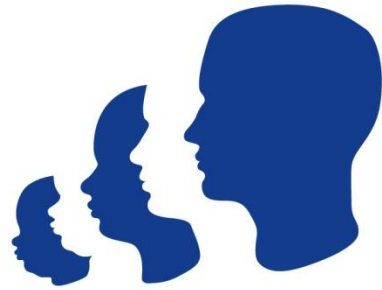


Dunedin Multidisciplinary  
Health & Development  
Research Unit

**DMHDRU**



# **POLICY STATEMENT AND CODE OF PRACTICE FOR INVESTIGATORS**

**Currently under review**

**2014**

**(Last ratified by all investigators in 1997)**

# TABLE OF CONTENTS

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<b>INTRODUCTION .....</b>	<b>1</b>
<b>THE DUNEDIN MULTIDISCIPLINARY HEALTH AND DEVELOPMENT STUDY.....</b>	<b>1</b>
<b>MISSION STATEMENT .....</b>	<b>1</b>
<b>PERSONNEL: ROLES AND RESPONSIBILITIES .....</b>	<b>2</b>
<b>(1) DIRECTOR (currently Professor Richie Poulton) .....</b>	<b>2</b>
<b>(2) ASSOCIATE DIRECTOR – DUNEDIN STUDY (currently Professor Terrie Moffitt) .....</b>	<b>2</b>
<b>(3) DUNEDIN MULTIDISCIPLINARY HEALTH &amp; DEVELOPMENT RESEARCH UNIT ADVISORY     COMMITTEE .....</b>	<b>2</b>
<b>(4) THEME LEADERS.....</b>	<b>3</b>
<b>(5) CO-INVESTIGATORS (CI’s) .....</b>	<b>4</b>
<b>(6) ASSOCIATED INVESTIGATORS (AI’s) .....</b>	<b>4</b>
<b>(7) RESEARCH STAFF .....</b>	<b>5</b>
<b>CONTACT WITH STUDY MEMBERS.....</b>	<b>5</b>
<b>CONFIDENTIALITY.....</b>	<b>5</b>
<b>WELL-BEING OF STUDY MEMBERS .....</b>	<b>5</b>
<b>DOCUMENTATION AND SECURITY OF DATA .....</b>	<b>6</b>
<b>RESPONSIBILITIES FOR USE OF DATA .....</b>	<b>6</b>
<b>ACCESS TO DATA BY RESEARCHERS OTHER THAN THEME LEADERS AND CO-INVESTIGATORS, OR ESTABLISHED ASSOCIATED INVESTIGATORS .....</b>	<b>7</b>
<b>SPEAKING FOR THE UNIT AND THE INDIVIDUAL STUDIES.....</b>	<b>7</b>
<b>THE UNIT’S GENERAL POLICY RELATING TO PUBLICATIONS.....</b>	<b>7</b>
<b>CONCEPT PAPERS .....</b>	<b>7</b>
<b>AUTHORSHIP.....</b>	<b>7</b>
<b>CO-AUTHORSHIP POLICY .....</b>	<b>7</b>
<b>ACKNOWLEDGEMENTS AND APPROVALS.....</b>	<b>8</b>
<b>FINAL APPROVAL OF PUBLICATIONS.....</b>	<b>8</b>
<b>DISPUTES .....</b>	<b>9</b>
<b>THE PUBLICATIONS DATABASE AND REPRINT LIBRARY.....</b>	<b>9</b>
<b>THE UNIT’S POLICY IN RELATION TO GENETIC STUDIES IN THE DMHDS .....</b>	<b>9</b>
<b>THE UNIT’S RESPONSIVENESS TO MĀORI POLICY .....</b>	<b>10</b>
<b>CONCLUDING COMMENTS.....</b>	<b>11</b>

## **INTRODUCTION**

### **THE DUNEDIN MULTIDISCIPLINARY HEALTH AND DEVELOPMENT STUDY**

The Dunedin Multidisciplinary Health and Development Study is an ongoing study of the lives of 1,037 people born in Dunedin over a twelve month period from 1 April 1972 and 31 March 1973.

