

THE FUTURE  
OF WELLBEING  
MINNESOTA LEADING THE WAY



**THE FUTURE OF WELLBEING**  
**MINNESOTA, USA**  
**FOCUS GROUP SUMMARY REPORT**

**APRIL 2022**

Summary Notes prepared from five Focus Group Sessions  
held on February 8 and 10, 2022



# THE FUTURE OF WELLBEING

## MINNESOTA, USA



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## FOCUS GROUP SUMMARY REPORT

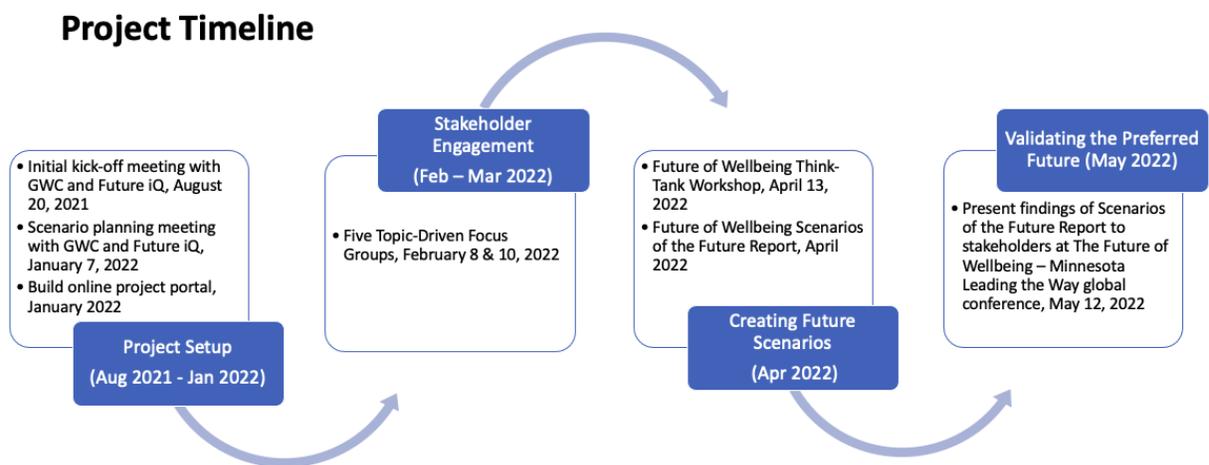
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## 1.0 Introduction

Future iQ is working with the Global Wellness Consortium, Green Umbrella, Global Minnesota, and Greater MSP to design and facilitate a visioning process to explore Minnesota’s role in the future of global health and wellbeing. This project will provide a forum for leading experts in government, academia, healthcare, food, and transportation to develop a vision for Minnesota looking out to 2040. The Focus Groups were held to gather background information that would help inform the scenario-planning Think-Tank in April 2022. The initiative will culminate with the presentation of findings and panel discussions at The Future of Wellbeing-Minnesota Leading the Way global conference in May 2022.

Please explore the project portal and sign up for information at <https://lab2.future-iq.com/future-of-wellbeing/>.

Below is a schematic of what will take place during the project.



## 2.0 Focus Group Sessions

### 2.1 Healthcare Systems Focus Group

The Future of Wellbeing Healthcare Systems Focus Group met virtually on February 8, with 18 participants attending the session. Future iQ introduced the format of discussion for the session, the purpose being to explore key drivers, trends, and future-splitting questions as they relate to the topic of healthcare systems in Minnesota. These Focus Groups were conducted to gain insight into the expert perspectives on the future of healthcare systems in preparation for a scenario-planning Think-Tank. The following summary synthesizes the lively discussion of these questions and is to be used as background information for the Think-Tank on April 13.

#### **Question 1: Exploring trends, implications, and predictions, what are the key trends worth noting looking out to 2040?**

