



Role of Primary Care in Disasters

Strong health care systems are founded on a strong primary healthcare sector of local community-based healthcare providers.^{1,2} This can be attributed to the central role primary care plays in integrating care within health systems.^{3,4} Health care systems with an effective primary care sector demonstrate greater effectiveness and efficiency and are more equitable.⁵ Importantly, the effective integration of the primary care sector into the health care system can reduce the high health costs and health services' utilization associated with chronic disease management.⁶

While the World Health Organization acknowledges primary health care as an “essential foundation for health emergency and risk management, and for building community and country resilience within health systems,”⁷ primary care is often underrepresented in discussions related to disaster and emergency situations.

As such, WADEM recognizes primary care as an essential element of disaster health care and supports a holistic whole-of-health approach to disaster management inclusive of all levels of healthcare within the entire disaster cycle of prevention, preparedness, response, and recovery. WADEM strongly endorses the inclusion and integration of the primary health care workforce in emergency preparedness and planning, with the goal of optimizing their contributions to emergency health response and recovery.

Building local health care professional capability and capacity is key to enhancing local community resilience, a key strategy alluded to in Australia's National Strategy for Disaster Resilience by the Council of Australian Governments.⁸ A resilient health system, as described by Fitzgerald, Capon, and Aitken, is “a system that integrates all aspects of health care [which] is essential for facing future challenges”.⁹ Greater emphasis on building community health care prevention and preparedness has the potential to foster efficient utilization of local response and associated resources and reduce the need for an external response when catastrophes do occur. This enables effective response to the significant increase in primary health care burden highlighted by the research, in particular the needs of those with chronic

health conditions.^{10,11} It will also improve health care access within the community to trusted known local health care professionals who are naturally attuned, through daily practice, to the status of health at the community level (pers comm S.Burkle), as well as reinforce post-disaster continuity of care, recovery, and continuing viability of the health care sector.

The Sendai Framework for Disaster Risk Reduction (2015-2030)¹² recommends:

- Increasing resilience of critical infrastructure and reducing the impact to basic services including healthcare;
- Including all aspects of health care especially for “people with life-threatening and chronic disease” and ensuring they continue to have access to life-saving services throughout the response and recovery from a disaster; and
- Advocating for resilient health services to remain operational, safe, and effective during and following disasters.

In accordance with the Sendai Framework, current knowledge of the epidemiology of the comprehensive health effects of disasters provides an opportunity for risk reduction and improvement in community health outcomes following disasters. A 2011 scoping review on primary care in disasters stated “primary health care is very important for effective health emergency management during response and recovery, but also for risk reduction, including preparedness”¹³ and calls for clarification of terminology inclusive of the entire disaster cycle, and increasing primary care disaster research.

Primary health care inherently provides such emphasis on prevention and risk reduction on a daily basis through the provision of:

- Foundational knowledge of extant community health conditions and challenges;
- Healthcare focused on primary, secondary, and tertiary prevention;
- Health literacy and wellness promotion;
- Early surveillance for emerging disease outbreaks;
- Early intervention in the management of chronic conditions;
- Comprehensive team approach for holistic ongoing management of biopsychosocial health;
- Easily accessible care within the community; and
- Delivery from local known and trusted health care professionals who will remain long after the media and other emergency responders have left.

Therefore, this WADEM position statement adopts the following:

- Recognizes primary healthcare as inclusive of family physicians, pharmacists, nurses, social workers, psychologists, and any health worker who usually works as the first point of contact for a person within the local community health system;
- Supports the evidence that primary health care has been shown to provide a strong foundation for healthcare (e.g. decreasing infant mortality, reducing morbidity and mortality rates, increasing life expectancy);
- Strives for the inclusion of the primary health care workforce as part of an interprofessional approach to disaster health management throughout the entire disaster cycle – prevention, preparedness, response, rehabilitation, and recovery;
- Strongly recommends the involvement of primary health care providers in educational and disaster risk reduction activities, as well as advocating for their greater integration in disaster healthcare, with crucial roles to contribute during all stages of the disaster cycle; and
- Endorses an inclusive resilient health care system that can flexibly adapt to impacts from disasters.

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