### **MISSION STATEMENT**

The Dunedin Multidisciplinary Health and Development Study has been established in interests of:

- advancing knowledge about physical and mental health and development through multidisciplinary and longitudinal study; and
- advancing the health status and wellbeing of New Zealanders and others.

The Study mission will be accomplished by scholars from appropriate disciplines working together as a team. These scholars will have freedom to carry out their scientific projects as they see fit but taking careful account of the constructive advice of their colleagues involved in the Study. In any matter to do with the welfare of the overall Study (e.g. Study member's wellbeing, appointment of assessment personnel, etc.), investigators must obtain the full agreement and support of the Director as he has ultimate responsibility to all other investigators and stakeholders for ensuring the success of the study for the indefinite future. As has always been the case, important new decisions will be made only after consultation and when a consensus has been reached. It is recognised that the Study has only been possible because of the support and effort of many over the years. All wish to see the Study continue in the future so the interests of the overall Study, rather than individual studies, will always be paramount. No study or procedure likely to adversely affect the overall longitudinal study will be supported.

Three characteristics of the Dunedin Study make it unique: (i) the longitudinal nature of the Study. Study members have been studied on numerous occasions over four decades with minimal sample attrition; (ii) the remarkably broad spectrum of topics studied and disciplines represented. (iii) the Dunedin Study's high productivity. It has produced a large number of publications and reports (approximately 1200), and the Study has had a considerable impact on public policy and professional practice. The following policy statement and code of practice was written to protect the special characteristics of the Study in order to help secure the Study's future and achieve the Study mission.

It is recognised that the Study mission will best be achieved by gaining broad consensus among the investigators and other stakeholders about the policies and practices to be adopted. The Policies and Procedures will be updated periodically to ensure they remain appropriate and effective.

## **PERSONNEL: ROLES AND RESPONSIBILITIES**

### **(1) DIRECTOR (currently Professor Richie Poulton)**

The Director is leader of the scientists involved in the Study. He is responsible for :

- ensuring the efficiency and scholarly productivity of the Study;
- maintaining the good reputation of the Study;
- relations with funding bodies, users of the research, others involved and the general public;
- accounting for funds awarded to the Dunedin research unit and to the longitudinal Study (and sub-studies);
- regulating, controlling and enabling access to data according to the policies of the Unit;
- ensuring security and safety of data;
- reviewing/approving manuscripts for submission for publication;
- the employment and supervision of all those working in the Unit and all personnel working with Study Members, and for their proper conduct;
- ensuring the continuation of good relations with Study members;
- all contact with Study members, although this may be delegated;
- all correspondence with Study members which must be over his signature;
- the conduct of the overall study, including the maintenance of scientific and ethical standards, the well-being of Study members, and the co-ordination of studies and personnel;
- determining how the Study will be conducted, who will be involved and how it will be funded.

The Director will consult with the Associate Director, and will seek the opinion of Investigators before making decisions about contentious matters. He will seek to reflect a consensus view in his decisions but will not necessarily be bound by a majority view.

### **(2) ASSOCIATE DIRECTOR – DUNEDIN STUDY (currently Professor Terrie Moffitt)**

The position of Associate Director is an honorary one. Professor Moffitt was appointed to this role by the Founding Director, Dr Phil A. Silva, and re-appointed in 2000 by the current Director, Professor Poulton, when he took up this position. The title recognises the long and influential association Professor Moffitt has had with the Dunedin Study. Her role as Associate Director is to assist the Director with the scientific direction of the Study, to help formulate policy and provide assistance and advice to the Director as needed.