- There is need to **move to a value-based healthcare system**. Currently, most healthcare is piecemeal or fee-for-service. A value-based healthcare system pays a fixed amount to take care of populations and provides incentives to care for the whole person.
- On the health delivery side, we need to organize systems downstream as opposed to upstream; **get away from episodic care** so we can organize across the system to see the total cost of care.
- There is a **national movement to primary-based care**; whole-person care within a community. This ties social needs with prevention to get better outcomes. Primary care's role shows how to invest differently to strategically connect and incentivize whole person care.
- It's about how to help people live their best possible lives upstream – this involves **both social care and healthcare**. The challenge is to identify and remove barriers to being healthy. For example, invest in food insecurity and housing.
- The current system is not built for getting people engaged in their own health earlier in their lives; **consider health inequities**.
- Value-based care looks at **healthcare as part of a continuum**. How do we put acute care relative to other parts and link to payment and targets?
- Traditionally, **post-acute delivery** has not been seen as a legitimate part of the healthcare ecosystem when the bulk of post care occurs during this time; needs to be part of the continuum. We need to create the right structures to address value + care = improved outcomes for patient.
- A transformation of the healthcare ecosystem needs to occur relative to **public expectations and trust**. The transactional aspect of healthcare affects trust; healthcare needs to seem more for the greater good.
- In the U.S., there is a high spend on healthcare instead of wellbeing and wellness.
- Regarding the episodic orientation of current healthcare, currently patients will wait 10 years to address a condition; we need to use engagement and provide patient access for all populations; **use data analytics to stay ahead of conditions** occurring.

- **Behavior-change** must be part of the solution. We have been training people not to come in until they are broken. Providers need to work in a unified manner to encourage people to come in earlier.
- How can we **unite business, healthcare and technology** to help prevent illness and encourage wellness? MN has the resources – particularly in the areas of research and prevention. The pandemic highlighted peoples’ willingness to participate in trials.

**Question 2: Does Minnesota have a role in a global wellness – is there an opportunity in this context to provide leadership to the world? Explore the indicators and probe what this proposition might be.**

- Yes – **MN has a depth of knowledge and expertise.** Currently, we spend less on social care and more on health care. Europe is the opposite. North Carolina is spending more upstream on Medicare with their 11/15 Waiver. California, and Massachusetts are experimenting with more social care. MN has not acted on these discussions and needs to put more money upstream.
- **MN is poised to realign its payment distributions.** Consider Maryland as an example. Wellness means different things – housing, economic, mental health, medical – we need to define what we mean.
- Yes – The **MN ecosystem is very strong.** If we could combine our industry with payment models, this would be the ultimate set up.
- Yes – Having conversations about **risk-based sharing** is a good foundation.
- Yes – **MN has all the pieces and history of collaboration;** 1<sup>st</sup> person disadvantage if we move forward quickly.
- Yes – MN has significant number of Fortune 500 companies, natural resources and financial resources that provide elastic **capacity for innovation.**
- **Health inequities** in the state affect the integrity of influence; when thinking of innovations and challenges, we need to think of other social lanes of disparities.

**Question 3: What are your predictions and aspirations for the future in the next decade? Where will we get to or where could we get to?**

- **Personalized medicine and the delivery of** personalized medicine will be key. There are many disrupters impacting healthcare – how can technology help? Personalize and impact preventative care. Technology will enable fluidity; if we infuse AI, we can plan and predict for the individual.
- **Telehealth technology** is there; homecare will be key to the future. The rest of the world operates on consumers making choices but technology can predict – we need to figure out how to apply this **predictive capability** to healthcare to get there.
- Aspirational – technology and partnerships with tech companies is key. Our ability to provide virtual experience is robust; **Minnesota has the opportunity to be the testbed** for many of these technologies.

- Prediction – **healthcare will change very little**; even now with scheduling efficiency, this hasn't really changed anything. The healthcare experience will advance, but we will still be as far behind. What consumers want hasn't grown with healthcare.
- With respect to **healthcare delivery**, on the lower acuity side, it will be better in the future. Social needs will be strong and will influence discussions on wellbeing. Attention will be on the higher acuity side; that will be expensive. Decisions will be based on cost.
- There will be rapid change caused by the backlash towards healthcare pulling at the **relationship around trust**; this is a powerful narrative around health. How fair and just are we being with each other – it's a narrative around **values and culture**; our ability to meet communities where they are at – add that layer.
- Look at 25 years (generationally), not 10 years. There is a **discrepancy between generations** and the younger generation has an interesting perspective on health.
- The importance of homecare and consumer desire is true, but very inefficient. The value of homecare is the interaction of the caregiver and more macro effects – the social determinants of care. **How do we leverage informal caregivers?** The delivery system is not only dependent on professionals.
- The current lack of trust is preventing change and will impact the levels of care in the future. **Trust will determine whether change is incremental or radical.**

#### Consultant's insights:

- The notion of wellbeing must include how to prevent people from getting into the healthcare system only at the time of needing to be treated (episodic).
- Good health could be incentivized.
- Currently there are significant enabling technologies that could bring transformation to healthcare. This convergence could bring rapid change (like the 1960s). The macro environment is seeing an acceleration of change. For Minnesota, there exists an ability to turn change into a reality in a collaborative way; there is a window of opportunity.
- Key future-splitting questions: The pace of change and shifts in systems besides healthcare (ex. Energy, etc.) Healthcare's current pace of moving slowly will determine whether change will be incremental vs. radical.

