

Governance and Privacy in a Provincial Data Repository

A Cross-sectional Analysis of Longitudinal Birth Cohort Parent Participants' Perspectives on Sharing Adult Vs. Child Research Data

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Abstract: Research data abound and are increasingly shared through a variety of platforms, such as biobanks for precision health and data repositories for reuse of research and administrative data. Data sharing presents great opportunities as well as significant ethical and legal concerns, such as privacy, consent, governance, access, and communication. Respectful data governance calls for stakeholder engagement during platform development. This stakeholder-engagement study used a web-based survey to capture the views of research participants about governance strategies for secondary data use. Survey response rate was 60.8% (n = 346). Parents' primary concern was ensuring appropriate data re-use of data, even over privacy. Appropriate re-use included project-specific access and limiting access to researchers with more-trusted affiliations like academia. Other affiliations (e.g. industry, government and not-for-profit) were less palatable. Parents considered pediatric data more sensitive than adult data and expressed more reluctance towards sharing child identifiers compared to their own (p-value<0.001). This study stresses the importance of repository governance strategies to sustain long-term access to valuable data assets via large-scale repository.

1 INTRODUCTION

Originating in the UK and USA, obligatory data sharing expanding globally (CIHR, 2011; MRC, 2011; NIH, 2003; OECD, 2007). In Canada, national research funding agencies, including the Social Sciences and Humanities Research Council (SSHRC), Canadian Institutes of Health Research (CIHR), and Natural Sciences and Engineering Research Council of Canada (NSERC), have issued policies that highly recommend a range of data sharing practices (CIHR, NSERC & SSHRC, 2016). SSHRC funding requires Canadian researchers to preserve their data and make it available within a reasonable period of time to other researchers upon project completion. Data informing peer-reviewed publications that arose from SSHRC, CIHR or NSERC funding must be made freely accessible within 12 months of publication. This publication-

focused policy is expected to extend further to promote greater accessibility of research outputs and other research data (CIHR, 2011; CIHR, 2013).

To facilitate these requirements, data-sharing platforms, such as biobanks and data repositories, are proliferating. These platforms promote research transparency and accountability by enabling further analyses, replications, verifications and refinements of results (El Emam et al., 2011; MRC, 2011; OECD, 2007). The frequency, diversity, novelty and complexity of research opportunities increase due to the expanding wealth of data available. Data sharing introduces cost savings realized through economies of scale, benefiting the public, funders, researchers and trainees (McGuire et al., 2008; MRC, 2011; OECD, 2007). The contributions of research participants are maximized, while future research and respondent burdens are lessened.

The emergence of data-sharing platforms, highlighted the ethical tensions between individual

autonomy and the broader, societal good. While individual consent is the norm for primary research undertakings, it may or may not be sought when these data are used for a secondary research purpose. Currently, Canadian research ethics policy (TCPS2) permits secondary use of research data to proceed without consent, if data are de-identified (Article 5.5B, TCPS2) (CIHR, NSERC & SSHRC, 2010). The implicit trade-off is that the risks of harms to individuals through the use of their de-identified data are lesser than the benefits arising to society through data use and knowledge advancement. Where data are identifiable, consent considerations direct secondary use. Waiver of consent is possible, if several, specific criteria are met (Article 5.5A, TCPS2) (CIHR, NSERC & SSHRC, 2010). On balance, the importance of the research question and knowledge generated must outweigh possible harms to the welfare of the person to whom the information relates (CIHR, NSERC & SSHRC, 2010). The TCPS2 advocates engagement with relevant populations to seek input on ethical issues and appropriate privacy protection (CIHR, NSERC & SSHRC, 2010).

Recognizing the need for stakeholder input, researchers have sought adult and adolescent perspectives on data sharing, primarily in biobanking contexts. These findings reveal that adults generally recognize the need to balance research utility (i.e., the common good) and participant privacy in sharing genetic data (McGuire et al., 2008; Trinidad et al., 2012; Trinidad et al., 2010). Privacy risks were recognized, but permission, notification and communication issues between biobanks and participants were their more pressing concerns (Trinidad et al., 2010; Beskow and Dean, 2008; Ludman et al., 2010). Research participants generally express trust in researchers and institutions, but, many still wish to be asked for permission for the re-use of their data (Beskow et al., 2008; Ludman et al., 2010). Parent concerns impacting biobank enrollment for themselves and their children include lack of information, risks of stigma, privacy, consent, researcher credibility questions, and the inability to be re-contacted for results (Brothers and Clayton, 2012; Neidich et al., 2008; Joseph et al., 2008). Ethnicity appears to impact biobank participation in the US, with minorities more reticent than Caucasians (Halverson and Ross, 2012; Joseph et al., 2008; Jenkins et al., 2009).

