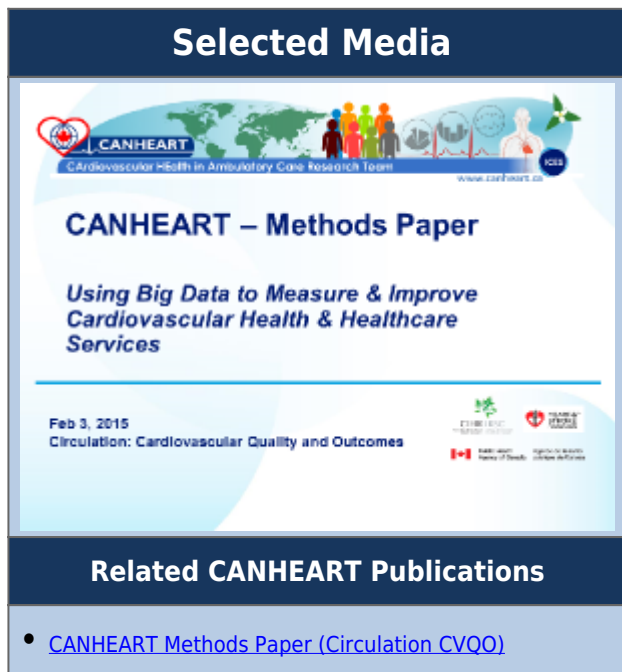


CANHEART Cohort



The slide is titled "Selected Media" and features a header with the CANHEART logo and the text "Cardiovascular Health in Ambulatory Care Research Team" and "www.canheart.ca". The main content is a thumbnail for a paper titled "CANHEART – Methods Paper" with the subtitle "Using Big Data to Measure & Improve Cardiovascular Health & Healthcare Services". It includes the date "Feb 3, 2015" and the journal "Circulation: Cardiovascular Quality and Outcomes". Logos for the University of Toronto, ICES, and the Ontario Ministry of Health are also present.

The CANHEART cohort is a retrospectively developed, population-based cohort comprised of 9.8 million community-dwelling Ontario adults aged 20 to 105 on January 1, 2008. The cohort was constructed using encoded personal identifiers to link multiple electronic survey, health administrative, clinical, laboratory, drug, and electronic medical record databases available at ICES in Toronto, Ontario, Canada. To date, we have linked 17 different individual-level data sources (see Data Sources in Selected Media [slides](#)), and approximately 9.4 million primary prevention and 400,000 secondary prevention patients have been identified. Follow-up on clinical events is achieved through record linkage to comprehensive hospitalization, emergency department and vital statistics administrative databases. Information about socio-demographics, cardiac risk factors, chronic diseases and health care utilization is also available.

The CANHEART cohort will be used as a research data platform to address a number of important cardiovascular research questions, including the following:

1. What are the contributing factors to the large regional and ethnic variations in the incidence rates of major cardiovascular events in Ontario?
2. What are the most important patient, physician and community characteristics that influence the development of cardiovascular events?
3. How does the Ontario health system perform on various quality indicators related to cardiovascular prevention practices?

4. Will the release of information on variations in cardiovascular health and health care delivery result in improvements in cardiovascular outcomes?

Further details about the CANHEART cohort, including descriptions of the databases used to assemble the study population may be found in the related publication and associated online Supplemental Material found [here](#).