## 2.2 Social Infrastructure Focus Group

The Future of Wellbeing Social Infrastructure Focus Group met virtually on February 8, with 12 participants attending the session. Future iQ introduced the format of discussion for the session, the purpose being to explore key drivers, trends, and future-splitting questions as they relate to the topic of social infrastructure. These Focus Groups were conducted to gain insight into the expert perspectives on the future of social infrastructure in preparation for a scenario-planning Think-Tank. The following summary synthesizes the lively discussion of these questions and is to be used as background information for the Think-Tank on April 13.

### Question 1: Exploring trends, implications, and predictions, what are the key trends worth noting looking out to 2040?

- **Social infrastructure provides connection and sense of belonging** in the greater community. It's how we enable and provide opportunities for connection. Social isolation is what prevents community and wellbeing.
- We need to **build community hubs** and the integrated services around them; schools are the prime example.
- Also look at social infrastructure through a **digital lens; technology solutions** to access social infrastructure from home; provide convenience and accessibility to avoid isolation and polarization. For example, food banks – client first shopping experience.
- Some trends in accessibility and mobility relate to the **Americans for Disabilities Act**: making sure barriers are taken down to allow access. The **aging population** is a prime example – people entering a phase of physical disabilities; the need for sidewalks to be ADA compliant.
- The importance of public space to **increase the greater good** for community involves investment in social infrastructure. Mobility including car sharing for example.
- **Equity needs** to be considered in community planning – to assure social infrastructure is distributed throughout the state. Note that some communities are not bound by map.
- There is a trend to make public space/physical spaces more friendly and welcoming to communities (ex. MNDot Artist in Residence program). It's important to **create authenticity**; bring in aspects of community to help represent and be public spaces.
- Related topic is importance of **safe civic space** for mental health; current trend of lack of civility can hopefully be addressed through social infrastructure development.
- **Electrification of transportation** utilizing shared mobility is a huge opportunity to layer the benefits in public health. MNDot is in the process of reimagining space. Trend is developing **public-private hybrid spaces**; developing key partnerships to create belonging and bring people together. Significant innovation throughout the country – example is the High Line network in NYC; transitioning old infrastructure into public spaces.
- Government should be used right away to address greenhouse gases and public health.

**Question 2: How far does the change in public space run? What is the potential for the decade ahead? What degree of change will occur?**

- **Electrification** will have a profound effect on carless households; it will change how people move. On a basic level, the federal funding available for electric vehicle charging stations is critical for parking lots, streets and shared mobility opportunities. It will be essential for MN to share the responsibility.
- Trends include **electric vehicles** and **remote work** (huge implications for rural areas; people can live/work anywhere); **expanding broadband** access will be critical for rural areas; **changes in active transportation** (walking, biking, rolling) has brought about an interest in safe routes to school.
- The trend towards including ‘**complete streets**’ concept when planning for public spaces has improved downtown in small communities. MNDot is good at looking at **streetscape** to allow people to convene, etc...
- Rochester, MN, is a city that has invested a lot in public infrastructure beyond just physical enhancements; they have also considered what are the programmatic and social structures necessary to grow and be healthy.
- Since the pandemic – change in emphasis of use of **parks and outdoor amenities**. We need to understand what is important and how we use them.
- The next **shared economy** will see creative solutions and the transformation of vehicle assets to provide mobility.
- Employers will move to **distribute the workforce**; this may cause disparities in employee access to less social infrastructure depending on where they live.
- Transportation trend – Peers are focused on biking and walking. As time goes on, we will take out major highways and make streets more pedestrian friendly.

**Question 3: What role can Minnesota play in health and wellness? Are we on the cusp of a radical rethink about social infrastructure?**

- Tying this in with healthcare systems, we spend most on healthcare and least on **social care** – let’s talk more about putting more money into social care including social infrastructure.
- Considering Minnesota State parks, there has been a dramatic increase in visitor use. Currently there is an **equity issue** as most State Parks require a car to get there. The Dept. of Natural Resources is implementing self-service access to State Parks including online ordering of tickets and maps.
- Blue Cross Blue Shield of MN has implemented a program to get out and enjoy the outdoors; **healthcare providers should be incentivized** to encourage healthy living.

