

Chapter 2.5 - Identifying and Engaging High-risk Groups in Disaster Research

Hello everyone and welcome to this podcast in our audio series for the WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management. I'm Dr. Elizabeth Newnham from the School of Population Health at Curtin University in Australia, and one of the authors of Chapter 2.5, titled *Identifying and Engaging High-risk Groups in Disaster Research*. Over the next few minutes, I'll outline what we say in the chapter about how to support high-risk groups by addressing barriers to inclusion in research and ensuring inclusive and ethically responsible research processes.

As the frequency and intensity of disasters increase around the world, more people are left vulnerable to the physical and mental health risks that arise during disaster exposure, the response and recovery. In this context, high-risk groups are defined as those that may be already disadvantaged due to societal systems of marginalization for characteristics associated with age, gender and sexual identities, race, religion, disability, or socio-economic status. In addition, scenarios related to the context of the disaster may increase risk for particular groups who have limited access to disaster aid, health care, mental health supports or safety and security measures. Risk is dynamic, it may change over time, and it varies with political, social and economic contexts. Any of these factors may be the source of resilience, or risk, and it is important that researchers do not assume vulnerability for others. In addition, research must take into account intersectional identities, and incorporate strengths-based approaches that heighten opportunities for self-determination. It is important that research protocols are designed to be inclusive of high-risk groups and incorporate methods that are community-informed and community-led.

There are many ways that different populations may be susceptible to increased risks during disasters. For example, risks related to age may factor into disaster response for both the young and the elderly, with young children being dependent on caregivers to supply their basic needs, which can be disrupted if a disaster separates children from their parents. Older people may have significant experience and expertise that they bring to disaster response and recovery, but vulnerability factors such as physical impairments, difficulties with evacuation mobility, and reliance on health care should be taken into account. Similarly, individuals with pre-existing chronic conditions may become vulnerable, if disasters cause disruptions to their medication supply and routine healthcare. Another factor is gender; gender-related risks may involve women and girls, and people of trans and non-binary genders, who are at a higher risk of domestic and sexual violence, especially during disasters.

Involving people from traditionally marginalized groups in decisions on the research design and implementation presents opportunities to ensure that your research is reliable, valid and more readily translated into effective policy and practice. To do so, it is important to ensure appropriate methods are determined for sampling, recruitment, data collection and analysis. For instance, for valid quantitative research outcomes, we need to achieve an appropriate sample size to power meaningful analyses across target sub-groups. Partnering with

organizations that are led by members of high-risk groups, community leaders and members, or with people who have lived experience of health conditions, will inform valid research designs, facilitate effective recruitment methods, ensure that research materials are appropriate, and that interpretations of the findings are suitable and avoid bias. Devoting time and resources to building strong relationships within the community and among members of high-risk groups is critical. This investment will build trust, support effective partnerships and more meaningful research outcomes.

Data collection can be difficult in disaster-affected settings, and particularly when studying high-risk groups. For example, working with transient populations such as migrants, displaced peoples, and those with housing insecurity, can be challenging. One research method that supports engagement with traditionally marginalized groups is participatory action research, which engages participants as co-researchers. By doing so, groups that are less often represented in scientific literature can play an important role in research studies, have ownership over the process and findings, and can be actively involved in the translation of research outcomes.

Thank you for listening to this introduction to Chapter 2.5 in the WHO Guidance on Research Methods for Health EDRM. I hope you will enjoy reading the chapter, and that it will help illuminate some of the challenges faced by high-risk groups, the importance of inclusivity in health research, and how you can ensure that your research is accessible, acceptable and meaningful.