MINNESOTA
PHYSICIAN

JUNE 2026

THE INDEPENDENT MEDICAL BUSINESS JOURNAL

Volume XL, No.03

# The Health Care Workforce Shortage

## Multiphasic problems and solutions

**BY KENNETH BOTELHO, DMSC, PA-C**

Workforce shortages are usually described statistically. In health care this is expressed in terms of too few physicians, too few nurses and too few PAs and NPs. These numbers also include too few behavioral health professionals, too few medical assistants and too few direct care workers. For many reasons, too many health care staffing vacancies lead directly to increased turnover and too many patients waiting.

Those numbers matter. Minnesota, like much of the country, is facing serious workforce pressure across nearly every part of health care. Hospitals, clinics, home care agencies and patients and families all feel it. Many related factors have created these problems and have

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# Emergency Department Design

## Meeting a growing demand

**BY TODD MEDD, AIA & TRACY NICHOLSON**

Visit an older hospital and you'll oftentimes find an emergency department (ED) that was designed for a world that no longer exists. It probably does not address the current volume of patients and scale of technology or address issues posed by treating behavioral health and social complexity. Today, aging facilities demand far more from far less space, leading systems across the country to rebuild, or at least redesign, their emergency departments. For health care architects, this is an ongoing reminder that design decisions we make today will shape the quality of care for the next several decades. Today we don't just design flexibly for the future, we must consider the unknown that now can include disaster events, or even terrorism. The new ED is where medicine meets urgency and architecture meets consequence.

### The Evolving Role of the ED

Nationally, hospitals build new emergency departments every 15 to 20 years and renovate them every 5 to 10 years. Although trauma was of prime concern, yesterday's ED was designed and built for general urgent treatment. For those in rural areas, where there was no urgent care facility, the ED was for everything that needed to be checked sooner than later. Aesthetically and sometimes operationally, expectations were minimal, so a confusing entry, no privacy and an institutional space set aglow by stark fluorescent lighting was the norm.

Today's EDs are an in-demand, ever-evolving network of care; expected to support a higher standard

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**JUNE 2026 | Volume XL, Number 03**

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**MPPUB.COM**

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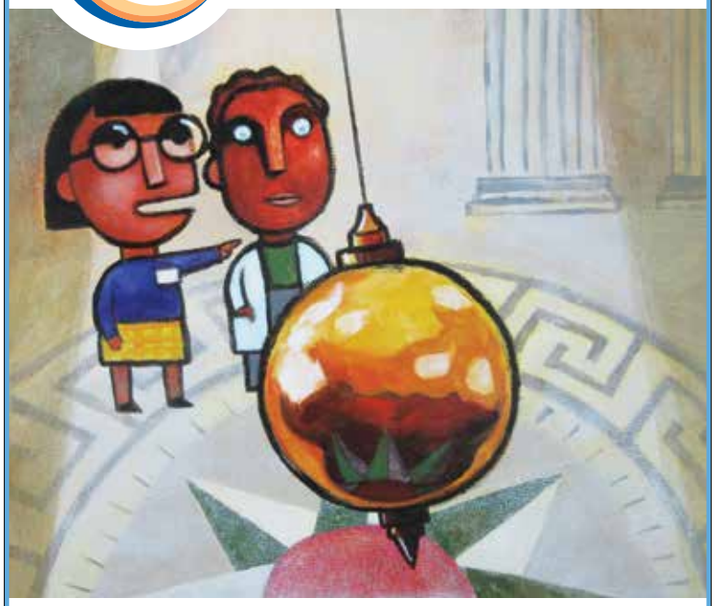
Minnesota Physician is published once a month by Minnesota Physician Publishing, Inc. Our address is 758 Riverview Ave, St.. Paul, MN 55107; email comments@mppub.com; phone 612.728.8600;. We welcome the submission of manuscripts and letters for possible publication.


Minnesota Health Care Roundtable 62ND SESSION



# INNOVATION MANAGEMENT

## *Ensuring a Healthier Future*

***Publishing this winter***

### BACKGROUND AND FOCUS:

At the heart of science is innovation. Global threats to public health, such as polio, AIDS and COVID, were successfully addressed through innovation. Advances in technology are improving outcomes across the entire spectrum of medical care with increasing speed. Unfortunately, misaligned financial drivers and shortsighted policies threaten innovation, creating health care affordability and workforce shortage crises. It is critical to make the problems these issues pose clear and work toward viable resolutions to them.

### OBJECTIVES:

Our panel will cite examples of emerging innovations in medicine. They will discuss the need for improving policies that limit patient access and how this leads directly to higher costs and worse outcomes. We will define innovation in terms of how it applies to all elements of health care delivery and provide examples of how outside limitations can negatively affect the process. We will discuss what must be to ensure creating environments where innovation in medicine will thrive.

### JOIN THE DISCUSSION

We invite you to participate in the conference development process. If you have questions you would like to pose to the panel or have topics you would like the panel discuss, we welcome your input.

**Please email: Comments@mppub.com and put "Roundtable Question" in the subject line.**

### Essentia Breaks Ground on New Virgina, Minnesota, Emergency Department

Construction recently began with a groundbreaking ceremony on a new emergency department at Essentia Health-Virginia. It is the start of a $13 million facility that will improve the patient experience and strengthen emergency care. "Essentia Health is proud to invest in this project, ensuring high-quality emergency care is easily accessible on the Iron Range," said Sam Stone, Essentia Health-Virginia administrator. "The expanded emergency department will help us better meet the needs of our patients and families by adding additional rooms for patient care, enhanced safety and security measures and new technology. From our construction and emergency department teams to legislators and donors, we are grateful to the people driving this project forward."

The project will nearly double the size of the current emergency department, adding five exam rooms and a dedicated behavioral health suite, supporting timely and specialized care. The new emergency department will include enhanced safety measures for patients and staff, new state-of-the-art technology and dedicated registration and lobby space for patients and families. Architectural services are being provided by DSGW Architects in Duluth and construction services are being provided by McGough Construction.

"This is a meaningful investment for our hospital, our medical teams and for the entire community," said Brian Junnila, MD, emergency medicine physician and section chair at Essentia Health-Virginia. "This expansion will support timely patient care and strengthen behavioral health resources in Virginia. We're grateful for all the work that has brought us to this point and look forward to seeing this project come to life."

The project will be completed in phases to ensure continuity of care throughout the duration of construction. All non-emergent patients and visitors, including urgent care, surgery and radiology patients, should use the west entrance of the hospital. Patients seeking emergency care should continue to use the emergency entrance.

Funding for the project comes from Essentia Health, Essentia's regional foundation and donors and a $3.3 million contribution from the Iron Range Resources and Rehabilitation Board. Construction is expected to be completed in spring 2027.

### MDH Expands Non-opioid Pain Treatment Access Tool

The Minnesota Department of Health has recently updated its innovative tool designed to assist Minnesotans in finding non-opioid pain management options. NOPAIN MN is a comprehensive, searchable public resource that maps the locations of non-opioid pain management providers across the state. Created in conjunction with Hennepin Healthcare the site now maps the locations of over 17,000 statewide options and is the only resource of its kind in any state nationwide. The list of providers includes a wide range of evidence-based care, including physical therapy, psychotherapy, chiropractic care, acupuncture, yoga, massage therapy and more.

"Chronic pain can severely impact people's wellbeing and quality of life. People want effective ways to manage their pain that do not rely on opioids. This tool can be that first step to finding safe effective pain treatment alternatives right in their communities," said Minnesota Commissioner of Health Dr. Brooke Cunningham.

Chronic pain is so common, affecting nearly one in four adults, that many have advocated for considering it as the sixth sense. The NOPAIN

MN map highlights services that have been demonstrated to reduce chronic pain and improve quality of life. As alternatives to using opioid prescriptions for pain management, these often-underused options can provide effective treatment without the risk of substance misuse.

"A lot of people are surprised to find the number of providers who can help with pain present within neighborhoods throughout the state," said Integrative Health Program Manager Catherine Justice with Hennepin Healthcare Integrative Medicine. "NOPAIN MN helps connect people with a whole range of evidence-based pain care options so that they can find the strategy that works best for them."

The tool presents an opportunity for providers to strengthen Minnesota's network for whole-person, patient-centered pain care. Local providers can create a free provider profile at nopainmn.org to join the community and support patients.

Expanding access to alternative pain management is a crucial piece of Minnesota's multi-pronged approach to the opioid crisis. By pairing prevention tools like NOPAIN MN with efforts such as widespread naloxone distribution and increased access to treatment, the state is successfully saving lives.

## Allina Health and Sutter Health Merger Moves Forward

Allina Health and Sutter Health recently announced that they have approved a definitive agreement, taking the next step toward creating an integrated nonprofit health system. The organizations will expand local access to high-quality, affordable care while leading nationally in digital and technological advancements that transform care and meaningfully improve the experiences of patients and caregivers.

"We look forward to continuing to learn from one another and working together to shape a future where health care is more connected and easier to navigate for every patient," said Warner Thomas, president and CEO of Sutter Health. "Health care is becoming more complex and demanding, both for patients trying to access care and for the people delivering it."

"This important milestone brings us one step closer to our goal of partnering to enhance care, support our teams and expand clinical capabilities and research," said Lisa Shannon, president and CEO of Allina Health. "With our combined expertise, complementary strengths and aligned missions and visions, I am confident we will be well-positioned to meet the evolving needs of our patients and communities now and well into the future. At a time when health care is facing great challenges, I have been heartened by the response to our bold and proactive plan to strengthen the future of healthcare."

The recent agreement formalizes plans for an investment of more than $2 billion in Minnesota and western Wisconsin. Goals for the funds include:

- Establishing new ambulatory care locations and expanding specialty institutes
- Investments in AI and digital solutions to reduce administrative burdens
- Increased focus on prevention, to improve community health.
- Installing innovative consumer digital tools to streamline scheduling
- Accelerating physician and clinician recruitment
- Increasing research and clinical trials to more directly impact patient care

Regulatory review to complete and close the transaction is expected by the end of 2026. Allina Health will become the Upper Midwest Division of Sutter Health, maintaining the Allina Health name, brand and

regional headquarters in Minneapolis. Sutter Health will maintain its headquarters in California.

