

# **Minnesota Crisis Standards of Care Framework**

COMMUNITY ENGAGEMENT GUIDANCE

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## **Minnesota Crisis Standards of Care Framework**

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## Contents

Introduction .....	4
Purpose .....	4
Background .....	4
Statewide Efforts.....	5
Community Engagement at the Frontline Level.....	5
Recommendations .....	6
Conclusion.....	6

## Introduction

In order to ensure Crisis Standards of Care (CSC) planning reflects community values and priorities it is necessary to engage in a series of community engagement sessions. Community engagement is a process by which citizens engage in dialogue around “complex public problems”.<sup>1</sup> Rather than confining citizens to a reactionary role, community engagement creates a space where community members may partake in active deliberation and collaborate with officials to create policies that reflect public opinion and values.

## Purpose

Community engagement in crisis standards of care is particularly important for several reasons. First, engaging the community in discussions around CSC not only increases understanding of what these standards are and when or why they might be enacted, but it also increases awareness of the need for general disaster preparedness. Second, encouraging community participation in crafting CSC plans ensures the plan created reflects the values and priorities of the community thereby both legitimizing the planning process and resulting plan. It also ensures greater public acceptance of the standards should they need to be activated in the future.<sup>2</sup>

## Background

The Institute of Medicine/National Academies of Medicine (IOM/NAM) identifies public or community engagement as an essential piece of the CSC planning process in its 2012 Crisis Standards of Care Framework and outlines six principles of successful community engagement. They are:

1. Policymakers must be committed to considering and integrating public input into CSC guidance. This means the CSC planning process should not be so far along at the time of community engagement as to leave little room for incorporation of the public’s feedback and input.
2. Community engagement sessions should accurately represent the community. All efforts should be made to recruit diverse participation in engagement sessions including those populations that may be considered at-risk or hard-to-reach.
3. Participants are both provided information on CSC, as well as given the opportunity to deliberate and discuss issues.
4. Deliberation should be considered a goal in and of itself. Although consensus may not be reached, active deliberation at the community level helps to “reveal misunderstandings, biases, and areas of deep disagreement”.<sup>3</sup>

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<sup>1</sup> Public Engagement: A Primer from Public Agenda (2008, January 1). Retrieved from <https://www.publicagenda.org/media/public-engagement>

<sup>2</sup> IOM (Institute of Medicine). 2012. *Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response*. Washington, DC: The National Academies Press.

<sup>3</sup> IOM (Institute of Medicine). 2012. *Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response*. Washington, DC: The National Academies Press.

5. Public input should be given consideration in the CSC decision-making process. Further, ways in which this will happen should be made explicit to participants at the start of all engagement sessions.
6. Strong leadership and top-down support, as well as sufficient resources to complete the process, should be given to community engagement.

## Statewide Efforts

The IOM/NAM offers a community engagement toolkit that organizations may use to structure their community engagement sessions. The Minnesota Department of Health (MDH) uses a modified version of this toolkit to conduct its ongoing engagement sessions. The first eight sessions hosted by MDH were from June 2017 to January 2019 and ran for two hours and included a presentation on CSC, survey questions, and a patient-ranking activity followed by a facilitated discussion. Volunteers from local public health and health care coalitions assisted with five of the sessions performing tasks such as staffing the sessions, identifying and recruiting participants, and advertising the sessions. Two sessions were co-hosted by a local nonprofit organization. Volunteers from the organization assisted with recruiting participants, securing a location for the sessions, and facilitating the small group discussions. The final session was hosted by the Minnesota Department of Administration's System of Technology to Achieve Results (STAR) Advisory Council and was conducted during a regularly scheduled council meeting.

Topics covered in the facilitated discussions included patient prioritization methods, factors that matter most when you cannot save everyone, fairness in decision-making, and whether certain populations (i.e. health care workers) should receive treatment priority. Data from the sessions was collected and analyzed both quantitatively and qualitatively.

Despite the number of sessions held, the reach of community engagement sessions has been limited. In order to reach more Minnesotans, starting in the winter of 2019 MDH intends to host "Lunch and Learn" sessions at state agencies. By condensing the sessions to one hour increments, discussion will be more limited, however, MDH will be able to perform more sessions. The hope is to educate the public about the project while at the same time collecting data, fully acknowledging it may not be as robust as previous session. MDH will continue to produce reports on data collected and will publically post them to the [CSC Community Engagement website](#).

## Community Engagement at the Frontline Level

During a Crisis Standards of Care situation, hospital and Emergency Medical Services (EMS) staff are the frontline workers who will experience the altered standards of care on the job. It is vital that these staff members are educated and well versed in the facility or agency plan. While MDH does not expect all hospitals and EMS agencies to conduct widespread community engagement sessions, it is important to inform staff of plans and allow them to provide feedback. Crisis standards of care is a sensitive topic and it is important to properly vet plans and any material with those workers who will be implementing and making decisions at the

bedside or in the field. Below are recommendations from MDH to assist hospitals and EMS agencies in this process.

## Recommendations

1. Review the reports MDH has developed from statewide Community Engagement sessions available on the [CSC Community Engagement website](#).
2. Ensure your facility or agency plan is aligned with the values of Minnesotans described in the MDH reports.
3. Conduct community engagement and/or education sessions with staff to increase knowledge of your facility or agency plan and to allow feedback.

## Conclusion

In order to promote broad public understanding of crisis standards of care, as well as ensure feedback collected comes from community members who are demographically representative of the state, MDH will continue conducting engagement sessions throughout the next several years. MDH will strive to engage community members representative of the diverse demographics of the state with an eye towards health equity.

In order to ensure equity, efforts will be made to engage groups that have been historically marginalized, including individuals with access and functional needs (such as the disability community) and immigrant and refugee populations. MDH will seek the help and consultation of community leaders and/or liaisons to these groups and will seek the following assistance from these community experts:

- Strategies for effectively engaging the specific population
- Identification of potential community partnerships and other recruitment strategies
- Recommendations on effective agenda development, facilitation and other considerations related to the engagement process

In addition to the above groups, MDH will continue to engage participants from the general population as well as recruit participants from the faith-based community, the elderly, tribal nations, rural and urban communities, and Minnesota's primary immigrant populations including East and West Africans, Hispanic/Latino, Hmong, and Karen peoples.

Data from future sessions will continue to be collected, analyzed, summarized, shared with participants, and posted publically. Major themes and considerations from the engagement sessions will be incorporated into the MDH CSC CONOPS and Framework to ensure the recommendations therein reflect the values and priorities of Minnesotans.