Methods: An online survey of 502 participants representing the adult Jewish population in Israel was conducted. A novel visual tool measuring personally salient appraisals and attitudes, called PRISM, and a set of questionnaires designed to assess public perception of preparedness-delaying and promoting factors were used.
Results: We observed a correlation between the appraisal of the concept of preparedness and actual reported preparedness, but did not observe similar correlation between the latter and appraisal of the threat itself. In addition, we report that the leading factors for procrastination of preparedness behavior are low prioritization and ignoring of authorities' instruction during routine times (Table 1). The overwhelming majority of the sample indicated that they will engage in preparedness behavior, only when the threat becomes real and imminent. The results of the public-wide survey closely match those assessed by an experts' panel performed prior to this survey.
Conclusion: The findings of this study demonstrate the complexity of the socio-psychological perspective of preparedness behavior in Israel. Further studies are needed in order to promote readiness and make resilience plans more effective in achieving their goals.

Factor	Mean ± SD	95%CI for mean	% of top scale responses[a]	Spearman correlation (r) with Preparedness Index
Low prioritization - people do not prioritize preparedness during routine times and/or assume they will have sufficient time to prepare right before the crisis;	4.26 ± 1.57	4.12-4.40	47.0%	-.021
Ignoring instructions - people tend to overlook the emergency preparedness recommendations and/or discard of personal responsibility;	4.10 ± 1.55	3.96-4.23	43.2%	-.134**
Lack of information - the public is missing information about the threat and how to prepare for it;	3.77 ± l.63	3.36-3.92	33.9%	-.097*
Misunderstanding the threat - the public does not understand the extent and severity of the threat;	3.49 ± 1.64	3.35-3.64	26.7%	-.133**
Fear - the concept of war is intimidating and people prefer to avoid dealing with it	3.48 ± 1.71	3.33-3.63	28.7%	-.090*
Resources limit - people do not have the necessary resources (e.g., money) to prepare for war;	3.46 ± 1.87	3.30-3.63	29.7%	-.114**
Time limit — people do not have time to prepare for war during their daily routine;	3.32 ± 1.76	3.17-3.48	25.9%	-.123**
Faith - people believe they will not be affected by the emergency situation and/ or leave it up to fate:	3.28 ± 1.86	3.12-3.45	25.4%	-.070
Misunderstanding the instructions — the public misunderstands the recommendations for war preparedness;	3.21 ± 1.79	3.05-3.36	24.6%	-.078
Lack of trust - the public does not trust the authorities and/ or their recommendations;	3.12 ± 1.75	2.96-3.27	23.3%	-.065
Low self-efficacy — people perceive their self-efficacy to execute the recommendation as low.	3.03 ± 1.76	2.87-3.18	22.0%	-.020

Table 1. Endorsement of preparedness-delaying factors by the Israeli Jewish public - descriptive statistics and correlation with reported preparedness (N = 502) *(continued)*

Table 1. Endorsement of preparedness-delaying factors by the Israeli Jewish public - descriptive statistics and correlation with reported preparedness (N = 502).
Note: a. Top three options on a 7-point Likert scale (5, 6, & **7**)
* - significant at the 0.05 level (two-tailed) (non-significant in multiple comparison analysis):
** - significant at the 0.01 level (two-tailed)

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Enhancing Community Resilience in the Context of an Earthquake among Residents of a Peripheral City in Israel

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Study/Objective: To identify personal characteristics associated with low levels of community resilience; and factors that may affect resilience in the context of seismic threats.
Background: Community resilience is perceived as a core element in the field of emergency management, since it enhances the community members' ability to effectively cope with different adversities. Following a destructive earthquake, local communities, especially those located in the periphery, may have to cope alone with significant challenges such as coordinating rescue efforts, providing shelter and primary care for casualties. Thus, strengthening community resilience among these communities is of utmost importance.
Methods: A designated survey was conducted among residents of a major city in the northern periphery of Israel, subjected to significant seismic threats. The survey utilized a validated tool for measuring community resilience (CCRAM), and related elements such as personal characteristics; risk perception; and earthquake preparedness. A quantile regression model was employed to examine the association between the study variables across various quantiles of resilience scores, identifying significant associations among subjects with various resilience levels. A sensitivity analysis was performed by comparing the results to those of a standard linear model.
Results: The study included 306 adults (Mean age 35, 18-73 years). The results demonstrated that increased

preparedness and having children residing in the household were positively associated with community resilience in lower resilience quantiles (Q10, Q25). Age was negatively associated with community resilience in a low quantile (Q25). The results of the linear model failed to reveal the association between the preparedness measure and community resilience, and demonstrated only the association with age and having children in the household.

