Implementing Research

A guideline for health researchers

Health Research Council of New Zealand Te Kaunihera Rangahau Hauora o Aotearoa

Implementing Research – A guideline for health researchers

Includes - Intellectual Property
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Changing policy
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Introduction

The Health Research Council of New Zealand (HRC) encourages researchers to actively disseminate their results to a range of interested audiences, and where appropriate, to work towards their implementation.

The HRC recognises that many researchers are highly skilled in dissemination, implementation and working with mass media. These guidelines introduce some of the complexities of these areas for researchers who are new to them. It has been developed from interviews with a wide range of health researchers.

Implementation needs to be discussed at the beginning of appropriate research projects. It requires ongoing dialogue between researchers, health service managers, communities, practitioners, service purchasers and other end users.

Many policy-oriented researchers bring together an advisory group of stakeholders to guide research planning. Facilitating and acting on stakeholder feedback during the research encourages stakeholder ownership and dissemination. However, stakeholder perspectives can also narrow research questions, and researchers need to keep the larger picture in mind.

Key concepts:

- Dissemination is the targeted communication of results in forms tailored for specific stakeholder groups.
- Implementation is the uptake by policy makers, purchasers, provider organisations, health practitioners, sector groups, consumers and community groups of initiatives identified by research.
- Implementation is a time consuming process requiring persistence and a range of communication skills.

The HRC's mission:

"To improve human health by promoting and funding health research"

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Intellectual Property

Intellectual Property (IP) results from creative thought, and can include any novel result, idea, device, software, chemical, vaccine, mono-clonal antibody, plasmid, hybridoma, diagnostic method or process.

It is important for researchers to protect their IP by patenting new discoveries or processes and not signing away their IP rights in Materials Use Agreements or collaborative research agreements.

The HRC has IP agreements with the majority of host institutions which it funds.

These agreements assign the HRC's share of any financial benefits from IP developed by an HRC-funded researcher to the institution to support the researcher's group or other public good health research.

Advantages of an IP agreement

- Getting an initiative patented and licensed to a commercial company is often the only way in which many biomedical research discoveries will be developed as a treatment or test.
- Patents also provide greater opportunities to raise additional research funding from private companies.

Disadvantages of an IP agreement

- Holding patents can compromise a researcher's scientific objectivity, because they then have an obvious vested interest in whether a particular experiment supports or disproves an hypothesis. Peers may question a result or a review by a researcher known to hold patents in the area.
- Changing an initiative into a product pushes research questions away from testing hypotheses such as "Why does this work?" towards "How can this product be developed?"
- Patents in major industrialised countries cost more than $70,000. If a company will not license a patent for development, it costs a high annual fee to maintain the patent.
- Negotiating and processing intellectual property can take years.

Protecting IP

- Maintain dated workbooks and good laboratory records. US law now respects the rights of the first to invent an initiative rather than the first to patent it. If a team's workbooks show they developed an initiative before someone else tried to patent it, the team has the patent opportunity.
- Consult intellectual property advisors when preliminary research first indicates a potentially patentable result. Also consult them about any Materials Use or collaborative research agreements with other organisations which mention IP, since these agreements often assign any IP to the other party.
- Obtain a provisional patent before announcing results at a conference. Any public statement, even a mention by a collaborator at a seminar, can put a discovery in the public arena and may remove any right to ownership.

Agreements which IP experts negotiate for researchers should:

- Protect their ability to publish, since this may not be as important to a company as it is to researchers.
- Define blocks of work which will be done, regardless of whether the initiative will be fully developed, so that researchers can publish something.
- Specify a maximum period for companies to hold a journal article before they have to return it to researchers for publication. This enables companies to protect their results to date.

Research and Clinical practice – dissemination and implementation

Research results can foster changes in health practice towards a more evidence-based approach. Researchers whose results point to changes in international treatment norms should concentrate on influencing these norms, rather than encouraging aberrant local practice patterns.