The perspectives of research participants, parents and children on secondary use of data have predominantly focused on biological and genetic data. Treating biobank and epidemiological data similarly is recognized as inappropriate (Laurie,

2011; Brakewood and Poldrack, 2013). These data diverge in their nature, collection, storage, research potential and implications. Application of standards developed for the protection of biological data to non-biological data might not be appropriate. Such standards may be overly restrictive, wholly inappropriate, or may disregard unique concerns. This has relevance for all sectors even beyond health research as many commercial and research initiatives deal with personal non-biological information rather than the limited, unique circumstances of biologics and genomics. The voices of research participants on secondary data use are absent. The purpose of this study is to describe the governance and privacy preferences of Albertan parent participants from two longitudinal birth cohorts, when sharing their and their child's non-biological research data with a research data repository.

2 METHODS

A cross-sectional, web-based survey (Dillman et al., 2009) sought parent cohort participant views about governance strategies for secondary use of their and their child's data. This survey is part of a broader mixed-methods study in this population; the qualitative findings that preceded and informed survey development are published elsewhere (Manhas et al., 2015; Manhas et al., 2016).

2.1 Study Population

The target population was all parent participants of two longitudinal provincial pregnancy cohorts: All Our Babies (AOB) (McDonald et al., 2013) and Alberta Pregnancy Outcomes and Nutrition (APrON) (Kaplan et al., 2014). These cohorts recruited pregnant women beginning at 26 weeks gestation and continuing with nine collection time points over the subsequent five years. Together, cohort participants (approximately 6400 people) provided information on their demographics, lifestyle, mental, psychosocial and physical health, pregnancy history, health service utilization, quality of life, and breastfeeding. Detailed information on these cohorts is described elsewhere (Kaplan et al., 2014; McDonald et al., 2013).

Email invitations were sent to 569 eligible participants the AOB cohort and 348 from the APrON cohort) as we aimed to capture 10% of the cohort population within the constraints of which participants consented to contact for survey invitation). The survey link remained available for 14-days. Reminder emails were sent to participants

on days 3 and 11, if the survey remained incomplete. The AOB cohort participants received a follow-up call on day 7 to ensure that they received the invitation and to answer any questions. APrON cohort preferences did not permit our team to provide these participants with a follow-up call. Following completion of the online survey, participants could submit their e-mail address for entry in a draw for an iPod Touch, which was kept separate from any data they provided during survey completion.

Stratified random sampling directed recruitment toward the following groups to enhance diversity of responses: (a) father participants; (b) maternal age ≥ 30 years at birth of cohort child; (c) maternal age < 30 years at birth of cohort child; and (d) mothers who self-identify as a minority and/or as new to Canada in the last five years. Inclusion criteria required that the parent permitted re-contact for future research on their original cohort consent form. Exclusion criteria was limited to previous participation in other aspects of the broader mixed-methods study (Manhas et al., 2015; Manhas et al., 2016).

2.2 Online Survey Development

Survey content and design based on our previous qualitative findings, a literature review of stakeholder engagement in data sharing especially involving parent perspectives or pediatric data, and pre-testing using cognitive interviewing with 9 participants (CI) (Adair et al., 2011).

The final survey consisted of 35 fixed choice items assessing 5 areas: (a) parents’ motivations and reservations surrounding participation in research, data and data repositories; (b) preferences for protective and organizational approaches for data repositories; (c) consent preferences; (d) perceptions of the sensitivity of pediatric data and secondary research using this data; and (e) communication preferences with data repositories. Ethics approval was received from the Conjoint Health Research Ethics Board, University of Calgary.