### **(3) DUNEDIN MULTIDISCIPLINARY HEALTH & DEVELOPMENT RESEARCH UNIT ADVISORY COMMITTEE**

On the recommendation of the Dean of the Dunedin School of Medicine at the time (Dr John Adams), an Advisory Committee comprising seven members was established in 2012 to provide support and advice to the Director. It is chaired by the former New Zealand Health Research Council Chairman, Professor Graham Fraser, and the Deputy chair is the current Chairman of the Ministry for Business, Innovation and Employment Science Board, Dr John Hay.

#### (4) THEME LEADERS

Theme leaders are researchers who have obtained grant money to collect data for an area of research over a number of assessment phases. There are currently seven Theme Leaders. Appointment as a Theme Leader is subject to the approval of the Director. The Theme Leader will usually be the first person named on the grant application to the funding body. With the agreement of the Director, a Theme Leader may delegate his or her responsibility (e.g. if the Theme Leader is overseas). Theme Leaders will be responsible for scientific and methodological aspects of the conduct of their own studies but will keep the Director fully informed of all aspects, especially those affecting Study Members or other studies. Theme Leaders must consult with the Director regarding these matters. In any matters likely to affect Study Members or the overall Study, Theme Leaders must defer to the Director in the unusual circumstance that full agreement on an issue cannot be achieved. Theme Leader positions either expire or are renewed at the commencement of a new assessment phase, depending on involvement or otherwise in the new phase.

In order to become a Theme Leader for a particular assessment phase of the research, a curriculum vitae and concept paper describing the proposed study must be approved by the Director.

All applications for research grants must have a letter of approval from the Director attached before they are sent to a funding body. It should be understood, however, that a letter of approval from the Director does not provide a guarantee that the assessment phase will go ahead or that that particular study will be included in full or in part. This reservation will not be stated in any letter of support because experience has shown that such reservations often lead to the failure of the application. Final decisions about which studies will be included and how much assessment time studies will be allocated will be made by the Director after consultation with Theme Leaders and the results of all applications to funding bodies are known. Theme Leaders should be aware that some studies of high merit might be funded but may not be included because of lack of time in the assessment programme.

All prospective Theme Leaders need to raise the funds to cover their own costs, as well as to make a contribution to the shared costs of the overall assessment phase. These have been worked out using an equitable formula. Details of these are available from the Director. The Unit will not accept liability for any expenditure by Theme Leaders unless this has been agreed to beforehand.

In order to be accepted as part of the Study, any proposal must be judged to be outstanding. The Director reserves the right to seek the advice of colleagues if he considers it necessary. In addition, an applicant must demonstrate that the proposed research helps the Study achieve its mission and makes use of the longitudinal data set and the multidisciplinary nature of the data. Research proposals that could be carried out with other samples (e.g. cross sectional studies) are unlikely to be approved unless they are judged to be the baseline for future important longitudinal studies (e.g. of ageing). Any research judged as likely to have an adverse effect on Study members or the overall study, or is not considered ethically acceptable, will not be supported. Research involving only specific subgroups of the overall Study (e.g. those with certain characteristics) will not normally be supported. One exception to this is the study of intergenerational relations which, for example, will include the parenting experiences of Study members with children.

Final inclusion of a study in any assessment phase will be decided after all referees' reports have been issued and the results of financial grant allocations made. The Director, following consultation with Theme Leaders (and the Advisory Committee when required), reserves the right to make final decisions about the studies to be included in each assessment Phase. It should again be noted that the award of a grant for the research is not a guarantee that it will be included. In practice, favourable referees' reports and successful sufficient funding usually lead to acceptance of a proposal.

All components of the Dunedin Study must receive ethical approval from the relevant Ethics Committee before the commencement of an assessment phase. This is usually co-ordinated by the Director. It should be noted that the Ethics Committee require copies of research instruments (e.g. interview schedules) and therefore these need to be available prior to the Ethics submission. Theme Leaders will be held to be scientifically and ethically responsible for their studies.

**(5) CO-INVESTIGATORS (CI's)**

One or more investigators may be named by Theme Leaders as their Co-Investigator's subject to the approval of the Director. The role and function of CI's will be determined by their Theme Leaders who will be responsible for ensuring that they are familiar with and abide by Unit policies as outlined in the current Policy Statement and Code Of Practice.