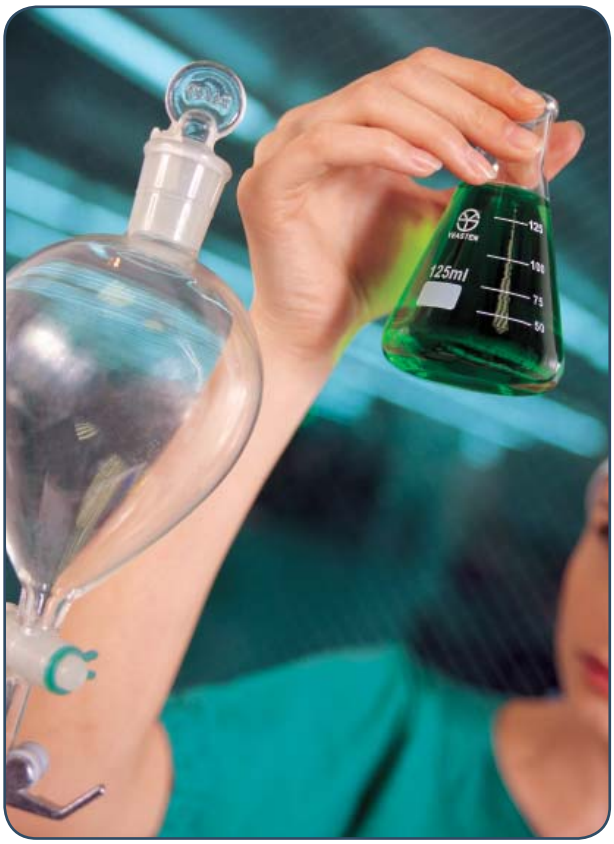
Changes are more likely to be adopted if they provide benefits for practitioners and patients over current practice; are compatible with practitioner and cultural norms; are relatively simple; can be trialled easily; and lead to clinically meaningful results.

Short-term strategies

- Publish results in a journal appropriate for the audience.
- Aim for the importance of the international research consensus to be communicated from several sources inside and outside practitioner groups.
- Get an influential, credible body to summarise the research consensus in a form which is accessible to that occupational group, with justifications for change. For example, ongoing contact with local Independent Practitioner Associations which disseminate new initiatives to members.
- Encourage influential local opinion leaders in a target practitioner group to adopt international research results. For example, one-to-one meetings with key practitioners. Keep in mind that it may be hard to identify the practitioners whose innovations influence others and it is easy in large hierarchies to select the wrong person; ask people within a discipline for the right representative from that discipline rather than asking those from another discipline.
- Present update workshops on international treatment advances at practitioner gatherings.
- Provide opportunities for practitioners to discuss research results and practice changes with local colleagues or respected outside authorities.
- Communicate directly with patient or community health groups, encouraging them to ask practitioners informed questions about new research results.
- Present results in the context of international opinion at forums for researchers, practitioners and consumers.
- Negotiate joint strategies with practitioner groups to change practice.
- Incorporate evaluation of interventions into your research programme.

Long-term strategies

- Develop the expertise to help draft practice guidelines. (Note that guidelines may not be widely adopted, even if the evidence is clear or overwhelming for one treatment above another.) Encourage or become involved in monitoring the uptake of guidelines.
- Develop the expertise to act as an advisory source of information for practitioners about difficult clinical decisions, equipment or health promotion.
- Publish review articles in key journals.
- Ensure international results and changes are incorporated into undergraduate and continuing education courses and textbooks.
- Lobby for funding to contract active practitioners to communicate initiatives to their peers. Successful overseas examples are sponsored by medical or health associations and have links to a university but no government involvement. This gives researchers a more holistic view of their field through working contact with stakeholder groups, but can be very labour intensive.
- Press for scientific conferences in relevant fields to include sessions for consumers and the public.



Research into immunity and immune-mediated diseases

Professor Franca Ronchese

This programme grant was started in 2003 and is led by Professor Franca Ronchese, Programme Director, Professor Graham Le Gros, Director of the Malaghan Institute for Medical Research, Wellington and Dr Joanna Kirman, also from the Institute.

This multidisciplinary basic research programme on the cellular and molecular processes of the immune response includes: animal models of disease, clinical application of relevant findings in cancer and asthma treatment and in vaccination against tuberculosis.