**Question 4: Is there an opportunity for Minnesota to be an influencer in healthcare/wellbeing? Is there potential to be a role model in the area of social infrastructure? (EXPO)**

- **Authenticity** is the starting point. Social infrastructure is part of a core value system around health and understanding how to improve health.
- Minnesota needs greater leadership; be more data-driven and grounded in research. **Need more documentation on the importance of social infrastructure.** The **Well-Living Lab** in Rochester is an example – it seeks to show the impact of the indoor environment on human health.
- Use measurement of the impacts of social infrastructure to support core values.
- Minnesota could be known for health and wellbeing through **storytelling**. Currently, reporting has shifted from good research to gotcha headlines. It's important to include the Minnesota story (example Omaha World Herald/NE Community Foundation program Storybook)

**Question 5: Where can Minnesota play a leading role to tell the Story?**

- See [www.legacy.mn.gov](http://www.legacy.mn.gov)
- **Resource shift** increases are game changers.
- **Complete streets** is a leader in creating safe places for people to walk and bike
- This is an opportunity for MN to be seen as a hub of impact entrepreneurship and investment. There is a history here of building on what matters, **social entrepreneurship**
- Minnesota can build on **partnerships and collaboration**; when multiple groups come together with resources to advance together.
- Minnesota is known for its heavy voting and **civic engagement**; this could be replicated across the Midwest. The challenges are not the same everywhere, but this is our opportunity on the national stage (example: snow maintenance).
- Minnesota is a resource rich state in **philanthropy, government and private**

**Consultant's Insights:**

- Social infrastructure builds social fabric in the community; moves people away from the creation of insular bubbles (ref. Future of Urban Living).
- The current disruptions to the public process with respect to lack of civility make visioning even more critical; to find points of consensus.
- There is an opportunity in Storytelling for Minnesota; important to think about how we build that out to overcome the challenges.

## 2.3 Food and Nutrition Focus Group

The Future of Wellbeing Food and Nutrition Focus Group met virtually on February 8, with 20 participants attending the session. Future iQ introduced the format of discussion for the session, the purpose being to explore key drivers, trends, and future-splitting questions as they relate to the topics of food and nutrition. These Focus Groups were conducted to gain insight into the expert perspectives on the future of food and nutrition in preparation for a scenario-planning Think-Tank. The following summary synthesizes the lively discussion of these questions and is to be used as background information for the Think-Tank on April 13.

### **Question 1: Exploring trends, implications, and predictions, what are the key trends worth noting looking out to 2040?**

- We can't talk about wellbeing without talking about **policing and wellbeing**; like food, is part of our wellbeing. Food groups have the power to heal and create community; food as a cross-cultural experience. Race is part of the conversation. How to use foods to bring people together; power-sharing.
- In the Ag industry, there is an increasing focus on **inequities**. An overwhelming percent of farmers are white. We need to figure out what can be done to support BIPOC farmers. Trending small changes around **DEI in agriculture**.
- Access to food for now requires dismantling of institutional racism.
- We are suffering on a global wellbeing level in the food system; we have the best topsoil in the world to produce food, yet have a high hunger rate. The current designed food system has failed – it is **extraction** – We must go forward with caution.
- **Food access** is a basic human need; shared humanity.
- Trend towards functional food – eating food that helps us; thinking about food as it affects us.
- We need a willingness to collaborate through a better use of resources; connect the work we do to the **Sustainable Development Goals**.
- Trend towards **mental health solutions**; it's ok to ask for help.
- The **transformational consumer**: The consumer can seek out brands and products that help us get from point A to B (Millennial value).
- Trend to fear tactics around **climate change** to create a sense of urgency. This applies to other areas as well and is creating a sense of panic.
- The pandemic impact on the **spirituality space**; people are waking up to the ability to grow and access their own food.

### **Question 2: Shifting to the relationship to food, what is the macro enabling environment? What and why will the impacts occur?**

- Three trends to consider: **Consumer choice**; **Political actions** (what needs to happen is happening); **Marketing confusion**. How industry reacts to these trends is important.