### Trump Tightens Screws on Medicaid Exemptions

CMS recently issued an interim final rule related to the Medicaid work requirements that are part of Trump's "Big Beautiful Bill." The new policies, which become effective 7/31/26 put significant additional strain on people with mental illness. Conservative estimates cite some 20 million Americans are at threat of losing Medicaid benefits if they do not put at least 80 hours a month into one of Trump's work requirement areas — which include educational programs and community service. This equates to someone working 40 hours a week putting ½ of their monthly income into health care coverage. The new rules will lead to many more millions of vulnerable Americans losing Medicaid coverage. States are expected to monitor compliance on an individual basis and now have barely a month to modify plans they have worked on for over a year.

NAMI Minnesota (the National Alliance on Mental Illness) responded to this with a press release noting that the new rules will make it significantly harder for people with mental illnesses to maintain health coverage, putting thousands of Minnesotans at risk of losing access to essential mental health services.

Beginning in 2027, most adults who qualify for Medicaid through income-based eligibility and do not have dependent children will be required to meet new work reporting requirements and renew their coverage every six months instead of annually.

While Congress acknowledged that work reporting requirements may not be appropriate for many people living with mental illnesses and substance use disorders, the newly released federal regulations impose strict standards that go far beyond what advocates anticipated. Mental illnesses are often chronic conditions that fluctuate over time. Many people are able to work during periods of stability but require ongoing treatment and support to remain healthy and employed.

"These rules completely misunderstand the reality of living with a mental illness," said Marcus Schmit, executive director of NAMI Minnesota. "Many Minnesotans are doing well today because they have access to treatment. Taking away their health coverage because they miss paperwork deadlines or cannot navigate a complicated reporting process is not accountability — it is shortsighted and cruel."

### Fairview, U of M and M Physicians Reach $1 Billion 10-year Agreement

After a lengthy and contentious period of negotiations, which was finally settled through arbitration, Minnesota Attorney General Keith Ellison recently announced that the University of Minnesota, University of Minnesota Physicians (UMP) and Fairview Health Services have finalized an agreement on funding for the university's health care programs, including the medical school. The agreement will take effect in January 2027 and some of the terms include:

- $1 billion from Fairview to invest in medical facilities at the University of Minnesota Medical Center over 10 years
- $50 million in annual financial support from Fairview to the medical school, with additional funding possible
- The university reaffirms UMP as the sole clinical practice group for medical school faculty and affiliated physicians
- The organizations will explore a new program ensuring patients in Greater Minnesota receive

timely diagnosis and treatment for complex medical conditions

- New partnership structures to strengthen collaboration

University of Minnesota President, Rebecca Cunningham, MD, issued a statement that said "For more than 175 years, the University's land-grant mission has been to serve the people of our state. These agreements build on that legacy, ensuring support for the University's academic and research mission, helping to fund the University of Minnesota Medical School and research that leads to lifesaving cures. The agreements also will fund much-needed facilities investments, updates, modernization and maintenance of hospitals on the University's Minneapolis campus and create opportunities for the University to explore new and innovative ways to sustain and strengthen health and health care in Minnesota."

Ellison said the new agreements "Required compromise from all parties and will require goodwill, collaboration and clear communication going forward. This accomplishment marks a fresh start, and amid the highly complex challenges facing health care in Minnesota, is an occasion for optimism about our future."

James Hereford, president and CEO of Fairview Health Services noted the agreement allows them to devote "full attention to serving patients, supporting health care professionals and addressing the significant issues that face health care delivery in Minnesota."

## Stratis Health Acquires National Rural Health Improvement Alliance

Stratis Health recently announced the acquisition of the National Alliance for Rural Health Improvement (NARHI), marking a strategic step in its longstanding commitment to advancing collaboration, sustainability and impact across the rural health landscape. As part of the transition, NARHI will move forward under a new name, the Rural Health Quality Improvement Exchange (RHQIX).

RHQIX is a national, rural-focused quality improvement community, designed to facilitate professional development, shared learning, relationship-building and resource development across rural health care organizations throughout the United States. The member-driven organization is committed to advancing quality improvement efforts that strengthen health outcomes and support rural communities nationwide.

Drawing upon its national expertise and experience within the rural health community, RHQIX allows Stratis Health to leverage the strengths of its core mission and to meet the increasing demand to improve health care access, quality and outcomes in rural communities while supporting the professionals providing care within these systems.

"RHQIX represents an important step forward in our ongoing commitment to rural health care improvement," said Jennifer Lundblad, president and CEO of Stratis Health. "Leveraging our decades-long national leadership, operational structures and expertise, RHQIX will serve as an essential platform for rural health during this time of national transformation and attention to the needs of providers and communities across the country."

RHQIX serves the needs of the rural health community through education, professional development, peer networking, and practical tools and resources to support quality improvement initiatives. As part of Stratis Health, these member opportunities are expected to expand, evolve and meet the unique needs of individual communities.

"The National Rural Health Association congratulates Stratis Health on taking action to further develop the National Alliance for Rural Health Improvement (NARHI) organization. We are grateful for their leadership and efforts to advance rural health quality improvement nationwide," said Alan Morgan, MPA, CEO of the National Rural Health Association.

# Preparing for What's Ahead

Josh Ripplinger AIA, ACHE, LEED AP, National Health Care Practice Leader at Wold Architects and Engineers

**Please tell us about the work Wold does in health care and how it has grown since the firm started in 1986.**

Health care has been a core part of Wold's practice for years. What started as a regional architecture and engineering firm has grown into a national health care practice that partners with organizations of all sizes, from critical access hospitals and community health centers to large health systems and senior living providers.

Our work spans the full continuum of care and includes strategic planning, facility assessments, master planning, architecture, engineering, interior design and implementation support. While the services we provide have expanded over the years, our approach has remained consistent: helping health care organizations make informed decisions that support their mission, their staff and the communities they serve.

One of the biggest changes we've seen is the increasing complexity of health care planning. Organizations are being asked to balance aging infrastructure, workforce challenges, changing care models and financial pressures while continuing to deliver high-quality care. As a result, our role has evolved beyond designing buildings. Today, we're often helping clients evaluate long-term strategies, prioritize investments and navigate uncertainty.

**What are some of the responsibilities you have as the national health care practice leader?**

A big part of my role is helping health care organizations navigate complex decisions about their facilities and long-term planning. That can mean working with leadership teams to understand their strategic goals, helping evaluate future growth opportunities or ensuring facility investments align with operational needs and community priorities.

Internally, I work closely with our health care team across the country to share knowledge, identify emerging trends and make sure we're bringing the best thinking and resources to each client. Health care is constantly evolving, and it's important that we're not only responding to

> "Health care is constantly evolving."

changes in the industry but helping clients prepare for what's ahead.

Ultimately, I see my role as helping organizations move from uncertainty to confidence. Whether we're discussing a facility assessment, a master plan or a major capital investment, the goal is to provide the information and guidance needed to make informed decisions that will serve the organization and its community for years to come.

**Earlier this year, Wold conducted a survey of 100 rural health care facility leaders. Why did you undertake this project, and how was it conducted?**

For years, we've had conversations with rural health care leaders about many of the same challenges: workforce shortages, aging facilities, changing patient needs and limited resources. We wanted to better understand how widespread those concerns were and where organizations were focusing their attention as they plan for the future.We saw an opportunity to learn directly from the people making these decisions every day and gain a clearer understanding of the issues shaping rural health care today. Rural health care providers understand their communities better than anyone, and we felt it was important to create a platform for those voices and perspectives to be heard. The findings provide valuable insights into the realities health care leaders face, as well as the opportunities they see ahead.

To conduct the research, Wold partnered with Wakefield Research to survey 100 health care facility leaders from rural organizations across the United States. Participants included executives, administrators and decision-makers responsible for facility planning and operations. The survey explored topics ranging from facility investments and community health needs to long-term planning priorities and perceptions about the future of rural health care.

What stood out most was the level of optimism. While respondents acknowledged significant challenges, they also demonstrated a strong commitment to improving access to care and investing in facilities that will serve their communities for years to come.

**The survey highlighted the important role health care facilities play in rural communities. What stood out to you about how leaders view their responsibility to the communities they serve?**

One of the strongest themes throughout the research was how deeply connected rural health care organizations are to the communities they serve. For many leaders, their role extends well beyond providing medical care. They're thinking about economic development, workforce attraction, quality of life and the long-term health of their communities.

In fact, 85% of respondents agreed that local health care centers are often overlooked in conversations about community well-being. That finding was particularly interesting because it reinforces something we've seen firsthand for years. Health care facilities can often be among the largest employers in rural communities, and they play a significant role in attracting residents, supporting local businesses and providing a sense of stability.

The survey also showed that rural health care leaders are not simply focused on maintaining services. They're actively thinking about how

to expand access, improve facilities and prepare for future community needs. Even in the face of financial pressures and workforce challenges, there was a strong sense of responsibility to ensure care remains accessible close to home.

That commitment to community was one of the most encouraging takeaways from the research and a reminder that facility planning decisions often have an impact far beyond the walls of the building itself.

**Ninety-two percent of your survey respondents were either already actively engaged in facility improvement plans or about to be. What are some of the elements that go into making such decisions?**

One of the things the survey reinforced is that facility planning is rarely driven by a single factor. Health care leaders are balancing a wide range of considerations, including community needs, workforce challenges, operational efficiency, financial realities and the condition of their existing facilities.

Many organizations are also evaluating how care delivery is changing. Services that made sense 10 or 20 years ago may look very different today. Leaders are asking important questions about where care should be delivered, what services are most needed and how facilities can support future growth while remaining financially sustainable.

Another important consideration is timing. Deferred maintenance, aging infrastructure and evolving regulatory requirements can all influence when improvements become necessary. At the same time, organizations are trying to prioritize investments that will have the greatest impact on patient care, staff experience and long-term operations.