Dissemination

- Academic journal articles, book chapters, reviews.
- Talks to health professionals and specialist medical audiences at the Wellington School of Medicine's Grand Round seminar series, Wellington Hospital and clinicians' conferences.
- Presentations at international and national lectures, conferences and media events and occasional public lectures.
- Talks with relevant support and advocacy groups such as the Cancer Society of New Zealand.
- Twice-yearly Malaghan Scope newsletter to Friends of the Malaghan and donors, predominantly in Wellington, Auckland, Hawke's Bay and Queenstown.
- News releases to mass media; responses to media requests for comment on scientific issues.
- Laboratory tours by service and community groups such as Lions, Probus and U3A.
- Talks to service and community groups about the Malaghan and specific research projects.
- Letters to the editor on genetic modification and other issues that relate to Malaghan research.
- Annual report summarising the year's research, sent to scientists, libraries, funders and community groups.
- Images generated in relation to this project were selected for the art exhibition Unseen Worlds, an exhibition that revealed the unseen worlds of technology and science, which was displayed in several centres in New Zealand.

Implementation

- At least three patents for asthma treatment and cancer diagnosis.
- "Method of using a vaccine" US patent.
- Submissions on the Hazardous Substances and New Organisms Act, the Royal Commission on Genetic Modification and other policy processes.
- Transfer of diagnostic tests, bone marrow cell cultures, immunological analyses and other technologies to the hospital laboratory. Results of clinical trials are not yet at a stage where they can be implemented in health services.

MALAGHAN INSTITUTE OF MEDICAL RESEARCH

Many research results point to changes involving populations, including policy, practices and behaviour. These results and proposed initiatives must reach multiple audiences, including policy makers, health service managers, health promotion workers, consumers, health educators, practitioners, community groups, businesses and the media. This requires a wide range of communication skills and methods, and is costly and time-consuming.

Disseminating to communities

Explaining methodologies and results in plain language can be difficult but is essential. For example, researchers can over or underestimate participants' understanding and skills. The latter denies them information they need to challenge other research or question poor research design.

Strategies

- Develop long-term, ongoing relationships with support and advocacy groups, and consult with them about the best ways to provide results to communities.

  Groups which have the incentive and resources to act will use the research to achieve some change. However, when results are inconclusive or when they contradict previous findings, groups can try to change consumer behaviour too soon, leaving consumers confused and undermining research credibility. Advocacy groups can use results to advance arguments which researchers may not fully support.

- Bring together a coordinating committee of different groups to plan resources, and coordinate dissemination, action campaigns and advocacy.

Community examples

Example – child safety

Members of a child safety committee may include representatives from ACC, the Land Transport Safety Authority, New Zealand Police, the Commissioner for Children, Plunket, pharmaceutical companies, kindergarten and kohanga reo, the Fire Service, advocacy groups like Safekids, and others.

Example - Community and consumer

Mail leaflets, fact sheets or lay research summaries directly to consumer, support or advocacy groups; summarise relative risks and benefits for different groups of consumers, with sources of evidence and questions for health practitioners; organise feedback meetings with study participants, and public meetings with community groups.

Be prepared for questions about topical issues outside your field. Use overheads or slides if possible; check the order in advance; include up to four points on each, and use no more than one for every minute of talking. Include pictures if you can. Look at the audience rather than the screen. Don't use a prepared script – speaking notes or bullet points are more spontaneous. Props that you can hand round are useful.

Develop resources in consultation with specific audiences to suit their needs. For example, some groups or communities prefer oral presentations, and some audiences may want written information in their first languages. Written material may go unread or may not be retained without coordinated oral presentations or workshops.

Involve communities and consumers in decisions about trialling and piloting of new initiatives.

Run training workshops for key individuals in audience groups.

For guidelines on collaborating with Māori communities see the HRC's website www.hrc.govt.nz.

Example – Educational institution

Encourage displays about research results in universities, hospitals and at open days.

Large pictures grab the eye, while text-only display panels may be completely ignored. Use different kinds of graphics to express figures, rather than tables. Messages must be short and simple, as visitors may only spend five seconds looking at a display. The total panel word count should not exceed 80 and each panel should tell a complete story. Interactive and 3-D material attracts more attention than panels; for example, computer models, samples, lab equipment, videos, questionnaires and tests. Unstaffed stands do not attract interest.

Encourage schools to arrange class surveys about health behaviour – eg. trampoline use and traffic safety.

Distribute health and safety guidelines through schools and tertiary institutions.

Negotiate with trade training organisations about the inclusion of consumer health and safety issues for tradespeople, eg. plumbers and hot water safety.

Encourage the appointment of health promotion workers who understand research and can develop health promotion programmes with managers and user groups.

Encourage health-related graduate courses to include modules on communicating with lay end-user audiences.