How we decide what's healthy is important. Clarity is needed on climate change; what it is or isn't. Market access; consider who can access what.

- Transitioning to a **global workforce** in the industry and how to make that transition for the Ag/food industry. How to support families to stay in the industry is critical.
- Trend towards the emergence of **plant-based products**. Be mindful of the inequity of access to these products.
- Current World Expo in Dubai is emphasizing what's happening elsewhere; **packaging options** and what other places and cultures bring to the industry. Minnesota is participating on the global stage to connect and leverage our resources. **Production** is approached differently elsewhere; it exists on a continuum from industry oriented production to culinary (tapestry of land).
- From a **transportation** perspective, it's about the **resiliency/capability of supply chains/networks** in food imports and exports. We need to think of the last mile through an equity lens; make sure through covid that kids get food. Address food deserts in urban and rural areas; what strategies can we create to address. Minnesota food production and access on the local level can be a global role model.
- Minnesota is an Ag producer for the world. Current issue is the export of grains and the **cost of shipping and the availability of containers**, especially from/to Asia.
- The issues are **land access for low income people** and **environmental contamination** of soil. This is an equity matter. See the organization Climate Land Leaders (<https://sharing-our-roots.org/our-initiatives/climate-land-leaders/>).
- The supply chain infrastructure issue highlights the role that **smaller scale landowners** can play; adjustments need to be made to the aggregate food system.
- With respect to the global warming thread, we need to **expand the conversation beyond agriculture to natural resources**. What is our contribution as the state of Minnesota? Urban communities have been left out the conversation. Coming out of the pandemic, we can use the Urban Conservation Corps to plan trees and operationalize the SDGs in Minnesota. We need a **Master Plan** for the Land of 10,000 Farm; create a modern day workforce and apply for funding.
- Minnesota needs to engage democratically and our institutions need to reflect our values; the story we tell about ourselves and set goals that reflect our communities. The rural now focuses on producing commodities.

**Question 3: Where is the sweet spot for Minnesota? How does Minnesota play a role in the context of health and wellbeing with respect to its ability to produce on scale, the culinary experience, and food and nutrition? How can Minnesota push the boundaries and take the lead?**

- **High precision agriculture** in the Midwest is a key example. Minnesota can help people elsewhere in the world as a leader in innovation. Example is pea protein. How can we step up to help others?
- As the state that contains the headwaters of the Mississippi, we have tremendous potential. We need to come together using our **workforce, educational facilities, and**

**public-private partnerships** to devise strategies that advance the industry. **Project Sweetie Pie** (<https://www.projectsweetiepie.org>) is a golden opportunity to demonstrate to the world our potential.

- Shared leadership involves fostering shared faith from both sides of farming; it's how to actualize this. One way is to shift the narrative to **research** and how we are connecting these two sectors. Minnesota is unique; a cool balance of small nonprofits working together across the farming community, SSAs and large food brands, as well as the Extension arm of the University of MN, and the MN Dept of Ag. Don't only focus on resources.
- The **Upper Harbor Terminal** (<http://upperharbormpls.com>) redevelopment project is a key example of Minnesota leadership. It provides capital access for our communities of color and will provide quality food that will yield better health results for the surrounding community. This is critically important for women and children. (**An upstream conversation**)
- The current commodity system in Minnesota is destroying our land and extracting from rural. Be careful not to turn to technology as the savior for agriculture. If the rural can't feed themselves, they shouldn't be exporting goods. Hawaii is a great example of how these intersecting issues have been addressed successfully.

### **Consultant's Insights**

- The Ag story operates on multiple levels. It is important that the various parts of the food system don't turn on each other. All have critical importance to humanity. The opportunity for Minnesota is to demonstrate to the world how these systems can learn from each other and to be a role model.
- Ag production plays a critical role in the sustainability issue.
- Global nutrient exchange will involve multiple systems that need to be explored.
- There is a resorting of food systems going on. Local growing systems are emerging across the country and will affect the production landscape. Urban agriculture is part of this movement; driven by technology, this production at scale delivers to direct markets. This begins to address the 'food miles' issue and can serve as a bridge between large and small Ag systems.
- Minnesotans have demonstrated a clear willingness to collaborate on issues. People with different knowledge and understanding of land, Ag, and history can learn from each other. This is a sweet spot for Minnesota.

