



Institute of Aging

Annual Report of Activities 2001-2002



Institute of Aging
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Message from Dr. Réjean Hébert, Scientific Director

Over the coming twenty years, Canada's population will age dramatically as baby-boomers reach retirement. This demographic transformation of Canadian society will have profound consequences on all aspects of our individual, community and national life. It also highlights the need to bring research on aging to the forefront of Canada's research priorities.

During its first year of existence, the Institute of Aging has undertaken wide-ranging consultations within the scientific community and partners, to draw up its strategic orientations and set priorities. This task has shown us, not only the enthusiasm surrounding the creation of the Institute, but also the challenges we face. Our priority will be building research capacity on aging. To this end, we have allocated a score of supplementary scholarships for students, trainees and researchers working in aging-related fields. We have also developed the New Emerging Team program to provide an adequate support environment for students and new researchers.

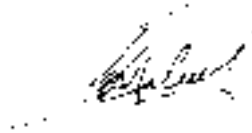
Cognitive impairment is one of several major health problems threatening the quality of life and the autonomy of older Canadians. Aware of the need for a joint approach in this area, the Institute has successfully brought together all interested partners to form a national research strategy on cognitive impairment. The strategy aims to increase both research capacity and investments for the study of this condition. The result is an unprecedented partnership, stimulating and coordinating research efforts into cognitive impairment.

The Institute has also laid the foundations for a vast longitudinal study on aging in Canada. The study will not only provide outstanding scientific data on aging, but will also produce the kind of evidence needed to help steer Canadian health policy and practice.

The Institute is also working to improve the ability of the Canadian Institutes of Health Research (CIHR) to evaluate multidisciplinary projects on aging. We have worked on creating two new peer review committees on aging for CIHR regular competitions and have set up a special committee to review infrastructure programs on aging (such as the New Emerging Team and Strategic Training programs).

This first year has allowed us, not only to make plans, but also to take action to stimulate research on aging in this country. Our first actions bode well for research on aging in Canada.

Now more than ever, it is time for research on aging!



Outstanding Research



The Institute of Aging supports research to promote healthy aging and to address causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions associated with aging.

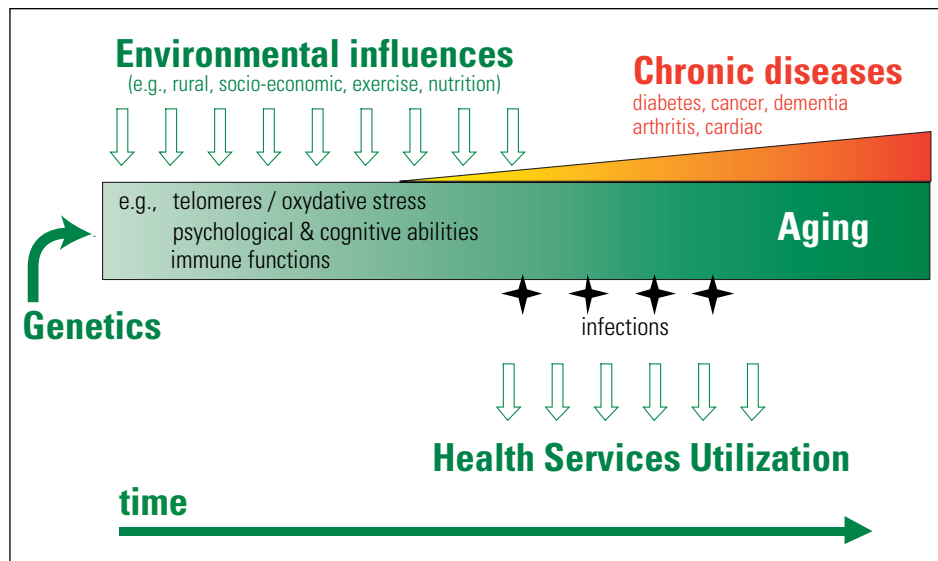
Canadian Longitudinal Study on Aging

To increase knowledge in the areas of healthy aging, chronic diseases, genetics, health services utilisation and environmental influences on health, a framework for a Canadian Longitudinal Study on Aging (CLSA) was created in partnership with other Canadian Institutes of Health Research (CIHR) institutes, Health Canada, Statistics Canada, the Canadian Association of Gerontology and private sector representatives. Few studies of this scope have been carried out at a national level, and among those, very few have considered molecular, genetic and cellular aspects together with psychosocial aspects, and health services utilisation. More specifically, it is expected the study will examine genetic, immunologic and molecular determinants; the effects of physical exercise, nutrition and other habits; the evolution of physical,

psychological and cognitive abilities; the roles of psychological determinants, social and cultural variables, and health care utilisation. As well, the study is expected to identify preventive strategies that will translate into practices, services and policies for Canadians. (See figure on page 8)

To date a national workshop has proposed research questions for the CLSA, and identified parameters that should be included in the core. As a further step, a Request for Proposals for the protocol design of the study has been launched. The proposed timeline indicates that an international review board will approve the study protocol by late 2003. Research is slated to begin in early 2004. The investment in this study is believed to be several million dollars per annum. The study has been identified by CIHR as one of the crosscutting strategic initiatives. Other funding partners are actively being sought.