Encourage the appointment of specialised dissemination workers in large research groups, with a range of communication skills and knowledge of statistical and other public health methodologies, to liaise between researchers, managers and user groups to disseminate research findings.

Changing policy

Research that is policy-aware and aligned with current ideologies is more likely to be quickly adopted into official policy. Research that challenges these ideologies has to be independent, and is more likely to have an impact in the long-term.

Policy making is influenced by economic interests, dominant ideologies, mass media and public opinion. For example, a certain treatment or guideline may be based on the best evidence, but the pharmaceutical bill may be too costly for policy makers to implement it. Generally, research knowledge provides a background of empirical information and theoretical concepts that moves gradually into policy considerations.

Short-term strategies

- Be aware of what choices are available to policy-makers and what they need to know to decide among those choices.
- Involve policy makers from different stakeholder groups in the research process from early planning. Include research questions which will help policy makers and advocacy groups to use the results. Communicate research updates to stakeholders regularly.
- Organise meetings with appropriate Ministers, ministry and agency senior managers to discuss results which have implications for their portfolios.
- Report final results directly to policy makers. If a favoured strategy (eg. lowering hot water cylinder thermostat temperatures to prevent water burns) has an economic benefit, be prepared to use that as a major argument.
- Use any existing formal support or communication protocols between research institutions and government ministries or agencies to promote results.
- Make submissions to select committees.
- Lobby a wide range of stakeholder groups - eg. MPs, policy analysts, sector umbrella groups, health promotion workers, community groups, health practitioner groupings - and publicise results and recommendations in mass media so that decision makers are lobbied from many different sources for a particular policy.
- Establish ongoing communication with key officials in ministries and policy-making organisations and pass on any relevant information.
- Produce one-page fact sheets in lay language which summarise results and recommendations and be prepared to continue answering questions about the topic long after the project is finished.

Long-term strategies

- Support the nomination of named individuals responsible for research and development in health purchaser and provider organisations.
- When there is no health policy in a particular area (eg. women's health), lobby with a coalition of related groups to get a policy developed.
- Lobby for dedicated funding for research development - dissemination, implementation and evaluation.
- Help set up research networks which focus on particular policy agendas.
- Support personnel exchanges and internships between research and policy teams.
- Encourage ministries and government agencies to disseminate their long-term research plans and to discuss policy priorities at research conferences.
- Encourage government agencies to develop inventories of research activities and external researchers in their field.
- If a research area is opposed by vested interests, or results or methods challenge dominant paradigms, ensure funding comes from several sources, research is peer reviewed, and recommendations are supported by results.
- Researchers who work in an area for a long time, with a mix of basic, strategic and applied research, can respond to policy issues as they arise.

He Kainga Oranga - Housing and health research programme

Back row: Anna Matheson, Martin Kennedy, Vonda Taumata, Robyn Turner, Gabrielle Davie
Second row: Philippa Howden-Chapman, Sarah Bierre, Helen Viggers, Jasminka Milosevic, Gina Pene
Front row: Jo-Ani Robinson, Rebecca Osborne, Anna Samson

This programme grant, worth $3.6M, is made up of intervention studies investigating the link between housing and health in New Zealand.

Principal Investigator Professor Philippa Howden-Chapman from the University of Otago's Wellington School of Medicine and Health Sciences leads the programme in collaboration with other researchers at Otago University, Massey University, Victoria University and the University of Auckland.

The programme's six key areas of research are:

- Measuring the impact of retrofitting houses with insulation.
- Determining the impact of heating types on children with asthma.
- Quantifying the association between over-crowding and communicable disease epidemics.
- Developing two extended–family houses in partnership with HNZC.
- Measuring the impact of housing on disability.
- Developing a Healthy Housing Index.

Major co-funders of this research are Contact Energy, the Ministry for the Environment, Hutt Valley District Health Board, the Accident Compensation Corporation (ACC), the Energy Efficiency and Conservation Authority (EECA), Housing New Zealand and the University of Otago.

Dissemination

- Collaboration with community groups, District Health Boards, primary health organisations and energy companies .
- Creation of public relations opportunities: eg. *He Kainga Oranga* banner and several poster presentations – Turning up the heat: The housing, heating and health study.
- Wide exposure in the media via television, print and radio news interviews.
- Research presented at international and national lectures, conferences and media events and numerous public lectures.
- Academic papers for publication in peer reviewed journals nationally and internationally.
- Comprehensive programme outline and information presented on the Wellington School of Medicine website: http://www.wnmeds.ac.nz.

