

Korean Longitudinal Study of Ageing

<https://neurodegenerationresearch.eu/cohort/korean-longitudinal-study-of-ageing/>

Cohort Acronym

KLoSA

Cohort type

General population-based cohort

Disease

Participant type

No diagnosis

Profile

Recruitment Period 2006-present

Sample size at start or planned sample size if still recruiting 10,000

Estimated Current Sample Size 10,000 to 14,999

Age at Recruitment >45

Gender Male and Female

Abstract

Korea became an ageing society in 2000, as the proportion of those 65 or older reached 7% of the population. Thereafter, the country is expected to undergo a rapid ageing process. Korea was belated compared to other advanced countries in reaching the ageing society status, but it is expected to become a super-aged society around the same time as others.

Lacking in basic data on ageing, Korea is in need of a structured set of statistical data. – Institutional reform and policy-making in preparation against the aged society require systematic build-up of data that can track individuals' labor participation, income and asset status, spending patterns, retirement decisions, impact of social welfare, health, and intra-family transfer of income, among others.

The purpose of KLoSA is to create the basic data needed to devise and implement effective social, economic policies to address the trends that emerge in the process of population ageing.

The data will help identify and observe different dimensions of an aged society, build datasets that enable studies in different fields, and generate data comparable with similar panel studies in other countries (eg. U.S., Europe) that can provide the basis for policy-making and academic studies.

Country South Korea

Contact details

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Funders (Core support) Korea Employment Information Service (KEIS)

Variables Collected

Brain related measures:

N/A

Functional rating:

N/A

Anthropometric:

Height, Weight

Physical:

Musculoskeletal

Biological samples:

N/A

Genotyping:

N/A

Brain imaging:

N/A

Brain banking:

N/A

Lifestyle:

Alcohol, Dietary habits, Physical activity, Smoking

Socio-economic:

Education, Family circumstances, Housing and accommodation, Income and finances, Informal support, Marital status, Occupation and employment, Unpaid care

Health service utilisation:

Formal health and social care service utilisation including private care