2.3 Data Analysis

Descriptive statistics were used to summarize study variables. Chi-square and Fisher’s exact tests were used to describe the association between categorical variables. As the online survey did not require participants to answer each question, missing responses varied by question. The reported percentages are according to participants who answered each question, where missing data was not included in the denominator. When comparing

parents’ willingness to share their or their child’s identifiers, the four-point willingness scale was truncated and presented as “willing” and “unwilling”. The response options “do not care”, “somewhat willing” and “willing” were collapsed into one category called “willing”. Analyses were conducted using STATA for Mac version 14.1 and a significance level of $p < 0.05$ was used for all tests.

3 RESULTS

3.1 Sample Characteristics

A response rate of 60.8% was achieved (N=346). 105 participants originated from the AOB cohort, 188 originated from the APrON cohort and 50 participants were members of both cohorts. Amongst these participants, 96.2% had attended some form of post-secondary education, 98.0% were female, 69.1% were over 35 years of age and 86.7% were born in Canada. Table 1 provides a summary of the respondent characteristics.

Table 1: Characteristics of Participants.

Characteristic	N (%)
Longitudinal Birth Cohort	
AOB Cohort	105 (30.3)
APrON Cohort	188 (54.3)
Both Cohorts	50 (14.5)
Missing	3 (0.8)
Sex	
Male	5 (1.4)
Female	339 (98.0)
Missing	2 (0.5)
Age (years of age)	
<35	138 (39.9)
≥ 35	180 (52.0)
Missing	28 (8.1)
Education (highest level, in/complete)	
High School	9 (2.6)
Business, Trade, Technical School	51 (14.7)
Bachelor’s Degree	190 (54.9)
Graduate School	92 (26.6)
Missing	4 (1.2)
Country of Origin	
Canada	300 (86.7%)
Other	34 (9.8)
Missing	12 (3.4)

Study recruitment involved stratified random sampling towards 4 strata, including mothers ≥ 30 and < 30 years of age, our sample included a greater proportion of women ≥ 35 years of age than the AOB and APrON cohorts (Table 2). The remaining demographic characteristics of our sample were reflective of both cohorts.

3.2 Motivations and Reservations

When asked what motivated them to participate in research generally, 77.4% of parents answered that they felt research benefits society and wanted to help advance science. Conversely, 6.1% participants felt that there were potential benefits for their child, their family or themselves. Some parents felt that past experiences with research motivated them to continue to participate in research (16.5%).

The most important reported benefit of research data sharing centred on scientific advancement. Parents indicated that the most important benefit of data sharing (42.9%) was that new research questions could be addressed from existing data sets. Another 11.9% of parents believed that data sharing would benefit science by allowing the primary researchers' work to be checked. The efficiencies of data sharing were also viewed from a scientific, rather than participant, lens. More parents prioritized the cost and time savings for researchers and funders resulting from data sharing (40.3%) over the reduced time and effort burden on research participants (2.9%).

Parents were asked to prioritize their reservations regarding research data sharing. Ensuring the appropriate re-use of data was the primary concern for 61.5% of parents. Protecting participant privacy was of utmost importance for 36.3% of parents. Finally, a small minority of parents highlighted potential logistical concerns with the long-term costs of supporting a data repository (1.5%).

3.3 Governing Data Access

The survey explored parent participant's willingness to make their data available to different types of secondary users, based on their affiliation. Almost all

parents were quite willing to share their non-biological research dataset with academic researchers (e.g. universities: 97.4% willing). However, other research affiliations were met with greater reluctance: far fewer parents were willing to share their datasets with industry (15.9% willing), government (41.6% willing) and not-for-profit agencies (34.1% willing). Parents also indicated that their support for data sharing was dependant on researchers' motives. Support was largely received for initiatives that aimed to uncover new knowledge about children, families and society (91.6% willing); or to improve public programs and policies (84.1% willing), and clinical practices (83.5% willing). When motives were commercial, parental reservations were noted. Only 38.2% of parents were willing to share datasets when researcher motives aimed to improve products (i.e. drug, baby food, etc.), while motives to use the shared data to increase sales of a product were acceptable for only 5.2% of parent participants.

Parental input was sought on how to control secondary researcher's access once approved. Nearly three-quarter of participants felt that access should be limited to the single project described on their approved data access request (71.5%). Other parents felt that access should be broader. Sixteen percent of parents believed that once a researcher gained access, the dataset could be used for multiple projects; whereas 12.5% of parents felt that the researchers' entire research team could access the data to complete research projects.

