#### **CLSA OVERVIEW AND UPDATE**

Quebec City October 28<sup>th</sup>, 2006

























#### Milestones

- 2001: Aylmer Meeting and RFA launch
- 2002: Response to RFA and funding of CLSA protocol development
  - CLSA recognized as strategic initiative of FRSQ geriatric reseau – funding provided
- 2004: Submission of CLSA protocol for international review
- 2004: Submission of, and funding for, Phase I of developmental studies
- 2006: Submission of Canada Foundation for Innovation application
- 2006: Submission of, and funding for, Phase II (80%) developmental studies



# Accomplishments Networks and Collaborations

- Established network of researchers
  - McMaster, McGill and Dalhousie
  - Support from 26 academic institutions
  - 180 co-investigators
    - 80 investigators played the major role in content development
  - International Collaborations
- Statistics Canada, Health Canada, PHAC, HRSD
- Support from CIHR and its Institutes (IA), FRSQ Geriatric Réseau



#### Accomplishments

- Development of protocol version 1
- Refinement of protocol
  - Development of thematic templates
  - Design modification
- Ethical, Legal and Societal Issues
- Phase 1 feasibility studies and activities



### **CLSA OVERVIEW**



# The Canadian Longitudinal Study on Aging (CLSA)

- A key component of the Canadian Lifelong Health Initiative, a strategic initiative of CIHR
  - The Canadian National Birth Cohort

    The Canadian Longitudinal Study on Aging
- Interdisciplinary biology, genetics, medicine, psychology, sociology, demography, economics, epidemiology, nursing, nutrition, health services, biostatistics, population health

#### Overall Aims of the CLSA

- To examine aging as a dynamic process.
- To investigate the inter-relationship among intrinsic and extrinsic factors from mid life to older age.
- To capture the transitions, trajectories and profiles of aging: successful aging.
- To provide infrastructure and build capacity for sustained high quality research on aging in Canada.

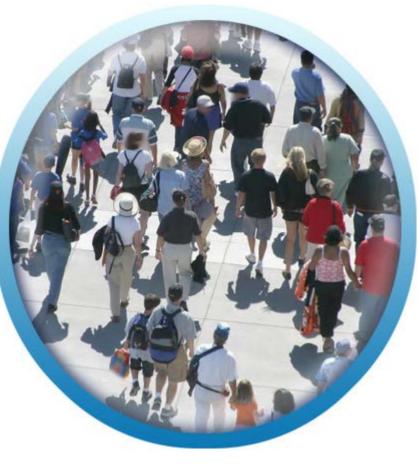




### Innovation - Cell to Society

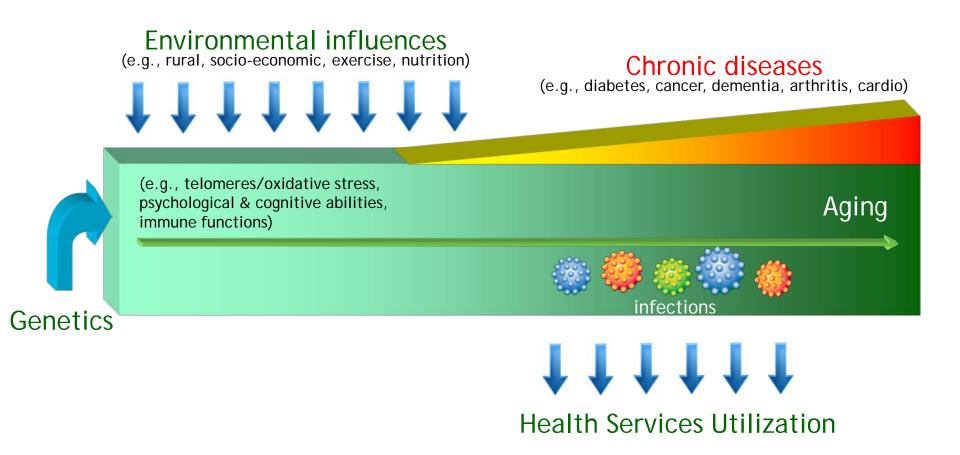
- Mid life to old age
- Quantitative traits
  - Physical
  - Social
  - Psychological
- Gene-environment interactions
- Disease, disability, psychosocial consequences
- Adaptation