What stood out to me from the research is that health care leaders are approaching these decisions thoughtfully. They're not just reacting to immediate needs. They're taking a broader view of how facilities support their mission and how today's investments can position their organizations and communities for the future.

**Funding is always critical to new construction or remodeling and requires coordinated planning, opportunity navigation and stakeholder alignment. Please tell us about these considerations.**

Both funding and financing are often among the most challenging aspects of any health care project because there are usually more needs than available resources. That makes prioritization incredibly important.

Before organizations begin pursuing financial support, it's essential to have a clear understanding of what they're trying to accomplish and why. Whether the goal is expanding access to care, improving operational efficiency, replacing aging infrastructure or supporting future growth, those priorities help guide investment decisions and build consensus among stakeholders.

Alignment is another critical component. Health care projects often involve leadership teams, boards, physicians, staff, community members and funding/financing partners. The more clarity there is around the organization's goals and long-term vision, the easier it becomes to build support and communicate the value of the investment.

We've also seen that organizations are most successful when facility planning and capital discussions happen together rather than separately. A

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led to the current workforce reality that a filled position is not the same as stable care delivery. What we can infer from these data is how they explain why health care can still feel unstable even after positions are filled.

The issue begins even earlier than hiring. Health care does not only need more people entering the system. It needs stronger pathways that help employees enter, learn, transition, integrate, advance and remain in the work of care. A pipeline gets people into health care but it is pathway capacity that helps them stay, grow, integrate and become part of stable care delivery. That distinction matters because the workforce shortage is often discussed in fragments: recruitment, vacancies, burnout, compensation, education cost, training capacity, turnover and retention. Each of these matter, but missing how they are all connected and what can be done to recognize and strengthen the connections is critical to reducing the problem.

> Patients experience workforce instability as care instability.

## The shortage is not one shortage

The phrase "workforce shortage" can make the problem sound singular, as if there is one gap to close. But health care is experiencing several shortages at once. There is an entry shortage when people do not see accessible or affordable ways into health care work. There is a training capacity shortage when programs have interested students but not enough faculty, clinical sites, preceptors or supervisors. There is a transition shortage when graduates or new hires enter practice without enough support to become effective in real settings. There is an advancement shortage when workers cannot see a future that includes greater responsibility, compensation, respect or career growth.

Another important consideration involves an integration shortage. This occurs when a health care employee is hired but never fully connected to teams, workflows, patients, mentors and the local knowledge that makes care function. These shortages may look separate, but they are directly related to each other, and failing to treat them as such results in problems that quickly compound themselves.

For example, weak home care capacity affects hospitals. Weak clinical training capacity affects future staffing. Weak onboarding affects retention. Weak retention affects continuity. Weak continuity affects patients.

Patients experience workforce instability as care instability. This is why the usual language of workforce supply is incomplete. Vacancies are not the whole story. Headcount is not the whole story. Hiring is not the whole story.

The deeper question is whether health care has built the pathways that allow people to enter, develop, stay and support stable care.

## Workforce Entry Issues

One part of the workforce challenge begins before a person ever enters a health care role. For many people, the path into health care is expensive, confusing, or hard to see. Some roles have clear educational structures and recognized credentials. Others remain essential but under recognized, under credentialed and poorly connected to advancement.

In the direct care and home care workforce this is especially visible. Health care can be divided into the medical sector and the home care sector. The medical sector includes care provided in hospitals, clinics, procedural settings, as well as diagnostic and other facilities. The home care sector supports people where they live. These sectors may be discussed separately, but patients do not live in separate sectors. They move across them. Families move across them. The consequences of instability move across them.

When home care is unavailable or unreliable, a patient may remain hospitalized longer than necessary. An older adult may decline at home or a person with a disability may lose independence. A family caregiver may become exhausted and a clinic may see repeated destabilization that is not caused by a single disease, but by the absence of reliable support around the person.

In the medical sector, roles such as certified nursing assistants have a recognized credentialed pathway. That pathway is not perfect, and financial security is far from guaranteed. But it does provide a visible entry point into health care work and, for some, a step toward further education and advancement.

In the home care sector, many direct support professionals have historically lacked a comparable credit-bearing credential with a clear career path. That matters. People are more likely to enter and remain in a field when the work is visible, respected, credentialed, connected to growth and capable of providing a living wage with the potential to achieve financial independence.

Essential work cannot remain invisible and then be expected to remain stable. In Minnesota, efforts to create stronger credentialed pathways for direct support professionals point toward a more durable workforce strategy: one that connects entry, education, wage potential, advancement and recognition.

This is not just a workforce issue. It is a care delivery issue. When the home care workforce is unstable, hospitals, clinics, patients and families all absorb the cost.

### Training Capacity Bottlenecks

Another layer of the workforce shortage involves training capacity. When people want to enter health care, there is a lot they need to learn. Health care cannot expand its workforce without faculty, clinical sites, preceptors, supervisors, mentors and workplace educators. These roles are often treated as background support, but they are not background. They are infrastructure and without teaching capacity there are severe limitations on the future workforce.

Clinical training does not happen only in classrooms. It happens in exam rooms, hospital units, home care settings, behavioral health environments, community agencies, rural clinics and long-term care facilities. Learners develop by watching, practicing, receiving feedback, making decisions and gradually taking on more responsibility.

Yet the people asked to support that learning are often already carrying heavy loads. Clinicians and staff are managing productivity demands, documentation burdens, staffing shortages, patient complexity and operational stress. In that environment, teaching can start to feel like extra work rather than essential work.

Teaching, however, is not separate from workforce strategy, it is workforce strategy. If we want more clinicians and health care workers, we must support the people and practice environments that make learning possible. This means valuing preceptors, making teaching more feasible in busy practice environments, supporting clinical training sites, building partnerships between educational programs and employers and recognizing workplace teaching as part of the health care workforce infrastructure.

Calling for more graduates without supporting the environments that train them is like asking for more crops while neglecting the soil.

### Preparation Is Not Integration

A third layer of the workforce shortage appears after graduation, certification and hiring. Health care often assumes that once someone is credentialed and employed the problem is solved. Being prepared to enter practice, however, is not the same as being integrated into practice.

This is true across many roles. A direct care worker entering home care, a medical assistant entering a busy clinic, a nurse entering a hospital unit, a PA or NP entering primary care or a physician joining a new system all face a transition from general preparation into being part of a durable, functional and integrated workforce.

That transition requires more than technical knowledge. It requires workflow fluency, role clarity, communication norms, escalation pathways, documentation habits, team trust, patient population awareness and an understanding of how care is provided to meet best practice guidelines in that setting. For clinicians, this gap is especially visible in primary care. A new clinician may quickly become responsible for chronic disease management, abnormal lab follow-up, inbox messages, medication reconciliation, referrals, preventive care gaps, patient communication and longitudinal follow-up.

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In this setting, although medical knowledge is crucial, knowledge alone does not close the loop on an abnormal lab. Knowledge alone does not make a referral happen or tell a new clinician who to call when something feels off. An important part of managing a panel of patients inside a specific clinic with specific workflows, staffing patterns and community needs comes from well-developed channels for workforce integration.

That is why transition into practice is not simply a knowledge gap. It is an integration gap. Structured onboarding, mentorship, transition-to-practice programs, fellowships, bridge programs and early-career support models are vital. These should not be viewed as remediation, they are invaluable developmental infrastructure.

> Without teaching capacity there are severe limitations on the future workforce.

This need has become more visible as care has moved from smaller, community-based practice environments into larger health system structures. In smaller settings, some development happened informally through proximity, continuity, shared patients and longstanding relationships. Those systems were not perfect, but they often created natural opportunities for observation, mentorship, real-time feedback and role integration.

Larger health systems may be operationally necessary and more capable of scale, but they do not automatically reproduce those informal developmental supports. What once happened through proximity now has to be designed with intention. Most new clinicians are not asking to be rescued. They are asking, often quietly, for a system that helps them find their footing, build judgment and become part of the team.

Not every solution needs to be large, expensive or complicated. Some supports may be brief, repeated and close to the work itself: clearer escalation pathways, better early mentorship, structured check-ins, short case-based learning, supported preceptors and more intentional team onboarding. Small supports will not solve the workforce shortage by themselves, but they can help people become effective sooner and reduce avoidable churn.

## Assuring a Secure Future

Recruitment brings people into health care. Retention depends on whether they can see a future there. For direct care workers, that may mean a credentialed pathway, wage progression, role recognition and the ability to move into other health care careers if desired. For medical assistants or nursing assistants, it may mean career ladders that connect experience to opportunity. For clinicians, it may mean mentorship, leadership development, teaching roles, doctoral education, quality improvement, administration, or working to improve community health.

When advancement pathways are unclear, people leave. They may leave the job, the organization or health care entirely. Each departure creates another vacancy, another hiring cycle, another onboarding process, another loss of local knowledge and another disruption for patients.

Advancement does not always mean leaving the bedside, the clinic or the home. In fact, the best advancement pathways should allow those working in health care to grow without forcing them to abandon the work that their communities need. Working in health care should not make people choose between meaningful work and a sustainable future.

These pathways may look different across roles — direct support professionals, CNAs, medical assistants, nurses, PAs, NPs, physicians and preceptors — but the principle is the same. People are more likely to stay when they can see a path forward.

## Improving Integration Strategies

The final layer is integration — not only integrating people into jobs, but integrating roles, teams, workflows and relationships around patients.

Health care organizations commonly measure vacancies, hires, productivity and turnover. These metrics are important, but they do not fully capture whether people are becoming part of stable care delivery. Integration means that people are not merely present in the system. They are connected to teams, workflows, patients, supervisors, mentors and organizational purpose. They know how care is best provided in the place where they are employed. They understand when to ask for help and who to call when they have to. They understand patient needs and how to build trust within their organizations.

This matters because, as stated earlier, patients experience workforce instability as care instability. This occurs through frequent caregiver handoffs and the need to repeat their story over and over again. It occurs when they receive inconsistent plans, face unnecessary waits for follow-up and wonder if anyone knows them. Families become the default coordinators when systems do not connect.