The survey solicited parents on how repositories could best monitor data reuse. There was diversity in parents' opinions. Some parents felt that the datasets should never leave the repository facilities and analyses should be performed in closed computing areas (33.3%).

Table 2: Characteristics of Study Sample Compared to AOB and APrON Participant Characteristics.

Characteristic	Study Sample (%)	AOB ³³ (%)	APrON ³⁸ (%)	
Sex	Male	1.4	0	1.4
	Female	98.0	100	98.1
	Missing	0.5	-	0.5
Age (years of age)	<35	39.9	75.8	76.6
	≥35	52.0	24.1	23.4
	Missing	8.1	-	-
Education	High School or less	2.6	11.0	9.7
	Post-secondary education	96.2	89.0	90.3
	Missing	1.2	-	-
Country of Origin	Canada	86.7	78.1	81.3
	Other	9.8	21.9	18.7
	Missing	3.4	-	-

Other parents felt that repositories should collaborate with either the researchers’ home institutions (26.1%) or the researchers’ scientific or professional societies (7.0%) to monitor researchers. Other parents believed that regular update reports submitted to the repository (17.7%) or surprise audits of the secondary researchers’ facilities and activities (14.8%) would best safeguard the datasets.

Most parents preferred that the primary researcher should be involved with the secondary data access process. Most parents felt that either the primary researcher should be a member of the decision-making data access committee (40.8%) or the primary researcher should at least be informed of all access requests and given the opportunity to provide their non-binding opinion on access (42.3%). Few participants felt that primary researchers should advise secondary researchers (11.1%) or actively participate in the secondary research (4.1%).

3.4 Perceptions of Child vs. Adult Data

Parents were asked to consider whether there was a difference between adult and pediatric data. Parents generally agreed (69.8%) that there is a difference, with 59.2% of parents believing that pediatric data were more sensitive. The survey solicited parent willingness to share specific identifiers about themselves and their child with a qualified, secondary researcher.

As illustrated in Table 3, of the 13 identifiers described for adults and the 9 identifiers described for

children, parents were generally willing to share 11 and 7 identifiers, respectively. Parents exhibited little concern sharing their full name (82.8% willing), their complete address (72.5% willing) and their complete date of birth (88.4% willing). Only a small percentage of parents were unwilling to share their gender (0.3%) or marital status (1.2%). Parents did, however, express reluctance to share health care numbers (40.5% of adults willing to share, 38.0% willing to share their child’s) and social insurance numbers (15.1% of adults willing to share, 12.9% willing to share their child’s).

When comparing willingness of parents to share their own identifiers compared to their child’s identifiers, parents’ attitudes changed. Where applicable, parents expressed more reluctance towards sharing their child’s identifiers compared to their own (p-value<0.001; Table 3). The sole exception was gender (p-value= 0.924), where only 1.2% of parents were unwilling to share their child’s gender.

The survey also asked parents when identifiers should be removed from the dataset and by whom. Parents generally felt that identifiers should be removed by the primary researcher before submitting the dataset to a data repository (71.6%). A minority of parents indicated that removing identifiers was the role of the data repository and should be done before the dataset is released to the secondary researcher (11.7%). Interestingly, 16.7% of parents had no preference on when or by whom the identifiers were removed.

Table 3: Willingness of Parent’s to share their, or their child’s identifiers.

Identifier	Willingness to share their identifier		Willingness to share child’s identifier		P-value
	Willing	Unwilling	Willing	Unwilling	
Full Name	279 (82.8)	58 (16.8)	263 (76.0)	83 (24.0)	<0.001
Complete Address	251 (72.5)	95 (27.5)	208 (60.1)	138 (39.9)	<0.001
Full Postal Code <i>If no, first 3 Digits of Postal Code</i>	202 (89.4) 87 (92.6)	24 (10.6) 7 (7.4)	189 (75.6) 99 (83.2)	61 (24.4) 20 (16.8)	<0.001 <0.001
Complete Birth Date <i>If no, month and Year of Birth</i> <i>If no, year of Birth</i>	306 (88.4) 134 (91.2) 67 (94.4)	40 (11.6) 13 (8.8) 4 (5.6)	280 (81.2) 137 (91.3) 54 (91.7)	65 (18.8) 13 (8.7) 5 (8.3)	<0.001 <0.001 0.001
Contact Information	N/A	N/A	253 (73.1)	93 (26.9)	N/A
E-mail Address	297 (86.3)	47 (13.7)	N/A	N/A	N/A
Phone Number	244 (71.1)	99 (28.9)	N/A	N/A	N/A
Marital Status	340 (98.8)	4 (1.2)	N/A	N/A	N/A
Job	329 (96.2)	13 (3.8)	N/A	N/A	N/A
Gender	341 (99.7)	1 (0.3)	338 (98.8)	4 (1.2)	0.924
Ethnicity or Race	335 (99.4)	2 (0.6)	337 (97.7)	8 (2.3)	<0.001
Level of Education	339 (99.1)	3 (0.9)	N/A	N/A	N/A
Health Care Number	139 (40.5)	204 (59.5)	131 (38.0)	214 (62.0)	<0.001
Social Insurance Number	52 (15.1)	292 (84.9)	44 (12.9)	298 (87.1)	<0.001