#### Innovation



Time (Longitudinal Study)



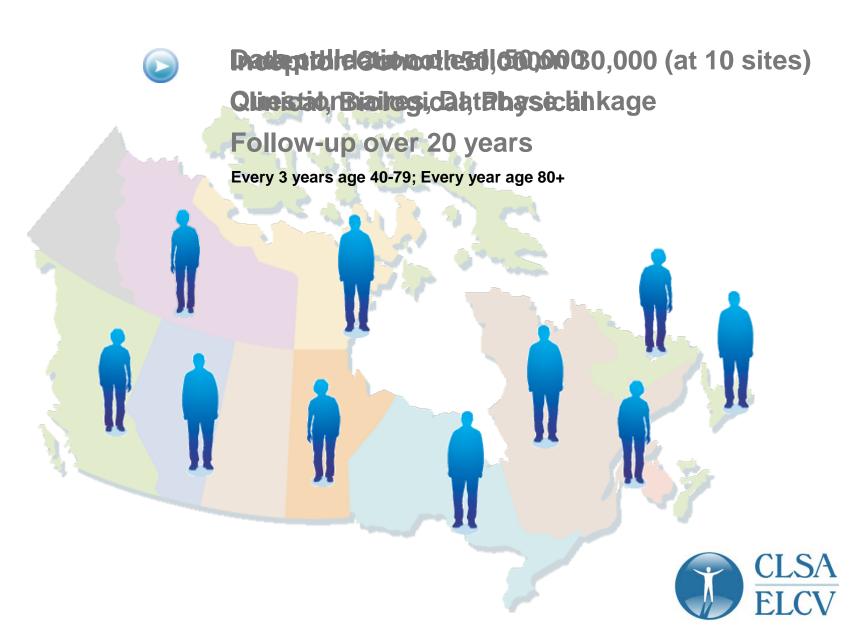
# Focus of Measurement Biomedical Psychosocial

- Activities of daily living/disability/injuries
- Frailty/co-morbidities
- Chronic diseases
- Cognitive function
- Mental Health
- Oral health
- Vision, hearing
- Medications
- Health Care Use
- Institutional care
- Genetics/Biomarkers
- Nutrition

- Lifestyle/behaviours
- Social networks and social support/Social participation
- Values and meaning
- Everyday competence, adaptive functioning, coping
- Personality, emotion, psychopathology
- Work to retirement transitions
- Structural inequalities
- Built environments/physical environment
- Economics (wealth)
- Healthy aging and well being



