

medicine, development of tools for education and training, and management of accidents involving heavy vehicles (buses and high speed trains) to the different chemical, biological, and radiation/nuclear areas.

The centers have served as important expert bodies for the National Board of Health and Welfare and have produced scientific reports on items within their respective area of expertise, such as depleted uranium, evacuation of victims in bus accidents, quality assurance in command and control, and follow-up studies on psychosocial support.

The Swedish National Board of Health and Welfare has, in this way, promoted research in the area of emergency medicine that would not otherwise have been performed due to lack of foundation and support from traditional Swedish funds for research.

**Keywords:** disaster medicine; preparedness; research; Sweden; training  
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### Analyzing Factors Affecting Mitigation and Preparedness for an Earthquake at the Individual Level in Istanbul

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This study is aimed at investigating the process of taking action regarding earthquake preparedness and the mitigation of the effects of earthquakes at the individual level, and identifying factors that influence this process. This paper is based on the first part of an ongoing project. It was conducted in Istanbul using Focus Group Discussions (FGDs) and in-depth interviews. To maintain comparability, the FGDs were conducted in two areas of Istanbul that have different levels of earthquake risk. Within these areas, three socioeconomic levels were considered. A total of 13 FGDs were conducted. Eleven in-depth interviews with key informants also were conducted. A Maxqda software program was used to assist in data analysis. The discussions and interviews indicate that the 1999 Marmara earthquake, which resulted in the deaths of >30,000 people, has affected people in both positive and negative ways regarding preparation and mitigation activities. The analysis confirmed that better socioeconomic status and a higher level of education are important factors for undertaking mitigation and preparedness activities; however, these factors do not automatically guarantee better preparedness or mitigation at the individual level. Other factors such as: (1) direct experience with the consequences of the 1999 earthquake; (2) social interaction; (3) social acceptance of preparation measures; (4) risk perception for the individual; (5) outcome expectancy; (6) cultural issues; (7) normalisation bias; (8) onset time; and (9) others may have substantial influ-

ence on individuals. Also, fatalism and some religious beliefs do not advocate for the importance of disaster preparedness. The results of this study will provide key points for better preparedness programs.

**Keywords:** determining factors; earthquake; individuals; Marmara earthquake (1999); preparedness; Turkey  
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### Introduction of a Model for a Village Disaster Task Force in Iran, Based on a Community Intervention Trial on a Flood Early Warning System

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**Introduction:** This study has proposed a Village Disaster Task Force (VDT) as complementary part of Iran's national law for disaster management. The effectiveness of the VDT was evaluated using a flash flood Early Warning System in Golestan Province.

**Methods:** A community interventional trial was implemented during the summer 2006. Using a systematic random sampling selection process, 4,732 subjects were studied in both of the areas. The composition of the VDTs included representatives of the community, government, Ministry of Health, Iranian Red Crescent Society (IRCS), and Basij (a community-based military organization). The VDTs trained the population on flash flood preparedness, established a local communication system, and conducted the safe-zone drill. The statistical software used was STATA 8.0 and the interaction of the study area and assessment time in logistic or linear regression models was used to evaluate the effectiveness of the intervention.

**Results:** Pre- and post-assessments estimated that 20.4% and 80.6% of people had prepared an emergency kit in intervention area, respectively, and it was estimated that 11.6% and 19.3% had an emergency kit in the control area (Adjusted  $\beta = 3.27$ , confidence interval (CI) 95%: 3.24–3.50,  $p < 0.001$ ). The result were same for the flood hazard map, participation in the safe-zone drill, and other outcome measures ( $P < 0.001$ ). A case study on the communication system of VDTs during a flood threat on 13 September due to a heavy rain demonstrated the system's effectiveness.

**Conclusions:** The VDT task force is an effective integrated model that is based on community capacity and government legislation, and can be a basis for extending to other rural parts of the country and other hazards.

**Keywords:** disaster risk management; early warning system; emergency preparedness kit; floods; Iran; people-centered disaster management  
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