## 2.4 Workplace and Technology Focus Group

The Future of Wellbeing Workplace and Technology Focus Group met virtually on February 10, with 14 participants attending the session. Future iQ introduced the format of discussion for the session, the purpose being to explore key drivers, trends, and future-splitting questions as they relate to the topics of workplace and technology. These Focus Groups were conducted to gain insight into the expert perspectives on the future of workplace and technology in preparation for a scenario-planning Think-Tank to be held on April 13. The following summary synthesizes the lively discussion of these questions and is to be used as background information for the Think-Tank.

### **Question 1: Exploring trends, implications, and predictions, what are the key trends worth noting looking out to 2040?**

- (Employer perspective) The trend in the workplace is **work from home (WFH)**, especially since the pandemic. Some jobs do not allow work from home (snowplowers for example) and this has emphasized a divide between those who are more ‘front line’ workers and exposed to the virus. WFH is a definite benefit considering health risks. A MnDoT WFH survey indicate younger employees, women and people of color like WFH; those over 55 like it much less and want to come back to work for the ‘team feel’.
- Issue that arose from WFH is the effect on downtowns and how to make the workplace a ‘place to be’? Another issue was around **equity** and access to technology; there are definite winners and losers with respect to **access to services**.
- (Employee perspective) The WFH trend made us work harder and screen time felt like watching TV 8 hours a day; need the mental break. **Childcare** during the pandemic was a challenge. Using technology, some are better set up to work from home than others. New normal is working 2-3 days in office or WFH. The importance of human interaction via shared experiences needs to be emphasized for human health.
- Manufacturing was challenging during the pandemic and many turned to new technologies.
- We need to reconcile **who is in control** of this new world. In the new world, flexibility is desired. New dynamics exist and it will be different than the past.
- Example of Rochester’s Destination Medical Center (DMC) has undergone an overhaul of the workplace to make it more open design with more outdoor workspaces to enable working with coworkers. **Physical, psychosocial, economic and environmental health** factors were considered; the areas that affect us all. Note the role of economic wellbeing and how it fits all areas. Technology can provide the infrastructural support; example – transportation – make it accessible 24/7, safe and affordable.
- U of MN Humphrey School program is studying two related areas: 1) **technology and telework**, 2) **Industry clusters** in MN. Re telework, findings indicate a) if people don’t drive as much, there could be an estimated 8-10% reduction in demand for roads b) workers are more willing to WFH than employers. Re industry clusters, Minnesota has

12 unique diverse industry clusters. Food/Ag and Medical Devices especially important to health and wellbeing.

- Workplace technology trends point to a move towards a **hybrid environment**; partial WFH and office. What combination do we want? How to balance the contradictions we find under the current conditions? Example – WFH is great to be at home with kids, others don't like WFH if no one else there. There is an irony around technology: Covid accelerated adoption of technology in the workplace, esp. **automation**, to counter workforce shortages. This impacts site selection for businesses, and WFH has allowed businesses to expand target areas for workforce development.
- **Telework has highlighted equity disparities**, especially for women WFH. Many have dropped out of the workforce to care for children or help with schoolwork. Also for those essential workers who had no choice to WFH.
- **Public transit** ridership has decreased with WFH, but not for those who rely on it to get to essential workplaces. This is a social safety net that requires 24/7 accessibility. Where automated services have increased, there is still a demand for drivers.

## Question 2: How has workplace transformation affected Outstate areas of Minnesota?

- Remote work is the new normal for the future of work. The rural areas have an advantage in that cost of living is much lower – this is an opportunity for Rural but is contingent on **Broadband access**.
- Because of remote work, downtown real estate will become an issue for cities and economic development.
- Industry clusters are establishing outstate. Examples – Rochester's DMC (medical cluster) and Greenseams (Ag).
- Minnesota has a dearth of **Equity Funds** in the state. The future of growth for health and wellbeing will hinge on MN policies for investing.
- Workplace is evolving in Dakota County: During the pandemic, parks and greenways were critical and will be expanded. Leadership at the zoo delivered access to zoo with technology. Workforce development – talent is creating the norms and putting forward what they want to see. **Childcare is critical in getting people back to work**. Transit is moving towards **rideshare and automated vehicles**. Public health has been at the forefront of the pandemic, esp. around parks and masks. Libraries and social infrastructure have been critical for the BIPOC communities.
- There is a need to evolve in a way that serves us all. **Food delivery** will be critical.
- The pandemic as a jolt to our lives has highlighted the need to **insert choice into the workplace**. Re demographics, women have been left behind. The task at hand is to understand the results of a workplace survey that indicated a change in worker perspectives: 20% of respondents feel they don't require a traditional office; 20% feel they work best at an office; 60% are in the middle and want hybrid options.
- Take note of 9 Elms in London, and Canary Warf as examples of urban revitalization.
- For med tech examples, see the Longwood Medical district in Boston – a result of venture capital that made the environment vibrant, authentic, and open for all.