Implementation

- Provided advice on national policy to the New Zealand Building Code E3 and to government agencies, including the Ministry of Health, the Ministry of Social Development, the Department of Building and Housing, Housing New Zealand, Statistics New Zealand, ACC and EECA.
- Provided professional advice on a number of national and international committees and for related groups such as Public Health Association, Wellington Asthma Society and the WHO Working Group on Environmental Burden of Disease from Housing on Health.

Media advocacy

Media advocacy involves the use of media publicity to advance public health or policy change goals. Media advocacy is best used within an existing campaign with a policy goal. Media advocacy can focus attention on a particular solution, but will not make the changes without an accompanying lobbying campaign.

Identify the problem, work out the organisation's solution and identify which policy-makers have the power to make the necessary changes. Then identify which groups must be mobilised to pressure for change, and what messages would convince those groups to adopt the issue.

Media advocacy goals can include getting new voices included in public debate on an issue; changing the framing of the issue in the news, or increasing the number of voices calling for a particular change. Media advocacy takes time and practice.

Strategies

- Identify the existing news media assumptions or frames about the issue (eg. New Zealand is a good place to bring up children). Information that contradicts these dominant assumptions will be fragmented in media stories, and is unlikely to be part of headlines or introductions.
- Identify opposing arguments and develop responses.
- Identify the media that target audiences read, watch and listen to, for example the media to which MPs, government officials and other policy-makers pay attention. Read, watch and listen to these publications and programmes. Different media require different approaches and story ideas.
- Structure stories to interest the media (personalise; localise; show broad appeal; highlight ironies and contradictions; show it crosses a threshold of hardship, conflict or violence; link it to an already predicted event or trend; an issue or debate which has already been in the news; a rare or unexpected activity or event; or special dates, anniversaries or seasonal stories).
- Structure stories to suit the media's operational needs (a one-off or discrete event rather than an ongoing experience or activity; a location within easy access of newsrooms, with parking; before the target media deadline; with photographs or interesting television footage).
- Identify soundbites (spokespeople get up to 10 seconds to make their points on radio and TV news). Ensure spokespeople have practised soundbites and responses to opposing arguments until they flow easily.
- Use images or metaphors that evoke pictures in the minds of the audience (eg. "A non-smoking section in a restaurant is as useful as a non-urinated section in a swimming pool" or "It works a bit like an egg-beater").
- Use irony and contradiction (eg. "To say that unmarried mothers cause poverty is like saying that hungry people cause famine").
- Avoid jargon or acronyms and use simple everyday language.
- Include at least some aspect of a solution.
- Make complex numbers, comparisons or risk statements meaningful to audiences. Try breaking numbers down by time (eg. ten children a day); breaking numbers down by place (eg. the equivalent of five full jumbo jets); comparisons with familiar things; ironic comparisons; personalizing numbers (eg. 25 balloons of toxic pollution rather than six tonnes); turning numbers into large pictorial graphs and charts.

Media advocacy can be measured if your objectives, messages, key stakeholders and communications are clearly set out before you start. Evaluate how the relationship with your public has changed. Have the messages been received and understood? Have the relationships built resulted in stakeholders committing to your organisation?

Getting good media coverage

Research usually makes the news at three points – when it is first funded, when results have been presented at academic or other conferences, and when results have been published in a peer reviewed journal. Avoid talking about unfinished research, include negative findings and always credit colleagues, collaborators and funding organisations.

Researchers need to be clear about the different audiences they want to reach. Some are obvious - people with asthma for studies on asthma, health professionals about new tests and treatments, people with diabetes, and so on. Specialist publications and programmes can be useful for reaching groups with particular interests. Iwi radio stations are a good way to reach Māori in particular tribal areas.

Reaching other audiences, such as policy-makers, may be more difficult. Competition to include items in the current affairs media that these audiences pay attention to is often intense.

Feature or current affairs coverage in a range of media that appeal to different audience groups may be more effective than relying on one outlet to reach a range of audiences.

Ways to get media coverage

With the assistance of your organisation's communications department, contact the news editor or producer for radio and television news, the chief reporter in a large daily paper, the editor in a small newspaper or magazine, or the producer or presenter of radio talk shows.

