of Sciences' Committee on the Redesign of U.S. Naturalization Tests, and the Committee on the Health and Adjustment of Immigrant Children. Mr. Fix received a JD from the University of Virginia and a BA from Princeton University.

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1275 K St NW, Suite 800, Washington, DC 20005  
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