Workshop support

The Institute developed guidelines for support of workshops that have direct relevance to defining Canadian strategic research directions on aging. Over the course of the year, the Institute supported several workshops, such as the Canadian research workshop on incontinence, in Montreal, organised by the Canadian Continence Foundation. Incontinence is considered a relatively neglected field of research and may become a priority area for the Institute. The goals of the workshop were to identify current gaps in incontinence-related research, as well as to prioritise future research needs. The Institute also supported the 3rd Canadian Symposium on Telomeres and Telomerase in Vancouver. In addition to providing a forum for researchers in this field, it is hoped that the symposium will help to

develop clinical applications for Canadian patients. Among other workshops, the Canadian Tobacco Control Research Summit in Ottawa and the Rural Health Research Consortium in St. John's also received financial support from the Institute of Aging and other CIHR institutes.

Pilot Project

Among other resources available to researchers to help increase research capacity in priority areas, and promote innovative ideas by established researchers, the Institute is expected to launch its first Request for Applications for Pilot Projects Grants in the spring of 2002. The duration of these grants is one year, and the amount will be capped at \$50,000.



Excellent Researchers and a Robust Research Environment

The Institute of Aging is working to position itself as the recognised leader in the field of aging in Canada for researchers in the four types of health research: biomedical research, clinical research, research respecting health systems and health services, and research on the health of populations, including social and cultural dimensions of health and environmental influences on health.

New Emerging Teams

The New Emerging Team (NET) Grant Program was developed to increase capacity in new and developing areas of research, create new research teams, and give researchers a building block for future funding. In the next five years, the Institute will invest close to seven million dollars in six teams for research on topics related to aging, such as drug use, pain assessment and treatment, balance and mobility, driving safety, tinnitus, as well as biological implants.

Researcher	Project	Institution
DOLOVICH, Lisa R	Helping seniors and primary care professionals optimise the use of drugs to improve health	St. Joseph's Hospital (Hamilton, Ontario)
HADJISTAVROPOULOS, Thomas	Implementation and evaluation of a comprehensive pain assessment and treatment program for seniors	University of Regina
MAKI, Brian E	Innovative approaches to optimising balance and mobility in older adults	Sunnybrook and Women's College Health Sciences Centre
MAN-SON-HING, Malcolm	The Canadian Driving Research Initiative for Vehicular Safety in the Elderly (CanDRIVE)	University of Ottawa
ROBERTS, Larry E	Understanding, treating and preventing tinnitus	McMaster University
KANDEL, Rita	Development of biological implants for joint repair	Mount Sinai Hospital (Toronto)
MACMILLAN, Harriet L.	Health impacts of violence across the lifespan. A multidisciplinary approach	McMaster University



(See table below). A seventh team is also supported for the study of violence in partnership with the Institute of Gender and Health.

Awards for trainees and investigators

Funding decisions made late this year will provide additional awards in aging over and above regular CIHR competitions. Awards for trainees and investigators are designed to promote the building of research capacity on aging. A total of 20 awards, totalling \$900,000 per year for the next three years, were approved: one Senior Scientist Award, one Investigator Award, four New Investigator Awards, three Fellowship Awards and 11 Doctoral Research Awards. In doing so, the total success rate for applicants of the Research Personnel Awards in aging tripled, from 20% to 60%.

The Institute has also awarded prizes to the top candidates in these regular competitions: Christopher MacKnight (Dalhousie University) for the New Investigator Award; Nicole Dubuc (Université de Sherbrooke) for the Fellowship Award; and Brian Leonard Allman (University of Western Ontario) for the Doctoral Research Award.

Database and website

A listserv using CIHR's database and data from other agencies has been created. Recipients on the listserv of approximately 740 names, including students and postdoctoral fellows engaged in aging research, receive regular news of the Institute's events and funding opportunities.

The Institute has its own section on the main CIHR website where summaries of its advisory board meetings, Institute funding opportunities, current awardees, application forms and workshop funding guidelines are posted.