**(6) ASSOCIATED INVESTIGATORS (AI's)**

**6.1 Associated Investigators who have been involved in previous phases of the Study (i.e. previous Theme Leaders or Co-Investigators):** These investigators may retain the privileges of access to the data, being consulted about the data by others wishing to use them and being involved in report writing because they originally conceptualised and designed their part of the study. Their responsibility towards the Study is to ensure that the data originally collected by them are fully utilised by publishing results and by encouraging and assisting others in this task. These others may be Theme Leaders, CI's or other AI's.

**6.2 Associated Investigators who have not been involved in previous phases of the Study:** These investigators are those who have not been responsible for the collection of data but who may wish to analyse and report on some of the data. If approved, they may be designated an AI and given access to a defined data set for the purpose of producing a report on a defined topic. Any investigator wishing to become an AI should apply directly to the Director or through an established Theme Leader to the Director. An AI could be a colleague or student of a Study investigator. An application should include a current curriculum vitae and a concept paper describing the aims, methods, significance and publication(s) planned, and the data that is requested. The application will be considered by the Director, and others as appropriate, against the criteria below\*. The applicant will be advised as to whether he or she has been successful. If accepted, the investigator will be allocated a sponsoring Theme Leader from the Study. The Theme Leader should be fully involved in planning the project, the selection and interpretation of variables, and in the production of the report. The Theme Leader will be responsible for ensuring that AIs are familiar with and abide by Unit policies as outlined in the current Policy Statement and Code Of Practice.

Not all who apply may be accepted as an AI. Acceptance would depend on the interest in the applicant's proposal and whether it is possible to find a Theme Leader who is able to invest sufficient time to the project.

AI's will be expected to become familiar with the policies of the Unit and agree to abide by them. This includes accepting the need for the Director to approve papers before they are submitted for publication.

All costs involved must be met by the applicant. These should be calculated prior to the work commencing.

**\*Criteria:**

- The project is of public health interest.
- There are available data in the Study to conduct a meaningful test of the hypotheses.
- The project is not already contracted for by a funding agency.
- A Theme Leader is available for sponsorship/supervision.

**(7) RESEARCH STAFF**

Research staff working in the Unit or who have contact with Study members or their children must be tertiary qualified and selected to be of the highest calibre. For all such appointments, the job specifications and advertisements must conform to University of Otago staff recruitment requirements and be approved by the Director. All appointments to such positions must be recommended for approval by the Director who is ultimately responsible for their work. Line responsibilities will vary but all those working in the Unit or with Study members will be ultimately responsible to the Director who, in turn, is responsible for the work of the Unit, the conduct of the Study and the wellbeing of Study members.

Research staff reporting to Study Investigators but who are not employed at the Unit and do not have contact with Study members, are not the responsibility of the Unit. However, the Study Investigators employing them are responsible for ensuring that the Unit policies are understood and followed. They should be familiar with this document and should, for example, have a thorough understanding of the need for respecting the principles of confidentiality and the Study requirements concerning publications.

**CONTACT WITH STUDY MEMBERS**

All written contact with Study members must be over the signature of the Director (and others as appropriate) unless delegated by the Director. No investigator or staff member shall contact any Study member for any reason without the Director's knowledge and approval. This has always been the case and avoids Study members becoming confused about conflicting requests for information.

**CONFIDENTIALITY**

Study members and their families have been promised that all information collected is for research purposes only. It is strictly confidential and never released to anyone outside the Study unless Study members request it. All staff need to be aware that any breach of confidentiality would be grounds for recommending instant dismissal. To date, there have been no known breaches of confidentiality.

Under no circumstances will names of Study members be given to the media, even with their consent. We recommend the media use actors and not Study members for any portrayal of the Study.