Try to meet the reporter covering the subject area in person at least once. Major newspapers and large city TV newsrooms have specialist health reporters. Radio journalists tend not to have specialist "rounds". Build relationships with interested reporters over time.

Opinion pieces

- Offer a one-off article or talk on a current issue to newspapers or radio.
- Engage with current debate, be clear, well-argued and include points not made elsewhere.

Letters to the editor

- Low success rate, but widely read.
- Study the letters column of the publication to see what style is preferred (humorous, light, authoritative).
- Respond quickly to issues or articles in the publication.
- Be short (up to 200 words) and punchy.
- Get the letter signed by the head of the research organisation.
- Use irony and humour.

Radio guest spots

- Offer to be a guest on a radio programme listened to by a target audience.
- Be prepared for ill-informed, unrelated and opposing as well as supportive views.
- Be able to explain research methods and results in simple terms.

News releases

The most common way to approach news media is by sending in a news release:

- Most tertiary and research organisations have publicity staff who can give researchers media contacts and help write news releases.
- Use the organisation's letterhead. Label it "News Release" at the top and include a headline (obvious, but some forget).
- Put the date the reporter will receive it and any embargo time next. Embargoes ask the media not to use the story until a certain time on a certain day. Use them sparely - they may not always be observed.
- Type it with double-spacing on only one side of the page.
- Use the tone and language style of the targeted media, as journalists will sometimes reuse paragraphs in their item.
- Summarise who, what, why, where, when and how about the story in the first sentence of about 20 words. Avoid acronyms and jargon and use simple, active language. Focus on results and consequences for the audience, rather than the research process.
- List the rest of the information in descending order of priority, but less than a page if possible. Provide separate background material for very complex information. Print stories are cut at the end, so never leave anything essential until last.

- Include direct quotations from key people in the body of the release.
- Include work and after hours phone numbers and e-mail for at least two contacts.
- Include details of any TV footage possibilities - eg. lab workers, conferences, health clinics, videos of the research process – at the end of the release.
- Check the contents with the people quoted and any research partners or collaborators.
- Send a copy of the news release to stakeholders - for example, funders and research organisations' communications manager.
- Fax, post or e-mail a copy of the news release to each relevant, named editor or journalist. Journalists say: Post is best for an event – ensure it arrives at least three days ahead for daily media. When emailing, paste the text into the body of the email as well as in an attachment – some journalists will not open attachments. Early in the morning is usually best for faxes, especially for daily papers and television news (preferably before 9.30am). Mornings are also best for weekly newspapers and magazines. Sundays and public holidays are a good time to send out news releases for the following day and early in the week is less busy for most media.
- When posting a release to print media, include black and white mug shots of key research staff and any interesting graphics which lay people would understand. If the organisation is not well known, include a leaflet about what the organisation does.
- Ensure spokespeople are available during and outside work time to answer questions after the news release is sent. Phone and face-to-face interviews can take at least half a day for a big story, so make time for them.
- Phone key journalists to check that they received the news release and to answer any questions. Releases are often lost, so be prepared to refax them. Call radio news at least an hour before major bulletins or during the middle of the day, and be prepared to be interviewed on the phone. Try not to ring when they're on air (maybe up to every half hour).

Following up on media contact

- If researchers are phoned by the media for comment, ask what the article or programme is, what the deadline is, whether it is a "live" interview (radio or television), what the angle is and who else will be interviewed. Don't be pressured into answering at once if the call is unexpected. Tell the reporter a spokesperson will ring them back quickly. Then consult with colleagues about how to respond.
- Only agree to an exclusive if the research will get significant coverage from the publication or programme asking for sole access to the story.
- Keep a record of media contacts resulting from the release and notes of your replies.
- Phone and thank journalists when they do a good story or are particularly helpful – they rarely get positive feedback. However, don't make them feel they've done you a favour.
- If particular media don't use your story, ask the reporter's reasons to see if the approach needs to change.
- Become known as a reliable source about a particular area of research. If spokespeople can't comment on a story, they should refer reporters to someone who can. If spokespeople unwittingly give inaccurate information, correct it as soon as possible.