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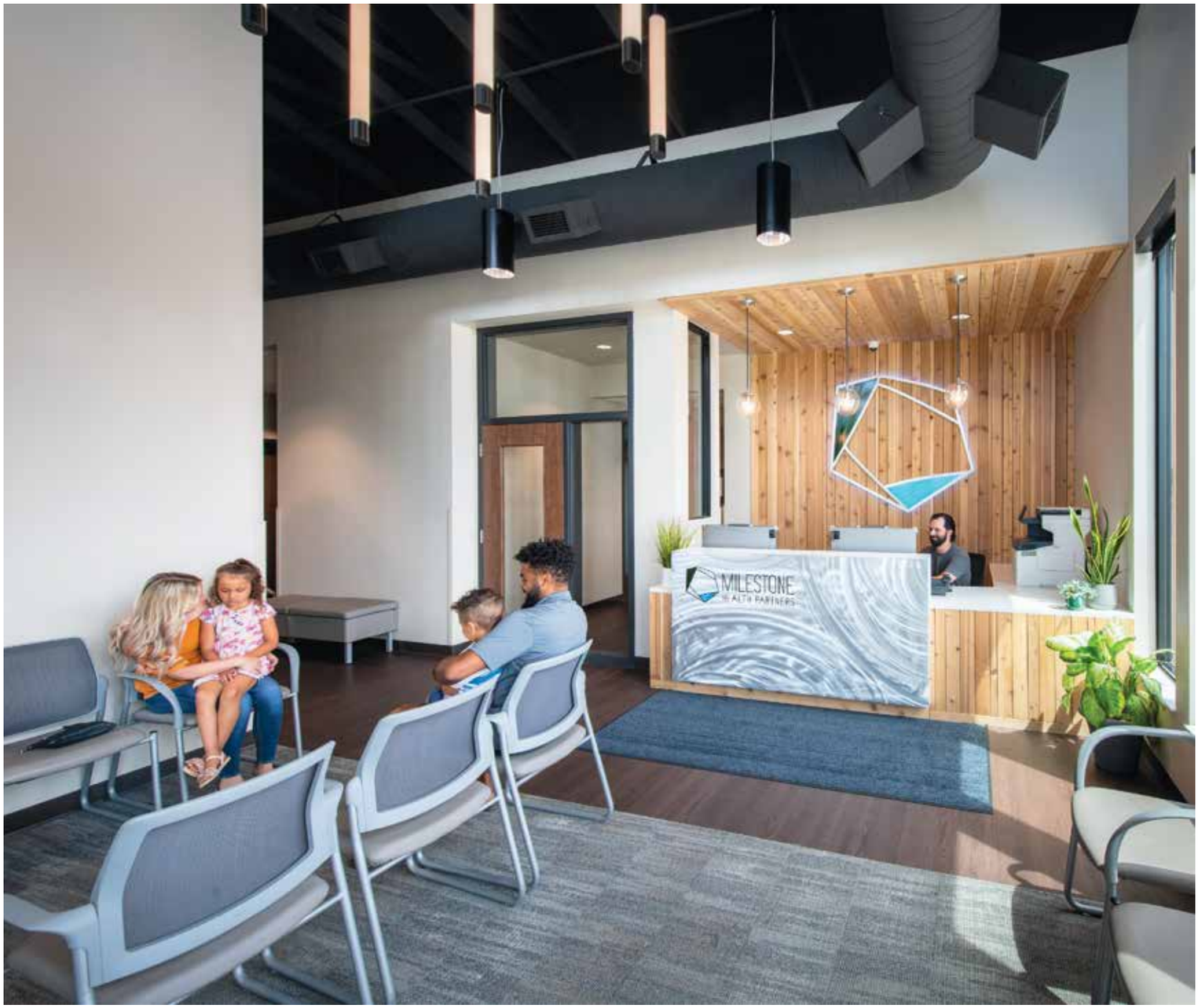


# COMMUNITIES THAT THRIVE

Northwest North Dakota now has a place where specialized care meets genuine community investment. Milestone Health Partners brings physical, occupational, speech and language therapies, and behavioral health services together in one collaborative clinic, filling a gap that three Williston-native providers observed firsthand. Natural daylighting, warm wood elements, and a welcoming scale create an environment that puts patients of all ages at ease, while 12 private treatment rooms, two therapy gyms, and a shared conference room support truly integrated, team-based care. This is what happens when architecture listens: a thriving environment that cares for its community of patients and providers.

JLG architects®

**The Health Care Workforce Shortage** from page 12

Patients do not experience care as separate organ systems, diagnoses, or tasks. They experience care as whole people trying to stay stable inside a life. Continuity is not nostalgia, it is infrastructure.

Stable relationships allow information, trust and judgment to accumulate over time. When those relationships repeatedly reset, care becomes less efficient, less reliable and less humane.

This is also where the workforce shortage connects to the larger problem of fragmented care. Health care has become increasingly differentiated: more roles, more specialties, more programs, more care options, more technologies and more sites of care. Differentiation is not bad. It allows expertise, access, innovation and specialization. Differentiation without integration, however, becomes fragmentation.

Adding more people into a fragmented system does not support stable care. It may simply create more handoffs, more role confusion, more disconnected care options and more places where patients and families have to coordinate the system themselves. This is why workforce strategy and system integration have to be discussed together.

If health care treats clinicians and care workers as fully replaceable units, it misses the developmental work that makes people effective in local systems. Judgment, trust, relationships, continuity and contextual knowledge mature over time. They cannot be replaced by scheduling software or productivity metrics.

Efficiency tools can help. Automation, artificial intelligence, lean management and decision support may reduce burden and improve reliability. But if these tools are used without attention to development and integration, health care risks treating people as interchangeable parts. Workforce integration is not separate from patient care. It is one of the conditions that makes good care possible.

## Government Initiatives

Improved internal efficiencies around employment in health care will help address workforce shortage issues but additional remedies are required. Today there are nearly 10,000 open positions in Minnesota hospitals and health systems with a vacancy rate that rose from 6% to 13% between 2021 and 2024. The State legislature has worked on this issue from several perspectives, including a variety of loan forgiveness and educational grant funding programs, as well as created dual-training pipelines that promote an earn and learn approach. But they must do more especially in light of recent federal government policies, such as cutting Medicaid funding. Existing state programs need to be expanded and work must be done to accelerate entry into the workforce. This can be done, in part, by simplifying administrative processes at various state licensing boards and relaxing credentialing guidelines allowing more easy transfer for potential new health care employees credentialed in other states or countries. State funding programs need to expand access to include a wider range of accredited allied health programs such as lab professionals, respiratory therapists, medical specialty technicians and more.

The Minnesota House Workforce, Labor and Economic Development Finance and Policy Committee recently introduced a bill to establish a grant program designed to address "workforce shortages in the health care sector that are unlikely to be solved by normal market forces." Lawmakers hear such

bills regularly, however, and existing programs see demand exceeding capacity, demonstrating that access to training, not a lack of interest the field, is a barrier to solving health care workforce shortage issues.

## Pipeline and Pathway Distinctions

Health care talks about pipelines for research and workforce issues. Developing a pipeline is a good metaphor for the important task of filling the many job descriptions involved with health care delivery. A pipeline, however, primarily describes movement, whereas a pathway describes development over time. A pipeline asks: how do we get more people into the system? A pathway asks: how do we help people grow, contribute, advance, integrate and stay?

Health care needs both. But a pipeline without a pathway creates churn. People enter, struggle, burn out, stall or leave. Then the system recruits again and calls it a shortage. At some point, we have to ask whether workforce shortages come only from outside the system — or whether part of the shortage is created by the way the system receives, develops and retains people.

In practical terms, this means a hospital cannot solve discharge delays if home care capacity is collapsing. A clinic cannot stabilize access if every new clinician is repeatedly onboarded into full complexity without mentorship. A PA, nursing, or medical assistant program cannot expand responsibly without supported clinical training sites. A direct care worker cannot remain in the field long-term if the role has no credentialed pathway, wage progression or advancement structure.

Public policy and grant funding can help create the conditions for this work, especially in rural and underserved communities. But pathway capacity cannot be built by funding alone. It has to be designed and tested through partnerships among health systems, educational institutions, community organizations, policymakers and the people doing the work.

A better workforce strategy would ask more connected questions. Which pathways into health care roles are visible, affordable and respected? Who is available to teach, mentor and support people as they move from training into real practice? What conditions allow a new hire not only to become productive, but to become integrated enough to stay?

Those questions do not replace the need to count vacancies or expand training programs. They can, however, make those efforts more realistic. A position that cannot be entered, learned, supported, advanced through or sustained will remain unstable no matter how often it is posted.

No single program will solve the health care workforce shortage. But a more accurate definition of the problem can lead to better solutions. The shortage is not only a shortage of people. It is also a shortage of pathway capacity: the connected infrastructure that helps people enter, learn, transition, integrate, advance and stay in the work of care.

If we want care that patients, families and communities can rely on we cannot build pipelines alone, we must build pathways.

**Kenneth Botelho, DMSc, PA-C,** is the founding director of the Doctor of Medical Science Program at The College of St. Scholastica and the president-elect of the Society of PAs in Family Medicine.

# Designing Hope For Children

## Improving Behavioral Health Treatment Outcomes

**BY STACY COLLINS**

Across Minnesota and throughout the nation, the behavioral health needs of children and adolescents continue to rise at an alarming pace. Anxiety, depression, trauma, substance use disorders and emotional dysregulation are affecting people at increasingly younger ages. Families, health care providers, educators and community leaders are grappling with a common question: How do we intervene early enough to change the trajectory of a child's life?

While clinical care remains the cornerstone of treatment, the physical environment in which care is delivered plays a significant and often under appreciated role in supporting healing, stabilization and recovery. Behavioral health facilities designed specifically for children and adolescents can provide something many young people desperately need in moments of crisis: a safe place to pause, reset and regain a sense of control.