**WELL-BEING OF STUDY MEMBERS**

The well-being of Study members (and their families) is paramount. At each assessment phase, staff training will include procedures for ensuring the well-being of Study members.

## **DOCUMENTATION AND SECURITY OF DATA**

It is essential for the maximum use and protection of the data that copies of **all** data sets are held by the Dunedin Multidisciplinary Health and Development Research Unit and at other safe sites as designated by the Director. These data sets must be fully documented in the Unit's data directories in such a way that they can be understood by others who may obtain permission to use them.

A process of amalgamating, reformatting and upgrading the documentation of the data set is currently underway and will eventually result in improved documentation and access to the data.

Responsibility for documenting the data and ensuring its security lies with Theme Leaders and, ultimately, the Director who, in turn, may delegate the responsibility to a person with appropriate expertise in the area. It is the Director's responsibility to ensure that all data are securely archived, adequately documented and readily available to present and future investigators.

Over the years, new variables ("derived variables") have been created for particular studies. Investigators holding files of derived variables should supply a copy of these, together with full documentation, to the Director. These will then be added to the Study data set.

Security of data is considered a matter of great importance. Copies of data sets held outside the Unit by any investigator must be kept secure and used only for authorised purposes. Only data that has been authorised for particular purposes should be used. No data should be given to any unauthorised third person or, in any circumstances, used for teaching purposes without prior permission from the Director.

Raw data forms should not be removed from the current storage sites under any circumstances.

Any errors or anomalies detected in the data should be notified, in writing, to the Director so he may correct the files and advise others.

## **RESPONSIBILITIES FOR USE OF DATA**

The Dunedin Multidisciplinary Health and Development Research Unit is responsible for all data collected as part of the Dunedin Multidisciplinary Health and Development Study, as well as its sub-studies (the Parenting Study and the Next Generation Study), regardless of the source of funding.

All data are available to all Theme Leaders. It is emphasised, however, that where a substantial amount of a particular data set is to be used, that investigator should consult the Theme Leader responsible for funding the collection of those data at an early stage as a matter of courtesy and to ensure that the variables to be used are being correctly interpreted. "Substantial", in this context, may mean multiple variables or variables which are central to the area of research of the Theme Leader. Secondly, the investigator who proposes using the data should consult with others who have demonstrated an ongoing interest in the proposed research topic. In such cases, these investigators should be offered an opportunity to participate in the proposed research. If co-authorship is declined, these investigators should be given the opportunity to read and comment on the paper prior to submission to the Director.

Investigators may collaborate with other investigators beyond the Unit in the analysis of data and reporting of results. They should, however, inform the Director about what is happening at an early stage and advise him of proposed papers via the concept paper protocol.

Those who have access to data from the Study must keep the data secure and should not pass it on to another person or institution without the knowledge and approval of the Director. The Director shall keep a register of all those who have data sets and ensure that all who have access to data understand and abide by the Unit's policies.



## **ACCESS TO DATA BY RESEARCHERS OTHER THAN THEME LEADERS AND CO-INVESTIGATORS, OR ESTABLISHED ASSOCIATED INVESTIGATORS**

The Director may approve access to the data by suitably qualified researchers who apply to use it. Such a person will then become an Associated Investigator as outlined above.

## **SPEAKING FOR THE UNIT AND THE INDIVIDUAL STUDIES**

Only the Director or his nominee are allowed to speak on behalf of the Dunedin Multidisciplinary Health and Development Research Unit or overall Study (e.g. to the media or agencies). Theme Leaders, or those authorised by them, are free to speak about their own studies but should inform the Director if they are reported by the media. Copies of media reports should be sent to the Administration Officer, currently Ms Michelle McCann ([dmhdru@otago.ac.nz](mailto:dmhdru@otago.ac.nz)), for inclusion with the Unit's record of media reports, information dissemination and requests held at the Unit. Investigators are, of course, allowed to speak out on any matter but should be careful to avoid giving the impression they are speaking on behalf of the Unit, the University of Otago or any of the Unit's funding bodies.