Being interviewed

- Provide research summaries or background information to all reporters.
- If the interview is live for radio or television news, ask the reporter what the first question will be.
- Give the agreed and practiced sound bite messages and repeat them, regardless of the question - only about two sentences of what spokespeople say will be directly quoted. Use simple language.
- Try and sound warm, concerned and passionate – on radio spokespeople will be judged by how they sound more than on what they say.
- On live television, spokespeople will be judged more by how they look than what they say. Avoid wearing black or white, fine stripes, checks or patterns. Avoid distracting jewellery and off-centre clothes.
- Be prepared to stop mid-sentence and start again if you lose your thread/get off track.
- For recorded radio and TV, make sure sentences are self-contained, because the reporters' questions are often edited out. If the reporter asks: "What is the major barrier to reducing injuries?", answer "The major barrier to reducing injuries is…" rather than "Poor playground regulations".
- Don't say anything that shouldn't be quoted. Assume that everything spokespeople say is "on the record".

- Offer, because of past inaccurate stories, to check stories for scientific accuracy and do so immediately if reporters agree. Print media can read quotes or stories back over the phone or fax them, and radio can play back the finished tape. Video or film makers can show the rough cut. Many journalists resist this, so don't push it.
- Be very clear about the limits of the research, to avoid it being touted as another magic bullet. Spokespeople should not stray outside the limits of their expertise. If you are in doubt, say "I don't know". If a particular issue is controversial among scientists, say so rather than giving the impression that all scientists agree.
- Don't say too much. Staying silent is better than rambling to fill a long pause.
- Turn unwanted questions around. Avoid hypothetical "what if" scenarios. Don't feel obliged to follow questions which ask you to rank things. Use sentences like – "Yes that's an issue, but the most important thing is..." or "We have many priorities and they're all important. One of them is…" or "Well, that's a tragic story, but it's just not typical - here's one that is..." or "We may be getting off the topic here – people need to understand that …"
- Avoid saying "no comment" – it sounds evasive. Say "I can't answer that question at the moment but I will have a comment for you later."
- Don't get angry, even if the interviewer is aggressive or deliberately needling. Being angry or dismissive to an interviewer will alienate listeners or viewers.
- Protect the privacy of your sample or subjects.
- Complain to the reporter first if your study is seriously misreported – it may not be their responsibility, especially if the problem is a headline or caption. Only complain to the editor or producer if the journalist is completely unresponsive.

If the story breached media ethics or was seriously unbalanced, you can complain to the NZ Press Council, phone (04) 473 5220, web: www.presscouncil.org.nz or the Broadcasting Standards Authority, phone (04) 382 9508, web: www.bsa.govt.nz

Defamation

It is defamatory to make false statements about a person that might bring that person into disrepute and make other people think less of them. The person making the remark and the media carrying the statement can be sued. It is a defence against defamation if the statements about the person are true, but it is up to the person who made the statements to prove their truth in a lawsuit.

Communicating about genetic and other new technologies

Communicating the risks

Clear communication about risk is essential and ongoing, and must address lay perceptions. Factors influencing lay risk perceptions include:

- The degree of control one has over a risk (whether or not to smoke is very different to having no choice about eating genetically modified food).
- The degree to which one trusts those providing information or making decisions about risks on one's behalf.
- The nature and timing of the risk.
- Whether the distribution of risks and benefits is fair (eg. those exposed to the risks of cell phone towers may not get the benefits of cell phone use).
- Efforts taken to seek alternatives and adopt precautions.
- The need for the risk. Only compare similar risks, such as rock climbing vs. hang gliding. Support transparent processes for continuous monitoring of risks.

Assume expertise

Do not assume public ignorance about genetic technology; this is patronising, often inaccurate and alienates audiences. Treat public audiences as experts in the ways in which new technologies have affected their lives.

Broader than science

Stick to the science, but be open about disagreement among scientists and about areas where scientific knowledge is lacking or uncertain. Do not assume the science is the whole story - engage in dialogue with public audiences about the ethics, regulation, ownership and likely social impacts of the technology, including unintended consequences.

Declare all interests

Lay people often do not separate the application of science from its funding or the conduct of scientists. Scientists with commercial interests in gene technology are perceived as untrustworthy sources. Ensure that scientists declare all sponsorships, commercial interests and affiliations. Stress that scientists whose work is peer reviewed and published in academic journals and who declare their interests are reliable sources.