As architects and interior designers working in health care environments, we have witnessed firsthand how thoughtfully designed spaces can support clinical goals, enhance safety, reduce stress and create conditions that allow young people to focus on recovery. Nowhere is this more evident than in behavioral health settings, where the environment itself becomes part of the therapeutic process.



### The Importance of Early Intervention

Research consistently demonstrates that early intervention can significantly improve long-term behavioral health outcomes. Children experiencing a mental health crisis often do not require long-term hospitalization. Instead, many need immediate access to stabilization services, skilled care teams and supportive environments that help interrupt a cycle of escalating behaviors before they result in more serious consequences.

Without timely intervention, behavioral health challenges can impact academic performance, family relationships, social development and future employment opportunities. In some cases, untreated conditions may lead to involvement with the juvenile justice system, chronic mental health concerns or substance use disorders later in life.

The goal of youth crisis stabilization is not simply to address the immediate crisis. It is to create an opportunity for recalibration, a chance for young people to regain emotional balance, connect with support systems and develop pathways toward healthier futures.

For health care providers, this concept is familiar. Just as a patient experiencing a physical health emergency requires immediate treatment and stabilization, a child experiencing a behavioral health crisis deserves access to specialized care in an environment designed to support that process.

### A Growing Community Need

Behavioral health providers throughout Minnesota have experienced a dramatic increase in the demand for youth mental health services over the past decade. Nationally, emergency department visits for mental health conditions among children and adolescents have risen sharply, reflecting a growing shortage of timely services and appropriate crisis intervention resources. Suicide, self-harm, severe anxiety, depression, trauma and aggressive or violent behaviors have become increasingly common reasons that children and adolescents present to emergency departments during a behavioral health crisis.

For many families, the emergency department becomes the default destination when a child is in crisis because few alternatives are available that can provide immediate behavioral health assessment and stabilization. Yet emergency departments are designed to respond rapidly to acute medical emergencies. They are often busy, noisy, brightly lit and highly stimulating environments where operational priorities focus on physical health conditions.

For a young person experiencing anxiety, trauma, emotional dysregulation, suicidal ideation or aggressive behaviors, these settings can unintentionally heighten fear and distress. It is not uncommon for children experiencing a behavioral health crisis to spend hours waiting in emergency departments while an appropriate placement is identified. Minnesota continues to experience these delays because the demand for behavioral health services exceeds the available capacity across the continuum of care.

Communities throughout Minnesota increasingly recognize the need for specialized youth behavioral health facilities that provide an alternative to both emergency departments and hospitalization. Crisis stabilization centers are designed specifically to meet the unique emotional,

developmental and behavioral needs of children and adolescents in a therapeutic setting that emphasizes assessment, stabilization, family engagement and transition planning.

These facilities also fill an important gap within the broader continuum of behavioral health services. Outpatient programs allow youth to receive counseling, therapy, medication management and other services while continuing to live at home and attend school. Inpatient facilities are intended for individuals whose symptoms present an immediate danger to themselves or others or require intensive, around-the-clock treatment and medical oversight.

The result is a more comprehensive continuum of care that allows intervention to occur earlier, in an environment specifically designed for healing rather than emergency medicine. By providing youth with specialized behavioral health support in spaces tailored to their unique needs, these facilities not only improve patient outcomes but also reduce strain on hospital emergency departments and the broader healthcare system.

### Designing for Dignity, Not Detention

One of the greatest challenges in behavioral health design is balancing rigorous safety requirements with the need to create environments that feel welcoming, respectful and genuinely human-centered.

Historically, behavioral health facilities were often institutional in appearance. Security concerns understandably drove many design decisions, resulting in spaces that felt clinical, restrictive and impersonal. While patient and staff safety remains the highest priority, today's behavioral health facilities recognize that the environment itself can either contribute to a person's distress or become an important tool in supporting healing.

Nowhere is this more important than in facilities serving adolescents. Young people arriving at a behavioral health facility rarely do so by choice. Many enter feeling frightened, angry, embarrassed, overwhelmed or deeply distrustful of the adults around them. Some are experiencing intense anxiety or emotional dysregulation, whereas others may simply want to leave as quickly as possible. The physical environment should never reinforce those emotions through harsh overhead lighting, sterile finishes or spaces that feel punitive. Instead, every design decision should communicate a consistent message: You are safe here. You are respected. This place was designed to help you.

> Safety is a foundational requirement in every behavioral health facility.

Creating that first impression begins with warmth and familiarity. Natural materials such as wood-look finishes, textured fabrics and calming color palettes soften the environment, reduce the institutional feel and help lower visual stress while creating an atmosphere that feels more residential than clinical.

Lighting is equally influential. Access to abundant daylight helps regulate circadian rhythm, improve mood and provide a stronger connection to the outside world. Where natural light is limited, layered lighting with indirect fixtures and adjustable illumination creates a softer, more comfortable environment than harsh overhead lighting. Thoughtful acoustics also play an

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HEALTH CARE ARCHITECTURE & DESIGN

# HONOR ROLL 2026


## The Richard M. Schulze Surgical and Critical Care Center

**Type of facility:** Surgical and Clinical Care

**Location:** Minneapolis, Minnesota

**Ownership organization:** Allina Health

**Architect/interior design:** HGA

**Engineer:** HGA

**Contractor:** Mortenson Construction

**Completion date:** Opening this August

**Total cost:** $1,000,000,000

**Square feet:** 620,000 square feet of new construction plus 200,000 square feet of renovations


The new 10-floor, 620,000-square foot building is the largest construction project in Allina Health's history and is set to open in late August. The Schulze Building will have 30 state-of-the-art operating rooms and 190 private patient rooms; all intentionally designed with input from care teams to best support patients and those who care for them. The space also includes a 27,000-square-foot rooftop healing garden and a spacious cafeteria for patients, visitors and care teams to enjoy.

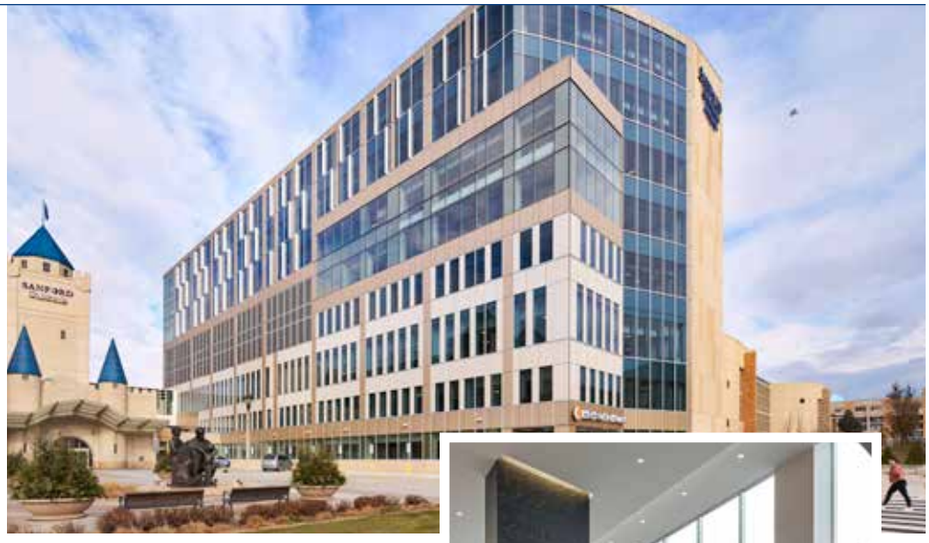
The space reflects a strong commitment to sustainability that is supported by broader campus improvements such as an upgraded utility plant, a rooftop solar garden and more. This project also benefits the local community by creating workforce opportunities for residents through the Community Workforce Program, a partnership with Mortenson.

Together, these efforts are expanding access to specialty care and building on a legacy of serving the south Minneapolis community for over 140 years.

For the past 38 years, Minnesota Physician's Health Care Architecture Honor Roll has recognized outstanding achievement in new facilities design. Medicaid funding cuts have put unprecedented financial strain on hospitals and clinics, ignoring how this affects many fundamental elements of delivering health care that requires a physical structure. Population growth and larger physical spaces to accommodate modern and constantly evolving technology, coupled with the natural process of buildings aging and becoming obsolete, requires ongoing new construction and remodeling. These considerations can be seen in many of the projects featured this year. Our thanks to all those who participated in the nomination and production process of presenting this year's Honor Roll.


## Sanford Orthopedic Hospital

**Type of facility:** Hospital
**Location:** Sioux Falls, South Dakota
**Ownership organization:** Sanford Health
**Architect/interior design:** Architecture Incorporated
Design Architect: HKS
**Engineer:** Dunham Associates
**Contractor:** Henry Carlson Construction
**Completion date:** December 2025
**Total cost:** $118,800,000
**Square feet:** 161,000 new construction, 44,000 remodeled



A new orthopedic hospital expands Sanford Health's existing surgical tower, adding 12 state-of-the-art operating rooms along with dedicated pre- and post-operative recovery spaces. The facility brings together advanced orthopedic services in a highly specialized environment focused on efficiency, comfort and coordinated care. The project also enhances convenience by integrating health care and hospitality. On the upper floors, the Highpoint Hotel features 56 guest rooms with panoramic views providing comfortable accommodations for patients, families and visitors who travel for treatment. The hotel includes an on-site restaurant, offering guests a convenient dining option and a welcoming space to gather.

The building's glass curtain wall distinguishes it from surrounding campus facilities. Inside, cutting-edge technology, including South Dakota's only intraoperative MRI, supports complex procedures and advances surgical precision. Patient-centered design elements throughout the facility emphasize comfort, healing and accessibility.