## **THE UNIT'S GENERAL POLICY RELATING TO PUBLICATIONS**

All research carried out as part of the work of the Unit is expected to result in publications in scholarly journals, monographs or books, and these reports are the main basis on which the investigator's work is judged. All Theme Leaders are expected to publish soon after data collection is completed.

It is the responsibility of Investigators to provide updates to the Director on a regular basis with details and copies of publications, and those in press or under consideration for publication, nearly completed or planned (via concept papers) for the near future in order for the Unit's publications database and library to be maintained.

It is expected that Theme Leaders will have shown evidence of progress in analysing and reporting data and publishing from a particular assessment Phase within a period of two years from the date of final collection of the data. If, in the opinion of the Director, such progress has not been made, and after consultation with the investigator concerned has taken place, consideration would be given to approaching other investigators to assume responsibility for reporting the results of that research.

## **CONCEPT PAPERS**

All planned research projects must have an approved concept paper logged with the Research Manager, Dr Sandhya Ramrakha ([sandhya.ramrakha@otago.ac.nz](mailto:sandhya.ramrakha@otago.ac.nz)), at the Unit before work commences on the study. The concept paper template is available from the Research Manager.

## **AUTHORSHIP**

It has long been the policy of the Unit that the person who writes the first draft of a paper is the first author. The Theme Leader involved determines (in consultation with the Director where appropriate) co-authorship and authorship order. Care must be taken to ensure that the Unit's policy with regard to access to and use of data has been properly followed. It is the Director's responsibility, when he reviews final drafts of papers, to ensure that those who are responsible for the data, as well as those who have used the data, are fairly treated with regards to authorship.

## **CO-AUTHORSHIP POLICY**

Co-authors are those who have made a substantial contribution to the design or data gathering, analysis and/or write-up of the paper. People who had made a technical or advisory contribution should be given appropriate acknowledgement for having done so in the paper. The criteria for co-

authorship as agreed to by the International Committee of Journal Editors (see British Medical Journal, 296, February 1988, pp. 401) provides useful guidelines which are set out below:

*“All persons designated as authors should qualify for authorship. Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should be based only on substantial contributions to (a) conception and design, or analysis and interpretation of data; and to (b) drafting the article or revising it critically for important intellectual content; and on (c) final approval of the version to be published. Conditions (a), (b), and (c) must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is also not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author.”*

A paper with corporate (collective) authorship must specify the key persons responsible for the article; others contributing to the work should be recognised separately (see “Acknowledgements” below).

## **ACKNOWLEDGEMENTS AND APPROVALS**

When submitting an article for publication or presenting a paper, it is important that the contribution of agencies or individuals that supported the research are properly acknowledged. Thus, in addition to acknowledging the author’s particular funding bodies, all publications should acknowledge the Health Research Council of New Zealand (the Unit’s main funding body) and all funding bodies which have supported the data collection, both nationally and internationally. The Director or Theme Leader responsible for the data collection should be consulted to ensure that all funding bodies are appropriately acknowledged (e.g. with correct grant numbers, etc.).

The contribution of the *Study* members (not “sample members”) and, if appropriate, their families and friends, should always be mentioned in the acknowledgements section.

An acknowledgement of the Founding Director, Dr Phil A. Silva, must also be included in the acknowledgements section.

## **FINAL APPROVAL OF PUBLICATIONS**

It has always been the Unit’s policy that any publication from the Research Unit must be approved by the Director before it is submitted for consideration for publication. The Director will thus have an opportunity to comment on such matters as the description of the sample and methodology, appropriate referencing of the Unit’s publications, appropriate acknowledgement of those who have contributed, as well as scientific aspects. This will also ensure consistency with earlier publications from the Study. He may, in some cases, refer papers to an acknowledged expert in the field to get an independent comment on any paper. No paper using data from the Unit may be offered for publication without the approval of the Director and some may be returned to authors for consideration of recommendations. Almost all papers are returned with suggestions for revision.