4 DISCUSSION & CONCLUSIONS

In general, parents supported the inclusion of their non-biological research data with a research data repository. Parents understood the impact that research has on society and believe that data sharing supports research initiatives while reducing the time and cost to researchers and participants. This support for data sharing came with some reservations. Ensuring the appropriate re-use of data was the primary concern for parents. Governance was of greater concern than privacy. Most empirical explorations of stakeholder concerns have focused on privacy and consent questions (Joseph et al., 2008; Kaufman et al., 2008; Ludman et al., 2010; Malin et al., 2013; McGuire et al., 2008; Trinidad et al., 2012), while the more theoretical, ethico-legal analyses have discussed governance issues (Laurie, 2011). Distinct from the previous research studies, this study asked participants to consider and rank between governance and privacy concerns.

Appropriate re-use of data included sharing it with researchers that participants trusted such as academic researchers. Other research affiliations, such as industry, government and not-for-profit, were met with greater reticence. This information supports previous findings that research participants place a great deal of trust in academic researchers, the governance and security afforded by their institutions and their motives towards the greater good, and they are wary of researchers outside of institutions (O'Doherty et al., 2011). Even when profit is clearly not the motive, as for not-for-profit organizations, a lack trust exists, likely due to perceived institutional unfamiliarity and possibly lack of security.

Regarding privacy, parents believed that identifiers should be removed prior to the primary researcher submitting the data to a repository. Parents, however, expressed little reservation towards sharing identifiers, with parents only noticeably less willing to share their and their child's health care numbers and social insurance numbers. This represents an inconsistency on two levels. Parents were willing to share information that could combine to proffer a great deal of information; information that was available in a single number identifier that parents were much less willing to share. It is unclear if the question framing had each parent considering the identifiers in isolation, or if they felt that their names and birthdates were less crucial to their privacy than their health care number and social insurance number. The former seems unlikely because most participants seemed to understand that datasets include more than one variable. The other

inconsistency related to the fact that many parents wanted the primary researcher to remove identifiers prior to data sharing; but that parents were willing to share the majority of identifiers about themselves (and even their children).

Parental perspectives about governance and control of data access is quite novel and informative. Once a primary researcher has submitted a dataset, parents felt that the primary researcher should either be a member of a decision-making data access committee or should be informed of all access requests and given the opportunity to provide their opinion on access. Once access was granted, parents felt that access should be limited to the single project described by the secondary researcher on the approved data access request. This conservative approach to governance and preference for project-specific access provides complementary information to the literature supporting broad consent models over project-specific consent (Caulfield, 2007; Master et al., 2012; Willison et al., 2008). While project-specific consent from participants is unpalatable for many stakeholders due to time and feasibility issues (Master et al., 2012; McGuire et al., 2008; Trinidad et al., 2012; Willison et al., 2008), project-level scrutiny is desired by participants to ensure the security and respect desired. This coincides with some commentators in the literature that have recognized the link between trust in institutions, responsible data governance, and long-term practical sustainability, interest and support in large-scale data repositories including biobanks (Laurie, 2011; O'Doherty et al., 2011)

There was some diversity amongst parents' opinions regarding how to ensure that data are being appropriately re-used. Some parents preferred that data never leave the repositories and analyses should be performed in a closed computing area, whereas others felt that repositories should collaborate with researcher's home institutions (if applicable) or societies to effectively monitor researchers. The key finding from this paper is that there should be clear governance at access and monitoring, with parent participant stakeholders being more flexible on how monitoring is realized.