Conclusion: Encouragement to take actions to increase preparedness, could also help raise resilience in an earthquake scenario. Efforts to enhance community resilience should focus on specific population groups such as childless households (often the elderly).

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Anticipating the Psychosocial Impact of Disasters and Crises: The Need for an Interdisciplinary Social Science Framework

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Study/Objective: An interdisciplinary social science framework is presented to answer the question: how to anticipate the psychosocial impact of disasters and crises?

Background: The scientific knowledge on health effects, and the quality of aftercare in a disaster context is strongly rooted in epidemiology and mental health care research. Although this knowledge base is sufficient to understand the psychosocial impact, conceptualizing an adequate reaction requires a broader approach incorporating less traditional disciplines such as public administration, organization studies, implementation science, sociology and disaster risk reduction.

Methods: The starting point for the development of the framework was a model proposed by Alexander (2012), in which the combination of exposure, cultural and historical factors influences the vulnerability of human socio-economic systems. This "plexus of context and consequences" determines the human consequences of disaster. Recent research findings from different disciplines were combined into a framework focusing on the psychosocial dimension of disasters and crises.

Results: The framework contains three domains. Exposure has a direct impact on the well-being, functioning and health of affected people ("health"). Exposure, history and culture directly influence interrelated sets of capacities at the individual, community and society level ("capacity"). Capacity is linked to health, partly in a paradoxical way – as well as, a third domain: psychosocial support provided by professionals and comprehensive inter-organizational programs ("psychosocial support"). The relationship between psychosocial support and health is amply understood. Theoretically, psychosocial support is most effective when capacity is strengthened and utilized.

Conclusion: The framework emphasizes two complicated causal attribution issues, and encourages interdisciplinary research into mechanisms linking domains that generally have been studied as isolated topics.

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Mindfulness in Disaster Response

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Study/Objective: To review the literature of pre-deployment Mindfulness Based Stress Reduction (MBSR) interventions for disaster responders, to minimize acute stress response, depression and Post Traumatic Stress Disorder (PTSD).

Background: 'Mindfulness' is derived from Buddhist meditation practice. Mindfulness programs have been shown to improve clinicians' perceived stress, anxiety and performance in medical practice. Mindfulness, specifically MBSR, an evidence based approach that uses mindfulness meditation, is successfully used for treatment of PTSD in populations such as veterans. Disaster responders, like the military, are a population potentially vulnerable to adverse psychological effects given the nature of disaster response: unexpected, sudden, devastating events. A quarter to one third of disaster responders report symptoms of anxiety, depression and PTSD, secondary to exposure to stressors of disaster response. Teaching MBSR practice to disaster responders, prior to deployment, has potential to decrease the psychological consequences of disaster response.

Methods: The authors performed a systematic review of peer reviewed literature indexed in PubMed, Web of Science and Google Scholar. Abstracts were limited to human studies, in English, and search terms MBSR, disaster responders, pre-deployment, acute stress response, depression and PTSD. Articles were also found by searching citations of retrieved articles.

Results: Literature exists showing that pre-deployment mindfulness training in military personnel improves perceived stress and stress response, but no similar research was found for disaster responders. A limitation encountered was that, few high quality Randomized Clinical Trials (RCTs) and studies exist, as conceptual mindfulness has limitations of its study within rigorous, scientific research methodology.

Conclusion: More research is needed to explore the potential of mindfulness training on disaster medicine clinicians, prior to deployment. It is a tool that may prevent the detrimental psychological consequences of disaster response work.

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Dialogue in Emergencies - Interpreters of Sign Language in Israel

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Study/Objective: To identify obstacles in the area of translating emergency information into sign language.