Data presented to expert committees (e.g. Health Select Committees) must be approved by the Director.

Papers to be presented orally at conferences or meetings need not be approved in the above manner unless they are to be published.

It is an extremely rare occurrence for a paper to be vetoed by the Director. The need for approval is not intended, therefore, to lead to a veto when the paper has been completed unless there are serious substantive problems.

## DISPUTES

The Director has a responsibility to safeguard the rights of those who raised the funds to collect the data and to ensure that the comprehensive data set is used to the full to advance knowledge about health and development. *Any problems*, including those related to determining “guardianship” of data, access or use of data, and publications, should be referred to the Director for clarification. Unresolved problems may be referred by the Director to the Advisory Committee for their consideration.

The above procedures have been developed to resolve disputes of any kind **within the Unit**. They should be used **before** raising contentious issues with other bodies.

## THE PUBLICATIONS DATABASE AND REPRINT LIBRARY

The Unit maintains a record of all publications, papers and papers under consideration for publication. Investigators are asked to ensure that the Administration Officer, Michelle McCann ([dmhdru@otago.ac.nz](mailto:dmhdru@otago.ac.nz)) is notified as soon as papers are submitted and ultimately accepted for publication, and that she receives reprints of papers as soon as they are published, to keep the database and publications library up-to-date for the benefit of those who request information from the Unit, and for maintaining the website.

## THE UNIT'S POLICY IN RELATION TO GENETIC STUDIES IN THE DMHDS

This statement outlines what we hope to accomplish in future genetic studies using the Dunedin DNA bank. The statement is divided into two sections. First, what we hope to avoid. Second, what we hope to achieve.

### 1. What We Wish to Avoid

We wish to avoid trivial association studies. Technological advances have made it possible to conduct association studies with great ease. We do not think that conducting “main effect” association studies in the con Study is likely to prove very useful and important for four reasons:

- 1.1 There are unlikely to be many direct linear relations between individual genes and behaviours (see Dean Hamer, *Science*, 2002; 298: 71-73).
- 1.2 Our analysis of scientific impact reveals that the only published association studies that have an impact are initial positive reports of a gene-behaviour association. In particular, subsequent failures to replicate are seldom referenced or acknowledged in the literature, even if these are better done studies.
- 1.3 “Main effect” association studies make poor use of the unique strengths of the Dunedin Study insofar as any study can collect DNA, genotype these materials and correlate them with some behaviour.
- 1.4 We will develop a poor reputation for the Study, to the extent that we begin to carry out association studies in an uninspiring fashion. By “uninspiring”, we refer to opportunistic replication studies of associations reported in the literature.

### 2. What We Wish to Achieve

We wish to make discoveries about nature x nurture interplay that will advance theory and improve methodology.

- 2.1 A unique strength of the Dunedin Study is that we have well-characterised environmental histories. We encourage proposals that examine gene x environment interactions (GxE) and gene-environment correlations (rGE). Such proposals need to be theoretically motivated (in relation to the gene, the environment and the outcome) and advance testable hypotheses. Such proposals must also capitalise on the unique longitudinal-environmental measurements available in the Dunedin Study, not simply on run-of-mill “environmental” measures available in numerous other, cross-sectional surveys.
- 2.2 Another unique strength of the Dunedin Study is our rich phenotype base. We encourage proposals that develop unique methodologic ideas about how to identify phenotypes for genetic research. Such proposals need to spell out in detail the unique measurement/methodological innovation involved, and how this innovation will advance other research.

#### **Guardians of Phenotypes:**

- |                   |               |
|-------------------|---------------|
| 1. Cardiovascular | R. Poulton    |
| 2. Behavioural    | T. Moffitt    |
| 3. Respiratory    | M. Sears      |
| 4. Dental         | W. M. Thomson |

## **THE UNIT’S RESPONSIVENESS TO MĀORI POLICY**

The Dunedin Study ‘**Responsiveness to Māori Policy**’ has a commitment to the Treaty of Waitangi as its foundation. The policy, which has been led by Māori researchers, in partnership with Dunedin Study Directors, has been developed and built on over time. The policy includes: acknowledgement of the need to maximise the Study’s contribution to Māori health; acknowledgement of Māori tino rangatiratanga over Māori analyses within the Study; active consultation with key Māori stakeholders; and a commitment to build and support a Māori workforce capacity within the Study.