When compared to local and provincial data sources, the participants are generally representative of the pregnant and parenting population in Calgary and Alberta (Leung et al. 2013). Therefore, this study provides a good sample of Albertan parent perspectives on data sharing, with certain limitations. Given that participants were required to have previously consented to participate in additional research in their original cohort consent form, our

participants may be more supportive of research than the general population. This may have resulted in an overestimation of the support the Albertan pregnant and parenting population may have towards data sharing.

Another study limitation was a result of the complexity of the topic. Given the novelty and many nuances associated with data sharing, it was recognized during the qualitative component of the project that participants required additional information to inform their decisions (Manhas et al. 2015; Manhas et al. 2016). As such, detailed background information was provided to participants for each section of the survey. Though efforts were made to avoid including information that may influence participants' responses, it is possible that the included information may have altered participants' perspectives.

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REFERENCES

Adair, CE, Holland, AC, Patterson, ML, et al. 2011 'Cognitive interviewing methods for questionnaire pre-testing in homeless persons with mental disorders.' *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, vol. 89, no. 1, pp. 36-52.

Beskow LM, Dean E, 2008 'Informed consent for biorepositories: Assessing prospective participants' understanding and opinions.' *Cancer Epidemiology, Biomarkers & Prevention*, vol. 17, pp. 1440-1451.

Brakewood B, Poldrack RA, 2013 'The ethics of secondary data analysis: Considering the application of Belmont principles to the sharing of neuroimaging data.' *NeuroImage*, vol. 82, pp. 671-676.

Brothers KB, Clayton EW, 2012 'Parental perspectives on a pediatric human non-subjects biobank.' *AJOB Primary Research*, vol. 3, no. 3, pp. 21-29.

Canadian Institutes of Health Research (CIHR), 2013 *CIHR open access policy page*, <http://www.cihr-irsc.gc.ca/e/46068.html>. February 28, 2013.

Caulfield T, 2007 'Biobanks and blanket consent: The proper place of the public good and public perception rationales.' *Kings Law Journal*, vol. 18, pp. 209-226.

CIHR, Natural Sciences and Engineering Research Council of Canada (NSERC), Social Sciences and Humanities Research Council of Canada (SSHRC), 2010. Tri-council policy statement: Ethical conduct for research involving humans. Government of Canada, Ottawa, ON.

Collins D, 2003, 'Pretesting survey instruments: An overview of cognitive methods.' *Quality of Life Research*, vol. 12, pp. 229-238.

Dillman DA, Smyth JD, Christian LM 2009, *Internet, mail and mixed-mode surveys: The tailored design method*. 3rd ed. John Wiley & Sons, Hoboken, NJ.

El Emam K, Buckeridge D, Tamblyn R, Neisa A, Jonker E, Verma A 2011, 'The re-identification risks of Canadians from longitudinal demographics.' *BMC Medical Informatics and Decision Making*, vol. 11, pp. 46.

Freedom of information and protection of privacy act. R.S.A. 2000, c. F-25.

Halverson CME, Ross LF, 2012, 'Attitudes of african-american parents about biobank participation and return of results for themselves and their children.' *Journal of Medical Ethics*, vol. 38, no. 9, pp. 561-566.

Health information Act. R.S.A. 2000, c. H-5.

Jenkins MM, Reed-Gross E, Rasmussen SA, et al., 2009 'Maternal attitudes toward DNA collection for gene-environment studies: A qualitative research study.' *American Journal of Medical Genetics, Part A*, vol. 149A, pp. 2378-2386.

Joseph JW, Neidich AB, Ober C, Ross LF, 2008, 'Empirical data about women's attitudes towards a biobank focused on pregnancy outcomes.' *American Journal of Medical Genetics, Part A*, vol. 146A, pp. 305-311.

Kaplan BJ, Giesbrecht GF, Leung BM, et al. 2014, 'The Alberta Pregnancy Outcomes and Nutrition (APRON) cohort study: Rationale and Methods', vol. 10, no. 1, pp. 44-60.

Kaufman DJ, Murphy-Bollinger J, Scott J, Hudson K, 2009 'Public opinion about the importance of privacy in biobank research.' *The American Journal of Human Genetics*, vol. 85, pp. 643-654.