## HealthPartners Woodbury Specialty Center

**Type of facility:** Specialty Center
**Location:** Woodbury, Minnesota
**Ownership organization:** HealthPartners
**Architect/interior design:** BWBR
**Engineer:** Dunham Associates
**Contractor:** Kraus-Anderson
**Completion date:** March 2025
**Total cost:** $53,615,000
**Square feet:** 52,916

This new two-story specialty center offers a wide range of specialty services that support the community's evolving care needs. It brings together 13 medical specialties, including infusion, oncology, advanced imaging, rheumatology, urology, allergy, audiology, cardiology, ENT, GI clinic and endoscopy, as well as an on-site lab, all within an ambulatory surgery center and in one convenient location. Intuitive wayfinding is supported by clear signage and strategic space planning. Natural light is present throughout the facility, including staff spaces, promoting well-being and creating a bright, welcoming environment. The project included preliminary energy design assistance to ensure it identified and maximized energy and cost-saving strategies in the design. The facility is designed for horizontal expansion, allowing for efficient long-term growth. Its proximity to Stillwater provides increased access to care in a rapidly growing region.

## Southside East Lake Street

**Type of facility:** Community Health Center
**Location:** Minneapolis, Minnesota
**Ownership organization:** Southside Community Services
**Architect/interior design:** 4RM+ULA, Perkins&Will
**Engineer:** Civil: Solution Blue
Structural: Palanisami and Associates
MEP: Victus Engineering
**Contractor:** Ryan Companies
**Owners Representative:** Classic Lake Consulting
**Completion date:** March 2026
**Total cost:** $20,000,000
**Square feet:** 30,950

The facility reimagines what a community health clinic can be, bringing medical, dental and vision care together under one roof to provide comprehensive, culturally responsive care in a medically underserved area. The design creates a shared, welcoming environment that reflects the diversity of the community it serves. Open, flexible spaces support integrated care, while a central stair connects all three levels and turns movement through the building into moments of visibility, interaction and connection. Framed views to Lake Street and access to daylight reinforce a sense of orientation and belonging, linking the clinic to the neighborhood beyond its walls. The design is guided by a "kaleidoscope" of three overlapping principles: trauma-informed, biophilic and place-based. Each contributes to an environment that feels calm, dignified and connected. By offering previously dispersed services and care teams in one location the clinic fosters greater collaboration, continuity of care and a stronger sense of connection for both staff and patients.

## Alomere Pavilion

**Type of facility:** Rehabilitation Care
**Location:** Alexandria, Minnesota
**Ownership organization:** Alomere Health
**Architect/interior design:** JLG Architects
**Engineer:** Design Tree Engineering, Inc.
**Contractor:** BCI Construction
**Completion date:** December 2024
**Total cost:** $10,700,000
**Square feet:** 28,500


Uniting a hospital and three distinct clinics, Alomere Pavilion is advancing the organization's vision to better serve the region's rehabilitation needs, serving patients across 150 zip codes in central Minnesota. The new facility is efficiently designed, adjacent to the hospital. It optimizes existing parking, daylight for interior spaces and biophilic, healing environments, creating a welcoming destination for a complementary network of therapists. It features an adult gym with a walking track, a therapy pool with an adjustable floor, an underwater treadmill and dedicated areas for specialized care. Specialized space has invited collaboration with Heartland Orthopedic Specialists, providing patients with state-of-the-art surgical and nonsurgical orthopedic care in the areas of trauma, sports medicine and elective reconstructive surgery. The pavilion integrates seamlessly with Alomere's existing facilities, providing individualized therapy programs and enabling an integrated team of therapists to maximize patient outcomes in a one-stop shop for passionate, personalized care.

## Hennepin County Youth Stabilization Center

**Type of facility:** Inpatient adolescent mental health care
**Location:** Minneapolis, Minnesota
**Ownership organization:** Hennepin County
**Architect/interior design:** Mohagen Hansen Architecture | Interiors and human eXperience
**Engineer:** Paulson & Clark Engineering
**Contractor:** Carlson-LaVine, Inc.
**Completion date:** December 2025
**Total cost:** $17,562,000
**Square feet:** 26,000

This project presented a highly complex adaptive reuse challenge requiring seamless integration of clinical rigor, security and trauma-informed design within the constraints of an aging urban structure. It required reimagining three existing floors of an inner city building and introducing new outdoor space—transforming a dated facility into a forward-thinking, therapeutic environment for youth ages 9–17. It demanded retrofitting of an occupied, existing building not originally designed for behavioral health, aligning structural limitations with modern clinical, safety and operational standards. Balancing ligature-resistant detailing, clear sightlines and staff safety with a non-institutional, welcoming atmosphere required precision and innovation at every level of design and construction. Mechanical, electrical and life safety systems were upgraded and integrated to meet stringent codes without compromising the project's design intent. The result is a facility defined by empathetic innovation. The design embeds clinical and security requirements within warm, durable materials and human-centered forms.

## Children's Minnesota Emergency Department Renovation

**Type of facility:** Hospital
**Location:** Minneapolis, Minnesota
**Ownership organization:** Children's Minnesota
**Architect/interior design:** GBBN Architects
**Engineer:** Dunham Associates
**Contractor:** McGough Construction
**Completion date:** December 2025
**Total cost:** $3,300,000
**Square feet:** 6,170


This project reimagined the Children's Minnesota, Minneapolis emergency department's upfront area as a highly responsive pediatric intake environment where fast-track care delivery, operational efficiency, patient experience and emotional reassurance work together from the very first moment of care. The renovation transformed the entrance vestibule, security station, registration, waiting, triage and exam areas, reorganizing how patients arrive, are evaluated and move through care. Intake and triage functions were restructured to improve throughput, increase capacity and support faster access to care. Expanded waiting areas, open sightlines and clearly organized intake zones created a more intuitive, family-centered experience. As "The Kid Experts," Children's Minnesota designed the environment as a comfortable, familiar extension of its care experience. Spatial organization, visibility, branding and graphics work together to support clarity and emotional reassurance for children and families during moments of urgency and uncertainty.

## CentraCare Plaza

**Type of facility:** Outpatient Surgical Center and Ambulatory Care Campus

**Location:** St. Cloud, Minnesota

**Ownership organization:** CentraCare Health System

**Architect/interior design:** RSP Architects and Cannon Design

**Engineer:** Dunham Associates

**Contractor:** McGough Construction

**Completion date:** June 2026

**Total cost:** $194,500,000

**Square feet:** 225,000


This major expansion of CentraCare Plaza represents a transformative investment, increasing access to specialty care, enhancing the patient experience and meeting the growing demand for outpatient services across Central Minnesota. The project includes a 165,000-square-foot, three-story addition to the existing facility. It will house orthopedics, neurosciences, neurology and a MedSpa, while increasing ambulatory surgery capacity with six new operating rooms, including a hybrid operating room designed for complex procedures.

The expansion features nearly 60,000 square feet of new rehabilitation space for adult physical, occupational and speech therapies. It more than doubles therapy capacity, enhancing the ability to deliver advanced care closer to home. The facility is designed to improve care coordination and patient navigation. Complementary specialties will be grouped together – such as orthopedics with surgery and neurosciences with rehabilitation – and services will be co-located to streamline patient flow and create a more seamless experience.

## Gillette Children's Operating Room Renovation

**Type of facility:** Hospital
**Location:** St. Paul, Minnesota
**Ownership organization:** Gillette Children's Hospital
**Architect/interior design:** BWBR
**Engineer:** Dunham Associates
**Contractor:** McGough Construction
**Completion date:** Ongoing phases
**Total cost:** $6,700,000
**Square feet:** 13,300

This project is a five-phase transformation of seven operating rooms within an active pediatric hospital environment. Careful planning and sequencing enabled construction to occur in phases while maintaining uninterrupted surgical operations. The design features a highly coordinated surgical platform that prioritizes flexibility, clinical efficiency and long-term adaptability while navigating the complexities of working within leased space integrated with Regions Hospital, a Level 1 trauma center. Innovative mechanical and systems solutions support the project's technical demands, including precise temperature and humidity control for pediatric procedures and integration with shared HVAC and life safety infrastructure. This work included replacing legacy pneumatic dampers with electrically powered systems on emergency power, improving resiliency and reducing operational disruptions. The result is a resilient, energy-efficient and future-ready surgical environment that reflects a seamless integration of architecture, engineering and clinical insight to advance pediatric patient care.

## Astera Health/CentraCare Coborn Cancer Center

**Type of facility:** Cancer center
**Location:** Wadena, Minnesota
**Ownership organization:** Astera Health
**Architect/interior design:** HGA
**Engineer:** HGA
**Contractor:** Mortonson Construction
**Completion date:** July 2025
**Total cost:** $19,000,000
**Square feet:** 15,300


Less than a year after opening their new hospital, Astera Health partnered with HGA and Mortenson to build a new cancer center to expand their services in the region. Flexibility was a key driver throughout planning and design. Six exam rooms can expand to ten with a minor future addition. Likewise, the design accommodates growth from eight to 12 infusion bays. The on-stage/ off-stage exam room configuration allows for staff collaboration and an elevated patient experience. The cancer center addition has a separate entrance and presence on campus while still being contiguous with the public spaces of the new hospital for ease of access to amenities like dining, pharmacy and other support functions. circulation and expansion. A city street was vacated to accommodate the new addition. The simple design solution balances competing needs — a straightforward glass entry under a cantilevered overhang provides a clear public face for the hospital while fitting seamleral to the site. This transformation makes a lasting impact, enhancing both patient experience and the hospital's role in the community.

**Designing Hope For Children** from page 17

important role. Sound-absorbing ceilings, wall panels and flooring reduce echoes and background noise, helping create a quieter setting that minimizes overstimulation for youth who may already be emotionally overwhelmed.

The scale and arrangement of spaces matter as much as the finishes themselves. Adolescents often respond positively to environments that offer choice and a sense of control, something they may feel they have lost during a behavioral health crisis. Rather than relying solely on large, open gathering spaces, successful facilities incorporate a variety of settings that support different emotional needs. Comfortable lounges encourage positive social interaction, whereas smaller alcoves, window seats or quiet rooms provide opportunities for privacy, reflection and emotional regulation without complete isolation.

> Behavioral health recovery rarely occurs in a single type of space.