Partnerships and Public Engagement



The Institute has adopted a collaborative approach to all of its activities, including the strategic planning process, the development of specific strategic and joint funding initiatives. In its first year of operation, the Institute has initiated, in close collaboration with partners, two major strategic initiatives: the National Research Strategy for Cognitive Impairment in Aging, and the Canadian Longitudinal Study on Aging (see « Outstanding Research » above).

Cognitive Impairment Strategy

Cognitive decline including Alzheimer's Disease and other dementia affects 25% of people over 65 years of age, and more than 65% of those 85 and over. These problems not only threaten the quality of life of older people, but also have an impact on the family and caregivers, as well as representing challenges to health services. With the aging of the population, the number of people suffering from cognitive impairment is expected to double over the next 30 years. Currently, capacity is insufficient to meet research needs. The Institute of Aging is leading the development of a concerted research funding strategy on cognitive

impairment in aging. This strategy encompasses cognitive impairment as a continuum that included Alzheimer's Disease and other dementias such as vascular dementia, as well as bio-molecular basis, neuropsychological aspects, genetics and environmental influences, social, psychological and lifestyle influences, normal vs. abnormal changes in cognitive function, diagnosis, epidemiology, treatment and prevention, caregiving, health services and rehabilitation. The objectives of the strategy are to increase research capacity and infrastructure, provide operating funds, and allow for greater dissemination and transfer of knowledge in cognitive impairment in aging.





To date, the Institute and several partners have dedicated future grant investments, such as the NET and the Strategic Training Program Grants, to this field. It is also providing multi-year financial support to the Alzheimer Society of Canada for training awards and young investigator grants to increase research capacity in cognitive impairment. Several government agencies, private sector and non-profit organisations have shown their interest in this initiative: the CIHR-Institute of Neurosciences, Mental Health and Addiction, the Alzheimer Society of Canada, Health Canada,

Neuro Science Canada, the Consortium of Canadian Centres for Clinical Cognitive Research, the National Institute on Aging (US), the Canadian Nurses Foundation, le Fonds de la recherche en Santé du Québec, the Nova Scotia Health Research Foundation, Pfizer, Merck Frosst, Novartis, Janssen-Ortho and Astra Zeneca. Discussions are also taking place with other provincial funding agencies. A Memorandum of Understanding to guide the strategy is currently being developed with all partners.

International Collaborations

The Institute of Aging is also looking toward establishing links with international organisations. Representatives have visited the National Institutes of Health (US), and have met with key individuals at the National Institute on Aging to discuss overlapping areas of interest and possibilities for collaboration, such as the Canadian Longitudinal Study on Aging.



Translation and Use of Knowledge

The fundamental goal of the Institute is the advancement of the knowledge in the field of aging to improve the quality of life and the health of older Canadians. To achieve this goal the Institute employs its resources to foster the dissemination, transfer and translation of research findings into policies, interventions, services and products. In this area, the Institute supported several organisations and workshops such as the 2001 Annual Scientific and Business meeting of the Canadian Geriatrics Society, in Toronto; and the 20th anniversary colloquium of l'Institut universitaire de gériatrie de Montréal.

As well, the Institute provided considerable financial support to the Canadian Research Forum on Aging, to take place during the joint meeting of the Canadian Association of Gerontology and the Canadian Geriatric Society in October 2002 in Montreal. The forum will include a keynote speaker, two symposia, a student poster session, and a grant craft session for students and new investigators. The Institute will have an exhibit at the event.

As with any new organisation, the Institute must take every opportunity

to inform interested stakeholders of its existence, mission and goals. On many occasions during the year, the Institute presented its strategic and action plan to audiences throughout Canada during workshops, as well as meetings with private sector and government agencies.

Specialised and popular media took an interest in the Institute. The Canadian Association on Gerontology newsletter has published several articles on the initiatives and activities of the Institute. Throughout Canada, approximately 12 newspaper articles and television reports also featured various topics related to the Institute.

To increase dissemination and knowledge transfer, the Institute initiated multi-year financial support to the Canadian Journal on Aging (CJA). Recommendations to the CJA were made to increase the number of issues; increase the number of manuscripts regarding biomedical and clinical research on aging, while reducing the current backlog of manuscripts; modify the format to a larger paper size; and seek inclusion in the Science Citation Index. The recommendations were well received and implemented.



Organisation Excellence

To better reflect its mandate, the Institute underwent a name change in the fall from the Institute of Healthy Aging to the Institute of Aging. The French-language name was unaffected.