**Dunedin Study research team:** All members of the Dunedin Study team: (i) recognise the Articles of the Treaty of Waitangi, (ii) develop strategies for responsiveness to Māori aligned with the Articles; and (iii) operationalise these strategies. Specifically, Article 2 articulates the retention of Māori control (tino rangatiratanga) over Māori resources, including people and Māori analyses and data. Article 3 provides a right to equitable health outcomes. According to the Health Research Council of New Zealand, “For health research, Article Two results in recognition that iwi and hapu have an authority over their peoples’ involvement in research. Article Three generates an expectation for both an equivalent state of health between Māori and Pakeha, and an equitable share of the benefits of any Crown expenditure”.

**Protection of Maori participants:** The Dunedin Study is a study of three generations of New Zealanders and has clear obligations to Māori Study members, their parents, their children (and their partners). It is thus critical to have policies that protect Māori Study participants and their whanau. Our aim is to protect and uphold their integrity, while at the same time maximising the contribution the Dunedin Study can make to Māori health and well-being.

**Workforce development:** Māori workforce development is a key aspect of responsiveness to Māori. We are addressing this within the Dunedin Study as a medium- to long-term goal in supporting and enhancing collaboration and also research development within the Study. We have a senior Māori health researcher (Associate Professor J. Baxter, Ngai Tahu) as a Study Theme Leader. Associate Professor Baxter was involved in data collections at age 32 and 38, and takes responsibility for analyses relevant to Māori health. In addition, Dr E. Wyeth (Ngai Tahu) is working with Associate Professor Baxter on these analyses.

**Theme Leader responsibility:** The Dunedin Study Responsiveness to Māori Policy requires all Theme Leaders to be aware of, and follow through on, the following: (a) The Dunedin Study and its researchers have a commitment to meeting responsibilities and obligations to Māori under the Treaty of Waitangi; (b) The need to consult with Māori when and wherever appropriate. It is acknowledged that Ngai Tahu has a preferred process for consultation about research and the Dunedin Study has a commitment to supporting this process; (c) Māori workforce development and Māori researcher support/supervision. Theme Leaders will work with Associate Professor Baxter in the development of Māori workforce; (d) Māori data. The Māori Health Theme Leader, Associate Professor Baxter, will conduct studies relevant to Māori health using data collected as part of the Dunedin Study. All Theme Leaders will share data with Associate Professor Baxter to optimise the Dunedin Study's capacity for Māori health research, and ethnicity-related analyses need to be done in partnership with Associate Professor Baxter; and (e) Dissemination beyond normal academic channels is expected. This might include attendance at dissemination hui and development of resources based on research.

**New policy mechanisms:** As new issues relevant to Māori health arise, these will be addressed and incorporated into the Dunedin Study Responsiveness to Māori Policy document. Currently, there is further policy development occurring regarding (i) addressing tikanga aspects of the collection, storage, analysis and disposal of blood and tissue samples; (ii) particular issues associated with genetic aspects of the research; and (iii) further avenues and means of dissemination to Māori.

## CONCLUDING COMMENTS

While the foregoing might appear to be a fairly elaborate policy statement and code of practice, it is believed to be nothing more than what usually happens or what could be considered to be courtesy and "common sense". Consultation, collaboration and co-operation lead to better quality work and protect the rights of all involved. Investigators should encourage and assist each other as much as possible, and especially in the use of the data. It is hoped that this policy statement will enable courtesy, "common sense" and fairness to prevail, and to increase the overall scholarly productivity of all those associated with the Unit.