- Buildings are playing catchup. AI is accelerating change; technology requires a lot of **zoning changes** for cities.

**Question 3: With respect to the future of wellbeing, can Minnesota lead the way and provide the thought leadership necessary to make the pivot? What is the sweet spot and how would Minnesota lead?**

- Minnesota is a bastion of progressiveness and good governance. We need to promote a **social model** for this new technological world. For example, there are fewer farmers, larger farms. Things are being more institutionalized and becoming more tribal. How do we manage the transition to the new world to work together and to **avoid the creation of bubbles**. This is an opportunity for Minnesota to lead.
- Minnesota has a foundation of med and computer tech. We can **integrate technologies** to improve the workplace. How we set the center of tech integration will bring enjoyment back to the fractured workplace. Show how startups and established companies can work together.
- Minnesota's strength is that we produce a lot of stuff and export it. Our weakness is that we are not a large market. We can use our transportation system / **hub at MSP**, as well as technology to build our leadership role.
- Minnesota can become a global center of wellbeing by evolving its high tech and other Minnesota assets.
- A barrier to workforce attraction is the **licensure requirement** to practice medicine. We need to **reevaluate our regulatory requirements** to make it easier to attract talent and expand to other states. We need more practitioners to serve families.
- Minnesota can definitely lead the way as a center for wellbeing in the areas of **water access, quality of life, social infrastructure, education, healthcare, compassion for BIPOC, and licensure change**.
- With respect to workplace technology, we need to **rethink space** and the environment, real estate and commercial areas. There is an opportunity with the Federal Transportation Bill to attract investment to **repurpose old infrastructure and vacant space to foster collaboration and innovation**. This is difficult in a virtual world. We need to **cocreate with the BIPOC community**.
- Minnesota has a strong healthcare base and Fortune 500 companies. We need to look at enabling the private sector within the framework of the rules we operate with. The challenge will be to work together across industries within regulatory frameworks and using **venture capital** funds.
- Prediction: By 2030, Minnesota will 1) Find a cure for cancer, 2) Navigate roads with other automated vehicles, 3) Embrace new immigrants, 4) Evolve with physical and virtual collaboration.
- Minnesota's sweet spots are healthcare, medicine, food, water. Healthcare and Ag have been legacy and monolithic. We need to think in new ways and **change regulatory pathways** to move the big barriers.

## Consultant's Insights

- Minnesota is a hotbed of opportunities for innovation and random intellectual collisions. What will be the impact of this innovation?
- Societal values are shifting and will have a large impact on agriculture, farming and food. The Millennials in particular are shaping markets.
- Current health systems have inbuilt constraints that require radical change. Thought leadership means intentional change.
- Personal health tracking and technologies including AI will transform healthcare systems.

## 2.5 Role of Government and Education Focus Group

The Future of Wellbeing Role of Government and Education Focus Group met virtually on February 10, with 34 participants attending the session. Future iQ introduced the format of discussion for the session, the purpose being to explore key drivers, trends, and future-splitting questions as they relate to the topics of government and education. These Focus Groups were conducted to gain insight into the expert perspectives on the future of government and education in preparation for a scenario-planning Think-Tank to be held on April 13. The following summary synthesizes the lively discussion of these questions and is to be used as background information for the Think-Tank.

### Question 1: Exploring trends, implications, and predictions, what are the key trends worth noting looking out to 2040?