#### **CLSA Architecture**



## Canada Foundation for Innovation Application for Infrastructure



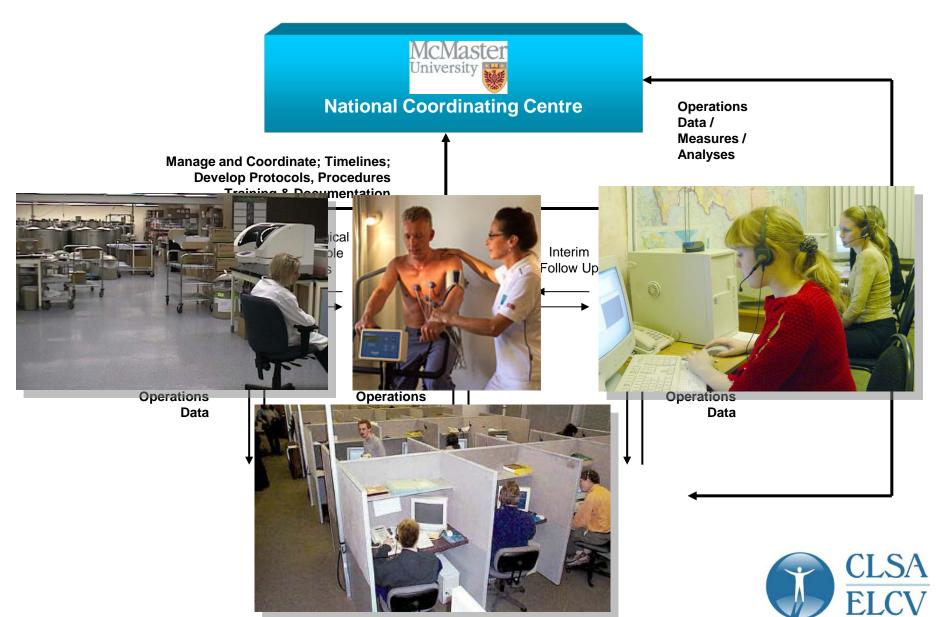
#### The Vision

A national network of infrastructure to enable state-of-the-art longitudinal interdisciplinary population based research across Canada

Once in place this network will support the largest interdisciplinary research project in aging conducted to date: the Canadian Longitudinal Study on Aging



#### Core National Network of Facilities



#### **CURRENT ACTIVITIES**

- Phase 2
  - Finalizing the measures
  - Interview/training manuals
  - Pilot studies
  - Pilot field test of the full CLSA in late 2007



# Collaboration with Statistics Canada

- CCHS 4.2 in 2008
  - Healthy Aging
  - CLSA team- CCHS content development
  - Inception Cohort for CLSA
  - Data access working group





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Website: www.CLSA-ELCV.ca



## Study Architecture

- 50,000 individuals
- 20 year follow-up beginning in 2008
- Women and men between the ages of 40 and 85 at baseline
  - Boomers
    - Born between 1946 (62 y in 2008) and 1964 (44 y in 2008)
  - "pre" and "post" boomers
    - Born between 1923 and 1968
- Community dwelling at <u>baseline</u>
- Repeated assessment every 3 years
- Linkage to existing databases



#### The Data

- Questionnaires administered over the phone or in person to all 50,000 participants
- Subgroup of 30,000 individuals selected to undergo in-depth "comprehensive" assessment over the course of the study
  - within a reachable distance of study sites that can support the data collection
- The goal is be able to "reassemble" the 50,000 to provide valid and reliable information on the full sample
  - at least with respect to common questionnaire data collected



# Data collection: Basic baseline and longitudinal

- Questionnaire data (50,000)
  - Telephone interviews and/or face-to-face
  - Common set of questions
    - demographics, social, economic, nutrition, lifestyle
- Linkage to existing data bases (50,000)
  - Administrative: physician services, hospitalizations, medications
  - Homecare, community services, mental health services
  - Mortality
  - Environmental, neighbourhood indicators
- Infrastructure needs
  - Computer assisted telephone interviews
  - Web based interviews



# Data collection: Comprehensive baseline and longitudinal

- Comprehensive (in-depth) assessment (30,000)
  - Additional questionnaire based information face-to-face
    - Social, behavioural, economic, nutrition, lifestyle
  - Clinical/physical assessment
    - Medical, neuropsychological, physical measures
  - Blood/urine samples
    - Blood chemistry panel, biomarkers, genetics, genomics
- Infrastructure needs
  - 10 sites across the country with the capability of high volume throughput





### Sustainability

- Research funds for the conduct of the CLSA
  - ➤ CIHR, Federal Government
- Networks of Centres of Excellence (NCE)
- Canada Foundation for Innovation (CFI)
- Provincial Funding
  - > Fonds de la recherche en santé du Quebec (FRSQ)



### **Key Outcomes**

Advance the research agenda in aging, population health

Enable new science leading to reduced disability and

suffering among Canadians

Inform social and health care policy, clinical and

public health policy

Provide a new framework for interdisciplinary, collaborative

research

Retain/Recruit outstanding researchers

Train

highly qualified personnel, graduate students, new researchers