Three concurrent developments in the 1970s has led to Manitoba becoming a leader in the field of research into aging. First, the provincial government launched the Continuing Care Program, to provide home care and nursing home placement if needed – the first such program in Canada. Second, the province hired the late Dr. Betty Havens to initiate a study on the needs of Manitoba elders, which became known as the Longitudinal Study on Aging (LOS). Third, Drs. Noralou Roos, Betty Havens, the late Evelyn Shapiro and others decided to link the LOS data with healthcare use data housed at the University of Manitoba Medical School, to conduct studies that have developed critical knowledge on the use, delivery and quality of care delivered to its elders. Many of the ques-

* Dr. Shapiro passed away on November 10, 2010.
tions addressed were developed in consultation with provincial stakeholders, providing key evidence to support planning decisions (Doupe et al. 2006; Menec et al. 2002; Roos et al. 2001). This team-based approach has also fostered strong partnerships that still exist today and, in some respects, are unique in Canada.

With the knowledge we have gained from the past, today is an especially exciting time to conduct research into older adult health services. In many respects, the most pertinent questions from the past still remain today. Largely due to our aging “baby boomer” population, the number of older adults in Manitoba is expected to almost double by the year 2036. This population aging trend, while prolonged, will also be transient, and collectively our challenge is to develop more effective healthcare alternatives during this interim time. In response to this challenge, Manitoba decision-makers have expanded their current continuum of care to include supportive housing services as an alternate choice for some personal care home (PCH) residents. Much research is required to guide this process, and essential questions include: How much and when will population aging affect the demand for PCH use? Who are the main users of supportive housing services, and what is the potential for this program to reduce PCH demands? How much, if any, will supportive housing services impact healthcare costs, and what are the additional out-of-pocket expenses for older adults? How can we measure the quality of care in these alternative healthcare services, and what policies are needed to improve care further? What additional options are needed to help support continued community living, and what types of partnerships (e.g., housing and healthcare) are required to leverage this change? The Manitoba Centre for Health Policy (MCHP) is well positioned to conduct research on these and other pertinent questions, to help guide the development of alternative older adult healthcare services.

Research is but one type of evidence, however. Decision-makers must also respond to clients, family members and political and media perspectives when planning for change. Understanding these different perspectives is important when redesigning the healthcare system, and to help ensure support for these changes. This being said, older adult healthcare research has been used extensively in Manitoba to guide policy development in such areas as quality of care and PCH wait times. Leaders from the Winnipeg Regional Health Authority (WRHA) have incorporated MCHP evidence into their long-term care planning strategies, in particular, to guide discussions about PCH bed needs and alternative approaches to long-term care. This use of data has led to new PCH developments, the creation of additional supportive housing spaces and the development of senior group-living models and other specialty services, such as PRIME (Program for the Integrated and Managed Care of the Elderly, a health centre for seniors that provides comprehensive primary care using a case management model).

What’s next for older adult health services research in Manitoba? Data from the home care and PCH interRAI tools, gathered in the WRHA, can now be linked to the healthcare use files housed at MCHP. This new linkage provides unique research opportunities in Manitoba, as extensive clinical, demographic, and social information is now available. In addition to addressing the aforementioned research, these data will allow us to revisit previously conducted analyses, to understand when and why older adults use healthcare services and to
better measure the quality of care, especially across nursing home ownership types. In an era of integration and the need for cost containment, research is also required to better understand strategies for integrating the primary and long-term healthcare sectors. Research on transitions in care is also important, for example, to assess the reasons for and consequences of PCH resident transfers to emergency departments.

Manitoba is a leader in developing both community and long-term care services for older adults. As in most other Canadian jurisdictions, baby boomer aging presents a major challenge to the province. Research and experience provide an excellent base for meeting this challenge, and interprovincial collaborations are essential for helping us all to prepare for the future.

REFERENCES
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