

Community cooperation as a disaster medicine competency

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To the Editor:

The importance of competencies related to mental health has received the attention of the disaster medical field. According to former US Surgeon General David Satcher and colleagues, “In the face of increasing numbers of disasters globally, both natural and manmade, mental health and the impact of disasters are growing concerns.”¹ When disasters occur, the mental health of entire communities is affected, and the loss of community through destruction and physical displacement is a serious postdisaster stressor. To mitigate trauma-related postdisaster mental health sequelae, such as feelings of powerlessness contributing to trauma, communities can actively plan for and participate in their own recovery.

To promote community competency, medical professionals can engage with communities and partner with community groups to aid mental health recovery by identifying indigenous resources. The American Academy of Family Physicians,² the Association of Schools of Public Health,³ and the Institute of Medicine⁴ have produced statements about the importance of community collaboration in disaster mental health. However, even as integrating community into disaster policy is advised, public health budgets are being reduced. As a result, academic–community collaborations have become increasingly important.

Academic institutions can play a positive role in public health readiness when strong links exist among academia and agencies at state and local levels. Also, better curriculum can result when academic programs communicate directly with the “front line” social work services. In addition, academic medical centers can take the lead in educating the public about disaster preparedness to promote community resilience. When short-course outreach programs are tailored to specific community needs, they can be highly satisfying for organizers and participants.

However, community cooperation and collaboration rarely appear in the recent disaster mental health competency literature. My own PubMed search (“disaster AND competencies [All fields]”, 142 hits) in late 2012 yielded just 11 samples of laundry-list competencies with community aspects, and only 1 specified collaborating in equal partnership.⁵ Therefore, it is unclear if the profession at this stage is aware of the contributions

communities can make to their own psychosocial recovery. In other words, there may be a general awareness of their importance to community involvement, but it is difficult to translate this aspect of postdisaster recovery support into a competency per se.

Results for this deficit also may be due to other reasons. One is the small number of US medical schools with competency-based disaster medicine courses. Another is the culture of academia itself and its focus on research, where postdisaster populations are often seen only as “study sites” for generating data rather than opportunities for creating programs to benefit the community.

As professional organizations consider engaging communities as partners in the postdisaster period, more literature may be forthcoming about the appropriate competencies. However, the findings of this current review suggest that competency-based education programs could do more to educate future disaster health professionals about the importance of community collaboration. Therefore, it may be necessary to encourage continued, targeted research in this area.

About the Author

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