

into the environment.

Results: Effective emergency responses require that exposures for all involved populations be quickly and accurately assessed, interpreted, and communicated so that it can be integrated into the decision-making process.

Conclusions: The threat of biological and chemical terrorism continues to be real and possible. The occupational hygienist can contribute significantly in the planning and execution of disaster responses.

Keywords: assessments; biological; disasters; exposure; hygienist, occupational; planning; response; terrorism

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Comparison of Effectiveness of Disaster Drill Methodologies: Table Top vs. Simulation Exercise

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The escalation of terrorism events in the world has prompted many healthcare systems to increase activities towards disaster preparedness. Included in these activities is the conduct of a variety of different types of disaster drills and exercises. Significant resources in terms of personnel time and effort are consumed for planning, conduct, and evaluation of these activities. In the hospital setting, money spent on these activities usually is diverted from another program. Thus, it is important to establish which activities are the most cost-effective. To date, little research has been published that compares the effectiveness of different types of disaster drills.

This paper presents the findings of a study that was conducted at the Columbia University Center for Public Health Preparedness Center at the Mailman School of Public Health, and funded in part by the Achelis Foundation. A comparison was made between table-top and simulation drill exercises in terms of gains in knowledge, cost, and participant perception of usefulness.

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Keywords: cost-effectiveness; disaster; drills; exercises; simulation; table-top; terrorism

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Symposium: Assessment of the Public Health Effects of Complex Emergencies

Chair: Dr. Les Roberts

Director of Health Policy, International Rescue Committee

Measuring Mortality in Cross-sectional Surveys: Which Methods Are Best and Why?

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In emergency situations, mortality rates are critical indicators of a population's health status. When surveillance sys-

tems are not yet functioning or cannot be implemented, rates can be derived from data collected in population-based, cross-sectional surveys.

Unfortunately, such data collection methods are neither validated nor standardized, though three methods have been used widely. These methods include: (1) Past household census; (2) Current household census; and (3) Prior birth history. The past household census method lists all persons, along with their age and gender, who lived in sampled households at an easily remembered time point in the past, and then determines what has happened to each person since that time. The current household census method determines how many persons currently live in sampled households, and how many have died since a time point in the past. The prior birth history method asks women in sampled households about births and deaths during the previous five years.

These methods are subject to various biases and limitations. In some cultures, survey respondents may be reluctant to answer questions from strangers about family deaths, leading to an underestimate of the number of deaths and, ultimately, the death rate. Survey respondents also may recall deaths as occurring more recently than they actually did, thus overestimating the number of deaths during the time period of interest. The past-household census method allows calculation of different age- and gender-specific death rates, while the prior birth history method collects data only on children <5 years of age. These limitations and recommendations for additional validation studies will be discussed during the presentation.

Keywords: biases; births; brief history; census; cultures; data collection; death rates; indicators; limitations; measurements; past-household; surveys

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Food Security Surveillance in the Palestinian Territories

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Introduction: A two-year military confrontation between the Israeli Defence Forces and the Palestinian population has severely depressed the West Bank (WB) and Gaza Strip (GS) economies with restricted freedom of movement for civilians, prompting the likelihood of household food insecurity and the use of coping strategies to provide food.

Purpose: To determine the extent of food insecurity in the Palestinian population by using ongoing household surveillance.

Methods: Twenty households were surveyed every two weeks in each of 16 districts in the WB and GS. The survey queried: (1) Decreases in household food consumption; (2) Decreases in consumption of specific types of food; (3) Reasons for those decreases including selling assets for food; and (4) Households borrowing money for food.