The Institute opened its offices within the new facilities of the Research Centre on Aging in Sherbrooke, Quebec. Staff is comprised of a Scientific Director, three Assistant Directors: Programs and Planning, Communications and Knowledge Transfer, and Partnerships (Ottawa), as well as a Project Officer (Ottawa) and an Administrative Assistant. (See organisational chart in Appendix A)

The Institute Advisory Board

The Institute Advisory Board (IAB) is a 17-member group representing researchers, the public and private sectors, non-profit organisations and ordinary citizens. (See list of members in Appendix B) Members have expertise in geriatrics, community medicine, nursing, dementia, psychology, neuropsychology, psychoneuroendocrinology, biology of aging, epidemiology, long-term care, bioengineering, diabetes, healthy lifestyles and family studies. The IAB met five times during the year to provide thoughtful comments and



suggestions on the Institute's current and planned activities. Members also participated in the development of the Strategic and Action Plan.

Strategic and Action Plan

With the assistance of a private consultant, the Institute carried out a comprehensive process leading to the creation of its Strategic and Action Plan that will be publicly launched in spring 2002 in Toronto. The process involved a document analysis, 42 in-depth interviews, four regional focus groups with a total of 38 participants, four Steering Committee meetings



and an Internet-based survey. A detailed timeline with performance indicators and cost estimates was also created for items in the action plan.

The plan identifies five research priorities: healthy and successful aging; biological mechanisms of aging; aging and maintenance of functional autonomy; cognitive impairment in aging; and health services and policy relating to older people.

The action plan also details the Institute's five strategic orientations:

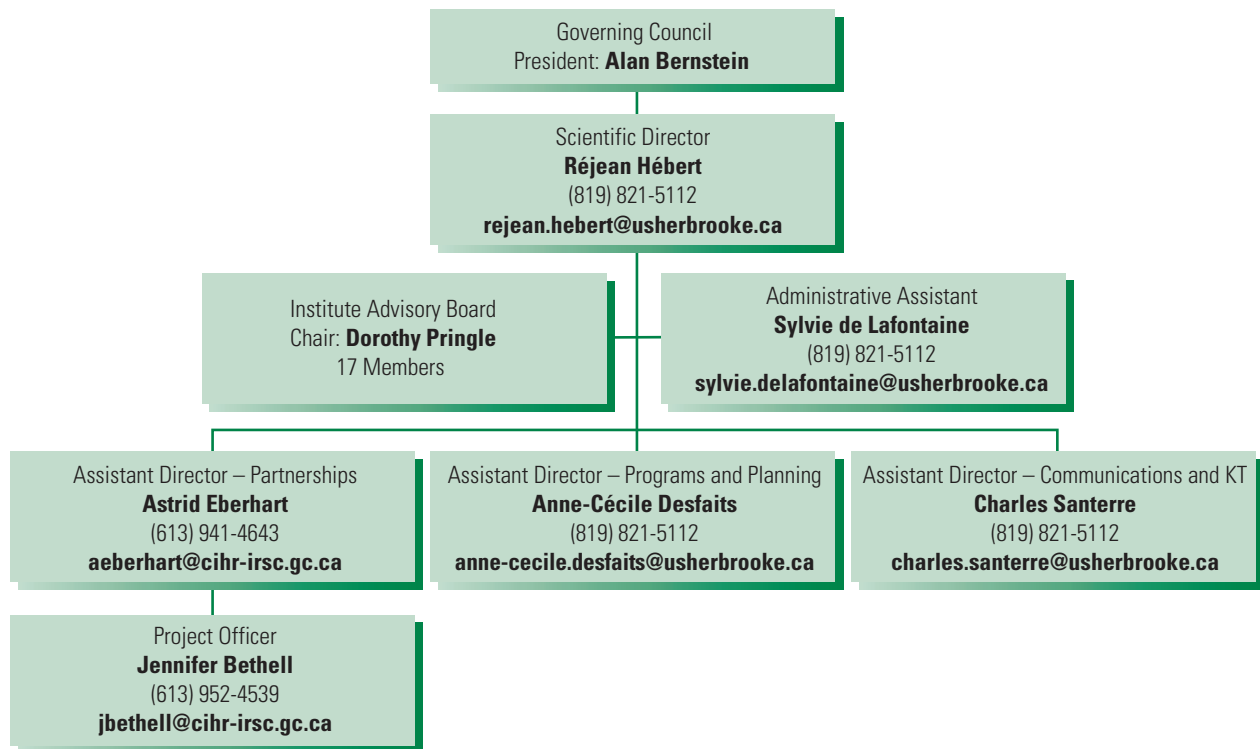
- 1** leadership in setting strategic research directions in the field of aging in Canada;
- 2** development and support of capacity-building research initiatives and programs in the field of aging;
- 3** development and support of strategic research initiatives, programs and projects on aging;
- 4** promotion of the importance of research on aging and the needs of the research community on aging;
- 5** facilitating the dissemination, transfer and translation of knowledge from research findings into potential applications through policies, interventions, services and products.