Laurie G 2011, 'Reflexive governance in biobanking: On the value of policy led approaches and the need to recognize the limits of law.' *Human Genetics*, vol. 130, pp. 347-356.

Leung BM, McDonald SW, Kaplan BJ, Giesbrecht GF, Tough SC, 2013 'Comparison of sample characteristics in two pregnancy cohorts: community-based versus population-based recruitment methods.' *BMC Med Res Methodol*, vol. 13, pp. 149.

Ludman EJ, Fullerton SM, Spangler L, et al. 2010, 'Glad you asked: Participants' opinions of re-consent for dbGaP data submission.' *Journal of Empirical Research on Human Research Ethics*, vol. 5, no. 3, pp. 9-16.

- Malin BA, El Emam K, O'Keefe CM, 2013, 'Biomedical data privacy: Problems, perspectives, and recent advances.' *Journal of the American Medical Informatics Association*, vol. 20, no. 1, pp. 2-6.
- Manhas KP, Page S, Dodd SX, Letourneau N, Ambrose A, Cui X, Tough SC, 2015 'Parental perspectives on privacy and governance for a pediatric repository of non-biological data.' *Journal of Empirical Research on Human Research Ethics*, vol. 10, no. 1, pp. 88-99.
- Manhas KP, Page S, Dodd SX, Letourneau N, Ambrose A, Cui X, Tough SC, 2016 'Parental perspectives on consent for participation in large-scale, non-biological data repositories.' *Life Sciences, Society & Policy*, vol. 12, pp. 1.
- Master Z, Nelsn E, Murdoch B, Caulfield T, 2012 'Biobanks, consent and claims of consensus.' *Nature Methods*, vol. 9, no. 9, pp. 885-888.
- McDonald SW, Lyon AW, Benzies KM, McNeil DA, Lye SJ, Dolan SM, Pennell CE, Bocking AD, Tough SC, 2013, 'The All Our Babies cohort: Design, Methods, and Participant Characteristics.' *BMC Pregnancy & Childbirth*, vol. 13, no. suppl 1, pp. S2.
- McGuire AL, Hamilton JA, Lunstroth R, McCullough LB, Goldman A 2008. 'DNA data sharing: Research participants' perspectives.' *Genetics in Medicine*, vol. 10, no. 1, pp. 46-53.
- Medical Research Council 2011, *MRC policy and guidance on sharing of research data from population and patient studies*. MRC, London.
- National Institutes of Health 2003, *NIH data sharing policy and implementation guidance* page. http://grants.nih.gov/grants/policy/data_sharing/data_sharing_guidance.htm. February 28, 2013.
- Neidich AB, Joseph JW, Ober C, Ross LF, 2008 'Empirical data about women's attitudes towards a hypothetical pediatric biobank.' *American Journal of Medical Genetics Part A*, vol. 146A, pp. 297-304.
- Organization for Economic Co-operation and Development (OECD) 2007. *OECD principles and guidelines for access to research data from public funding*. OECD, Paris.
- O'Doherty KC, Burgess MM, Edwards K, et al. 2011, 'From consent to institutions: Designing adaptive governance for genomic biobanks.' *Social Science & Medicine*, vol. 73, pp. 367-374.
- Personal information protection and electronic documents act*. S.C. 2000, c. 5.
- SSHRC 2012, *Research data archiving policy* page. http://www.sshrc-crsh.gc.ca/about-au_sujet/policies-politiques/statements-enonces/edata-donnees_electroniques-eng.aspx. February 28, 2013.
- Trinidad SB, Fullerton SM, Bares JM, Jarvik GP, Larson EB, Burke W, 2010, 'Genomic research and wide data sharing: Views of prospective participants.' *Genetics in Medicine*, vol. 12, no. 8, pp. 486-495.
- Trinidad SB, Fullerton SM, Bares JM, Jarvik GP, Larson EB, Burke W, 2012, 'Informed consent in genome-scale research: What do prospective participants think?' *AJOB Primary Research*, vol. 3, no. 3, pp. 3-11.
- Willison DJ, Swinton M, Schwartz L, et al. 2008, 'Alternatives to project-specific consent for access to personal information for health research: Insights from a public dialogue.' *BMC Medical Ethics*, vol. 9, pp. 18.