Furniture selection further reinforces dignity while meeting behavioral health safety standards. Pieces can be durable, weighted and ligature-resistant without appearing institutional. Residential styling, softer forms and thoughtfully scaled furnishings help create environments that feel familiar and comfortable rather than intimidating.

Clear wayfinding and intuitive layouts also contribute to emotional well-being. During periods of heightened stress, cognitive processing can be impaired, making even simple navigation feel overwhelming. Clearly defined circulation paths, visual landmarks, access to daylight and consistent architectural cues reduce confusion and help young patients develop a greater sense of predictability and security within the building.

Facilities also may incorporate positive distractions throughout the environment. Views to nature, nature-inspired artwork, organic patterns and outdoor courtyards provide moments of respite that can lower stress and support emotional regulation. Activity spaces for art, music, movement or sensory engagement create healthy outlets for expression while reinforcing that healing involves more than clinical treatment alone.

Ultimately, the objective is both simple and profound: to create spaces that feel less like institutions and more like places of healing. When adolescents enter an environment that conveys calm, dignity and compassion from the moment they arrive, the building itself begins to support the therapeutic process. Thoughtful design cannot eliminate fear or anger, but it can reduce environmental stressors, build trust, encourage engagement and create the conditions where healing has a greater opportunity to begin.

## The Role of Trauma-Informed Design

Many children entering behavioral health settings have experienced trauma. Whether stemming from abuse, neglect, violence, family instability or other adverse experiences, trauma can fundamentally shape how young people perceive the world around them. Trauma-informed design recognizes that the physical environment is not simply a backdrop for treatment, it becomes an active participant in the healing process.

Trauma affects how individuals perceive safety, control and trust. As a result, seemingly small design decisions can have meaningful effects on a person's experience. A confusing layout, abrupt transitions between spaces, lack of privacy or environments that feel overly restrictive can unintentionally reinforce feelings of vulnerability and loss of control, whereas spaces that are organized, predictable and thoughtfully scaled help reduce uncertainty and create an environment where young people can begin to feel secure.

One of the primary goals of trauma-informed design is to create spaces that encourage choice and independence. Children in crisis often feel that many decisions are being made for them. While safety protocols necessarily place limits on independence, the built environment can still offer appropriate opportunities for choice. Allowing a young person to decide where to sit during a family meeting, whether to spend time in a quiet room or a common lounge or how to engage with therapeutic activities reinforces autonomy without compromising safety. These seemingly modest choices help rebuild confidence and reduce feelings of helplessness.

The relationship between staff and youth is also influenced by design. Spaces that encourage supportive, informal interactions rather than relying exclusively on desks, counters or barriers can help foster trust and engagement. Comfortable family visitation rooms, flexible counseling spaces and shared activity areas promote meaningful connections while maintaining appropriate levels of supervision and security.

## Safety and Security by Design

Safety is a foundational requirement in every behavioral health facility. Effective behavioral health design, however, goes beyond visible security measures. The most successful facilities incorporate safety and security seamlessly into the environment.

Behavioral health spaces require careful space planning considerations, ligature resistant requirements, sightlines, furniture selection, hardware specification

and staff observation capabilities. Every element from door hardware to restroom fixtures must be evaluated through the lens of patient and staff safety. At the same time, these protective measures should not dominate the user experience.

A well-designed facility allows staff to maintain visibility and awareness without creating an atmosphere of surveillance. Therapeutic spaces can feel comfortable and welcoming while still meeting rigorous safety standards.

This balance is especially important in settings for children and adolescents, where trust and relationship-building are essential components of care.

When children feel physically and emotionally safe, they are more likely to engage with clinicians, participate in treatment and begin the stabilization process.

## Creating Spaces for Regulation and Recovery

Behavioral health recovery rarely occurs in a single type of space. Different treatments and therapies require different environments.

Some children benefit from social interaction and community engagement. Others need privacy and opportunities for quiet reflection. Effective behavioral health facilities provide a range of settings that support varying emotional and therapeutic needs.

Dedicated sensory rooms have emerged as particularly valuable tools in youth behavioral health environments. These spaces often incorporate adjustable lighting, sound controls, tactile elements and calming sensory experiences that can be adjusted by the user based on choices they believe will help regulate their emotions and reduce agitation.

Flexible therapy rooms support individual counseling, family meetings and group programming. Comfortable community spaces encourage healthy social interaction while helping reduce feelings of isolation.

The ability to move between these environments allows youth to access the type of support most appropriate to their needs at any given moment.

## A Minnesota-Based Solution in Action

A recent example of this approach can be found in the Hennepin County Youth Crisis Stabilization Center in Minneapolis.

Developed through a partnership among Hennepin County, Nexus Family Healing, national planning and design consultant human eXperience, and Mohagen Hansen Architecture | Interiors, the project transformed three floors of the existing county-owned building located at 1800 Chicago Avenue, into a safe, therapeutic environment for youth. The facility, designed to serve youth ages 8 to 17 with complex behavioral health needs, includes two neighborhoods, one with six beds the other with seven, that provide intensive therapeutic services in a secure, home-like environment. Rather than functioning as a long-term residential treatment center, it is intended to provide short-term stabilization, with typical stays ranging from approximately 30 to 45 days while care teams work with families and community providers to identify the next appropriate step in treatment.

The design team approached the project through a trauma-responsive lens, with organized planning strategies that prioritized emotional safety, dignity and ease of navigation. Restorative lighting, calming materials, flexible therapeutic spaces and a dedicated sensory room support stabilization and self-regulation while meeting operational and safety requirements.

Perhaps most important, the facility demonstrates that behavioral health environments do not need to feel institutional to be secure. Through intentional planning and design, the facility creates a setting that supports both clinical care and human connection.

## Looking Forward

As Minnesota continues to address growing behavioral health needs, conversations often focus on staffing, funding, policy and access to specialized care. These issues are critically important. Yet the environment in which care occurs should also be part of the discussion.

Behavioral health facilities are more than buildings. They are tools that support treatment, recovery and long-term well-being. When designed thoughtfully, they can reduce stress, enhance safety, support clinical outcomes and help children and adolescents feel valued during some of the most difficult moments of their lives.

Every child deserves the opportunity to succeed. Sometimes that journey begins with something as simple and as powerful as a safe place to reset.

For young people experiencing behavioral health challenges, early intervention can change a life trajectory. The environments we create for that intervention can help make those opportunities possible.

As health care providers, designers and community leaders work together to expand behavioral health resources, we have an opportunity to create spaces that do more than offer services. We can create environments that communicate hope, restore dignity and help children envision a future beyond their current crisis. That is not simply good design, it is an investment in the health and potential of the next generation.

**Stacy Collins** is the health care & wellness studio lead at Mohagen Hansen Architecture | Interiors.

◂ **Preparing for What's Ahead** from page 9

thoughtful master plan can help leaders understand what improvements are needed today, what can be phased over time and where future opportunities may exist. That creates a stronger foundation for capital conversations and helps organizations make informed decisions that support both immediate needs and long-term objectives.

**What are some examples of innovative solutions to these issues you have seen recently?**

One of the most encouraging things we're seeing is that innovation isn't always tied to new technology or large-scale construction projects. In many cases, it's about finding creative ways to maximize existing resources and improve access to care.

For example, we've worked with organizations that are rethinking how existing facilities are used rather than immediately pursuing new construction. Through facility assessments and master planning, they're identifying opportunities to repurpose underutilized space, consolidate services or phase improvements over time to better align with community needs and available funding.

We're also seeing health care leaders take a more strategic approach to partnerships and service delivery. In some communities, organizations are exploring ways to bring services closer to patients through satellite facilities, specialty clinics or collaborative care models that improve access without requiring major expansions.

Another area of innovation is the planning process itself. More organizations are using data, community engagement and long-range planning to guide decisions. Rather than focusing solely on immediate needs, they're looking at demographic trends, workforce challenges and future care demands to help ensure investments made today continue delivering value years down the road.

What these examples have in common is a focus on flexibility. The organizations finding success are creating solutions that allow them to adapt as community needs continue to evolve.

**Please share your thoughts on facilities planning and speed to market as a strategic advantage in health care.**

Health care organizations operate in an environment where needs can change quickly. External pressure can also contribute to timely decisions. Organizations that have already done the planning work are often in a much stronger position to respond when opportunities or challenges arise.

That's one of the reasons facility planning is so important. A comprehensive master plan helps organizations understand their priorities, evaluate potential investments and identify a path forward before a need becomes urgent. When funding opportunities become available or strategic decisions need to be made, leaders aren't starting from scratch. Speed to market isn't necessarily about moving faster through design and construction. It's about reducing uncertainty and being prepared to act with confidence. Organizations that have a clear understanding of their facilities, operational needs and long-term goals can often make decisions more efficiently because much of the groundwork has already been completed.

**What can you tell us about elevating the standard for behavioral health spaces and designing dignity?**

For a long time, behavioral health environments were often designed primarily around safety and

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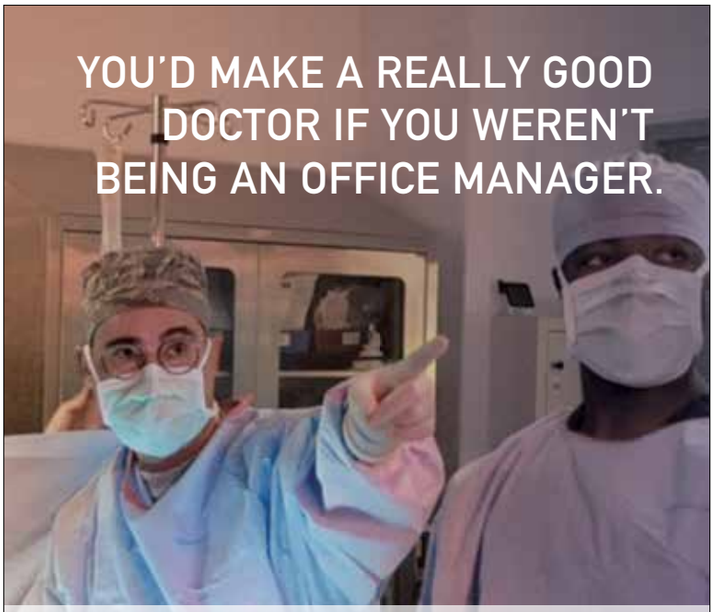


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risk mitigation. While those considerations remain critically important, there has been a significant shift toward recognizing the role the physical environment plays in a person's recovery and overall experience of care.