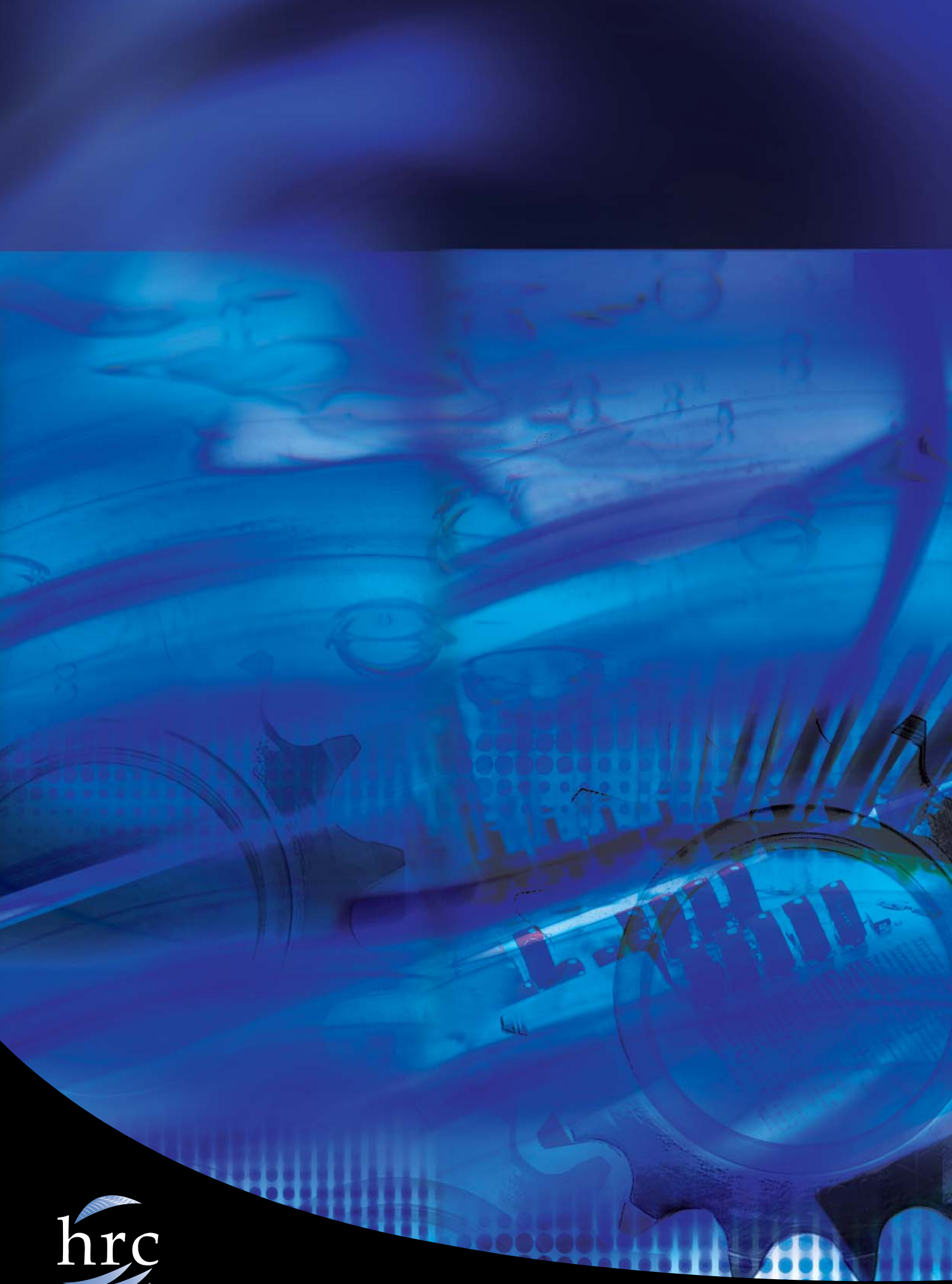
Support dialogue with laypeople

A consistent theme in surveys about genetic and other controversial science is public perceptions of exclusion from decisions that will affect their lives. Support dialogue between scientists and public audiences that is robust, high profile and well- moderated. Examples are one-off consultation events, science festival debates and public discussion events by regulatory and government agencies. The role of public dialogue in the policy process should be clear from the start, otherwise the public will lose trust from the lack of action about their concerns.

Useful techniques

Communication techniques which worked well in the GM food debate included industry and sector briefings; talkback radio and local television shows, opinion articles, websites, media visits, information packs, real consultation and scientific reports.

Techniques which did not work well included media phone interviews; public meetings; 30 second TV news items; brochures and displays.



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