Research priorities and strategic orientations will be reviewed and evaluated annually, and adjusted according to developments in science and health issues.



Appendix A

The Institute of Aging organisational chart



Appendix B

The Institute of Aging Advisory Board:

Neena Chappell, PhD, Director,
Centre on Aging, University of
Victoria

**Pierre Durand, MD, MSc, CSPQ,
FRCPC, CMFC**, Directeur du
département de médecine,
Unité de recherche en gériatrie,
Université Laval

Marg Eisner, RN, Director, Family
Support and Education Alzheimer
Society of Ottawa-Carleton

Geoffrey Fernie, PhD, Peng, Director,
Centre for Studies in Aging,
Sunnybrook and Women's College
Health Sciences, Toronto

Calvin Harley, PhD, Chief Scientific
Officer, Geron Corporation, Menlo
Park, California

Betty Havens, DLitt, Professor and
Senior Scholar, Department of
Community Health Sciences,
University of Manitoba

Yves Joannette, PhD, Directeur de la
recherche, Institut universitaire de
gériatrie de Montréal, Université de
Montréal

Sheila Laidlaw, MA, MLS, Retired,
former Head of University of New
Brunswick Libraries

Sonia Lupien, PhD, Director,
Laboratory of Human
Psychoneuroendocrine Research,
Douglas Hospital Research Centre,
McGill University, Montreal

Anne Martin-Matthews, PhD,
Professor, School of Social Work and
Family Studies, University of British
Columbia

Graydon Meneilly, MD, FRCPC,
Professor, University of British
Columbia, Geriatrician, Department
of Medicine, Vancouver Hospital and
Health Sciences Centre

Louise Plouffe, PhD, Manager,
Knowledge Development, Division
of Aging and Seniors, Health Canada

Dorothy Pringle, RN, PhD (Chair),
Professor, Faculty of Nursing,
University of Toronto

Karl T. Riabowol, PhD, Professor,
Departments of Biochemistry &
Molecular Biology and Oncology,
University of Calgary

Kenneth Rockwood, MD, FRCPC,
Professor and Director, Division
of Geriatric Medicine, Dalhousie
University Centre for Health Care of
the Elderly

**David Roy, D. Théol., Ph.L., S.T.L.,
S.T.B., B.A**, Centre de bioéthique,
Institut de recherches cliniques
de Montréal

**Donald T. Stuss, PhD, C Psych, ABPP,
ABCN**, Vice-President
of Research, Baycrest Centre
for Geriatric Care, Toronto



Financial Statements



Institute of Aging • Institute Support Grants

For the fiscal year ending March 31, 2002

Available funds		\$1,270,281
Expenditures		
Institute Development		
Conferences, symposia and workshops	\$13,735	
Institute Advisory Board Expenses	75,359	
Professional Services	77,588	
Travel Expenses	33,386	
Other Expenses	317,709	517,777
Institute Operations		
Salary and Fringe Benefits	\$279,606	
Office Accommodations	31,800	
Telecommunication Services	2,666	
Office Supplies and Other Services	7,864	
Office Furniture and Fixtures	5,380	
Computer Services and Technical Support	6,841	
Travel Expenses	1,846	
Other Expenditures	33,514	369,517
Total Expenses		887,294
Unspent Balance		\$382,987

* Note: the unspent balance as of March 31, 2002 is transferred to the following fiscal year.

Institute of Aging • Strategic Initiative Investments

For the fiscal year ending March 31, 2002

	Grant and Bursary Contributions					Total
	Number	2001-02	2002-03	2003-04	2004 & afterwards	
STRATEGIC INITIATIVES						
Interdisciplinary Health Research Team Program	2		\$73,502			\$73,502
New Emerging Team Grant Program	7	\$164,586	1,302,951	\$1,390,688	\$3,823,504	6,681,729
Strategic Training Initiative in Health Research	2	15,334	184,556	190,848	809,261	1,199,999
Training Grants	19	5	553,501	692,000	1,536,999	2,782,500
	30	\$179,920	\$2,114,510	\$2,273,536	\$6,169,764	\$10,737,730

* Note: Grants and bursaries related to these programs have been approved for 1 to 6 years. The amounts represent financial commitments for these programs during 2001-02 and following years. The availability of funds for future years is subject to approval of parliamentary credits by Parliament.