Today, the conversation is increasingly centered on dignity. People seeking behavioral healthcare deserve environments that feel welcoming, supportive and healing, just as they would in any other health care setting. That means moving away from institutional design approaches and creating spaces that reduce stress, support privacy and foster a sense of comfort and belonging.

We're seeing greater emphasis on trauma-informed design principles, including access to natural light, connections to nature, calming materials, clear wayfinding and spaces that provide both safety and choice. These elements can help reduce anxiety and create environments where patients feel respected and supported throughout their care journey.

Design alone cannot solve the behavioral health challenges facing our communities, but it can play an important role in shaping how care is experienced. When facilities are designed with dignity in mind, they can help remove stigma, support better outcomes and create environments that encourage people to seek care when they need it most.

### What advice can you offer to those who are involved with improving their health care facilities?

My biggest piece of advice is to start by listening. Before discussing square footage, budgets or building solutions, it's important to understand the people the facility serves and the challenges they're trying to solve. Some of the most successful projects I've been involved with began with conversations rather than drawings. They included physicians, nurses, facilities teams, administrators, patients and community members who each brought a different perspective to the table. Those insights often reveal opportunities and priorities that might otherwise be overlooked.

I would also encourage leaders to think beyond immediate needs. It's natural to focus on today's challenges, but health care continues to evolve. Demographics change, care models shift and community needs grow over time. Taking a long-term view can help organizations make investments that remain valuable for years to come.

Lastly, don't underestimate the value of a thoughtful planning process. The goal goes beyond creating a better building; it's about creating an environment that supports caregivers, improves the patient experience and helps the organization fulfill its mission. When decisions are grounded in that purpose, the facility becomes a tool for advancing health care and strengthening the communities it serves.

**Josh Ripplinger, AIA, ACHE, LEED AP,** is the national health care practice leader at Wold Architects and Engineers.

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◂ **Emergency Department Design** from the cover

of treatment, speed, safety, comfort, mental health, staff well-being, diverse family and cultural experiences and operational efficiency — all at once.

When designing either a brand-new ED, or updating an older one, the first step is to interview the people who will be using the facility. This includes everyone from providers and staff to patients and members of the community. We ask a wide range of questions; from what they would like to see improved, to what they have seen work well in other facilities, to what was not working. Sometimes individuals working in the ED may not be aware of important structural and other architectural advances, so it is important to bring things into the design discussion like infection control, touchless interfaces, managing airborne pathogens and many related topics.

Today's ED must support a growing range of specialized care.

Today's ED must support a growing range of specialized care, from pediatric to geriatric, from cardiac to trauma to surgery to behavioral and mental health needs. Each requires unique support from a physical space perspective. Imagine experiencing the trauma of abuse, suicidal thoughts, or a severe anxiety attack, then being asked to wait within a general emergency room setting — next to more than 20 people battling fevers, broken bones, or incessant coughing and wheezing. That's exactly how most emergency departments have operated.

## Evidence-Based Evolution

Traditional emergency departments pushed patients straight from the sidewalk into a cramped waiting room, where the front desk single-handedly managed all concerns. A corner TV on mute and several sick patients in nearby chairs were the only company.

Today, the redesign conversation is centered around a continual evolution of needs, with several design considerations setting an entirely new standard in emergency care. Staff now expect safer spaces that accurately support the diversity of urgent care cases and give both the public and staff peace of mind, with built-in security checkpoints at the entry. The new standard further includes evidence-based design solutions for clear arrival sequences, immediate visual wayfinding, real-time location systems, separate entries for ambulance and public arrivals, registration desk privacy, vertical care and rooms designed specifically for the safe holding of patients with behavioral health concerns.

Care space comes at a premium, so finding the ED's balance of sufficient space versus excessive space is critical. A rule of thumb for addressing this is roughly one treatment space per 1,100 annual ED visits and/or one treatment space per 400 annual hospital admissions.

In the recent completion of Altru Hospital in Grand Forks, North Dakota — serving over 230,000 residents across northeast North Dakota and northwest Minnesota — JLG Architects introduced emergency department vertical care spaces. Instead of assuming all patients need to lie down in a room horizontally on a stretcher or bed, it allows for some patients to be treated upright in recliners, treatment chairs, small-care bays or flexible consult spaces. The concept is straightforward: if a patient is stable and able to sit comfortably, keeping him or her upright and moving through a streamlined care sequence frees critical bed space for those who need it most.

Altru's emergency care pods have since become the first of their kind in the state to receive approval for medical licensing, prompting modular workstations that allow visibility and proximity to the low-acuity pods — putting the provider as close to the patient as possible. These solutions required significant due diligence from the state to ensure the intent was understood, what kind of patients would be treated within the pods, and maintaining appropriate nursing practices while training for a new on-stage/off-stage operating model.

The hospital's departmental adjacencies were also carefully considered, with design supporting clinical needs and patient flow. Because seconds save lives, Altru's design includes a trauma elevator that creates a fast, direct and controlled route for critically ill or injured patients moving between the emergency department, surgery, intensive care, imaging and other high-acuity areas. Another important adjacency was central sterile processing below, which allows for quick cycling of surgical instruments.

## Practical Considerations

Increasing demand for behavioral health care has been a major force driving redesign, with many emergency departments exploring separate arrival or more private waiting areas for patients experiencing a mental or behavioral health crisis.

In emergency departments that have the need for more defined mental and behavioral health care, architects are leaning into trauma-informed design and the impact of amplified privacy in entries and waiting areas, quieter, low-stimulation treatment spaces, streamlined security integration, dedicated behavioral health pods and separate observation areas.

We are currently working with the Department of Health and Human Services on the design of the new North Dakota State Hospital. Although this project doesn't have a traditional emergency department, it has an all-under-one-roof design that includes an admissions unit, specialized therapeutic spaces, advanced security and expanded capacity for several departments, including psychiatric inpatient care. The new state hospital, scheduled for completion in 2027, will reinforce the behavioral health care workforce with designated education spaces for both staff and regional higher education institutions, including collaborations with the University of North Dakota's medical school. This space takes cues from emergency care, designed to quickly transition from education and simulation to a secure facility for the care of the most vulnerable.

## Rural Health Care Reimagined

In rural regions, the needs of immediate and surrounding communities also come into play, as local demographics, behavioral health trends, rural access challenges and patient volumes all shape how emergency departments are planned.

At the new Heart of America Medical Center (HAMC), we recently replaced an 80-year-old, five-level hospital with a one-level hospital designed for the modern health care needs of Rugby, North Dakota, and beyond. To serve several surrounding communities, the project united a full spectrum of services — emergency medicine, imaging, surgical suites and an acute patient wing — under a single, modern roof. A USDA-funded project, the facility was designed to support the complexities of rural health care delivery, integrating a pharmacy, outpatient clinic and physical therapy center to ensure the region has access to high-quality care in a centralized, sustainable environment.

Like many hospitals in rural areas today, the nursing staff for the emergency department is the same staff that sees patients within the hospital. In the old hospital these departments were on opposite sides of the building. Within the new hospital the nurse stations for hospital and emergency are separated by a single set of doors — reducing the travel distances for the nursing staff by 175 feet one way. Patients are welcomed into a central "main street" spine — a public circulation path flooded with natural light that provides intuitive wayfinding to major departments. This allows patients to know exactly where they are going, which is especially important in situations where they are seeking emergency care.

## Fixed vs. Flexible

To prepare for a future that is difficult to predict, rather than building fixed environments, health care systems are prioritizing flexibility through adaptable treatment rooms, scalable infrastructure and built-in expansion potential that can accommodate changing patient acuity, new technologies or future health crises.

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Recent innovations — including split-flow triage, fast-track treatment zones, telehealth integration, direct bedding strategies and vertical care models for lower-acuity patients — are reshaping how emergency departments improve throughput and reduce wait times.

Post-pandemic lessons have further elevated the importance of surge capacity, staff respite spaces and trauma-informed environments that reduce stress for both patients and caregivers — all starting in the ED. Increasingly, the most effective emergency departments are designed not only to meet today's needs, but to evolve alongside the communities they serve.

> Hospitals build new emergency departments every 15 to 20 years and renovate them every 5 to 10 years.

For a successful redesign, it is important to address current operational realities, including new regulatory requirements around infection control and prevention, patient privacy, accessibility, visibility and behavioral health safety. The ED increasingly serves as a front door to both physical and mental health care, so emergency spaces must support everything from trauma care and rapid triage to secure, ligature-resistant behavioral health environments. Some patients may become violent and present a threat to those around them. Multiple exits from these rooms with remote lock-down security is one way to address this concern.

## Navigating the Future

Ultimately, staff and providers don't need to quiet their concerns and "make it work" anymore. As health care architects, one of the most important things we can do is walk in their shoes — not just identifying challenges, but uncovering opportunities. We invite nurses, physicians and support teams to discuss and inform workflow mapping, simulations and design mockups to identify bottlenecks, reduce unnecessary walking distances, improve sightlines and nurse station proximity and create environments that support both efficient care delivery and caregiver well-being.

Evidence-based design is a tried-and-true road map, but the only thing we can be certain of is change. Together we can navigate a well-informed shift, from fixed environments to adaptable treatment rooms, scalable infrastructure and built-in expansion. Emergency departments may not be able to foresee a rapidly changing future, but they can prepare to meet the challenge, seamlessly flexing for the inclusion of new treatments, on-demand infectious disease control, university partnerships, new workflows and the reality of ever-changing technologies.

**Todd Medd, AIA,** is a principal architect and the health care practice studio leader at JLG Architects. He is a renowned national expert on the innovation of rural health care, telehealth, trauma-informed design and mental and behavioral health care design.

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