- One of the challenges is how we focus on **upward mobility and wellness**. How do we support industry as they take on a new workforce including the non-traditional worker? We need to attract workers to new careers.
- With respect to Ag/Food/Transport, food delivery systems and supply chains trace to table. Research is being done at the U of MN on how to better **deliver food** to urban and rural areas (food deserts). The trend is to specialty and security in supply; food security and better delivery to underserved areas. Legislatures in surrounding states are moving to smaller production and local processors.
- From an infrastructure standpoint we should look to Norway as they move to 100% **electrification**. Could Minnesota be a leader in this transition? How do we find innovative sustainable ways to move to electrification?
- In order to move forward, it will be necessary to link environmental health, people, and economics to transportation. This must be maximized and the primary assets connected. We must be flexible and adaptable. Minnesota Go <https://minnesotago.org>
- Trend towards **data collection and monitoring**; not only commodities. What we do with data is allowing remote monitoring. Mayo does this via medical tourism; the infrastructure is a necessary component. One third of Minnesota exports are services. How do we harness data and bring Minnesota to the world? We could become the back office service provider to the world.
- Minnesota is working to **incorporate equity into transportation** (ex. Rail crossing safety plan).
- Minnesota is home of Mayo, Medtronic, United Health Care, U of MN, Medical Alley, a natural medical cluster. With 3M and Honeywell, we are also an engineering home. We should consider what these large enterprises are saying. Medtronic operates with a bold culture using technology to reach people.
- Minnesota is strongly positioned with many Fortune 500 companies, strong leadership, education, quality of life, transportation, utilities and healthcare. Use these assets to stay on top of trends.

- The piece that ties into global health and wellness are the food ties to healthcare and transportation. People seek out Minnesota for its food products because they are **high quality and safe**. More international buyers are purchasing frozen food products. Minnesota can take the lead in this area. We have the opportunity to develop sustainable food packaging and plant proteins (note plant protein center at U of MN).
- A land swap in Rosemount pursued a long term vision to build an innovation incubator for pharma and agriculture. This is an opportunity to develop health products from plant-based products.
- Minnesota needs to grow its non-traditional student population to address workforce shortages. The **immigrant population** is critical to our future workforce. Minnesota needs to take a greater role in accepting workers from elsewhere.
- The Met Council is looking at the disparities in infrastructure in the state, in particular **broadband access**. The Council is working with candidates at all levels to talk about the issues that unite us, not divide us: health, work, housing. Populations are experiencing challenges in these areas. Connectivity issues will affect the state's ability to compete. We need elected officials to participate in this dialogue.

**Question 2: How should Minnesota apply solutions that elevate health and wellbeing – at what scale and with what intentionality? How big is the gap from minimal to Wow?**

- Minnesota needs to figure out the '**wellbeing**' brand for the state. Quality of life must be at a certain level. The biggest fear of companies is coming here and not finding people to work for them. Wellbeing should be the magnet for those who want to come here and should be a refuge for everybody, not only white collar jobs.
- Bringing this down to a local level, young people are interested in **security**. How does Minnesota become a secure, sustainable place that attracts talent? We are currently disconnected. We need to create more pathways, have more flexibility with degrees and certifications. The environment and climate are very important to young professionals; use **environmental standards** as an attraction tool. We need some forward thinking around **long-term security from birth to old age**; the pieces to consider are environment, transportation, connections to job security, childcare, housing, raising up BIPOC, and education that is linked to business.
- We need to help businesses succeed in Minnesota. Many do not consider it a business-friendly environment with high taxes and anti-business policies. We need to figure out what's not great about Minnesota to solve our challenges.

**Question 3: How can we frame the investment in wellbeing in terms of attraction to Minnesota? How does Minnesota activate opportunity?**

- The Global Wellness Consortium can bring value to Minnesota. We need to **help private businesses around wellness**. For example, a freight-network optimization tool and other groups providing support systems.

- There are **macro issues** within the medical profession that need to be addressed in Minnesota: **burnout, pay and retention**. 2/3 of nurses in Minnesota are looking to leave their positions to travel for nursing jobs.
- We should pick up on the **location theme** and emphasize two aspects of the Twin Cities: 1) Those adjacent to transport corridors will have distribution advantages, 2) Both established and new locations will be building blocks of medical and wellness.
- We need to keep building on Minnesota's strengths and pay attention to new innovations.

### **Consultant's Insights**

- The productive capability of the upper Midwest is very large. The region has the opportunity to be a primary resource for feeding the world in the future. Care will be needed to create systems that build sustainability, equity, and provide for the wellbeing of humankind.
- Minnesota has the ability to and interest in creating an onboarding system that could support workers from all over the world to address local workforce needs.
- The notion of being a refuge for civil society should be explored for Minnesota.
- The pandemic has accelerated the focus on human wellbeing. Focus Group sentiment leans in on Minnesota's opportunity to activate its space to take a leadership role in global health and wellbeing.

### 3.0 For More Information

For more information about the Future of Wellbeing Project, please contact:

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