Commentary

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Researchers from the Manitoba Centre for Health Policy (MCHP), a research unit of the Department of Community Health Sciences of the University of Manitoba, have produced this fascinating set of articles. The centre has become the repository of the administrative data from Manitoba Health, and MCHP researchers have created what has become known as the Population Health Research Data Repository (PHRDR). This resource is used not only for governmental deliverables and by researchers from MCHP, but is also used by researchers outside the centre and for internal and external research that is funded by a variety of non-governmental sources, including CIHR, SSHRC, and various foundations. The scholarly research that has been produced with or based on these data is truly a laudable enterprise by myriad scientists. It is worth noting that all of the research undertaken with this rich repository must be approved by the Health Ethics Review Board in the Faculty of Medicine at the university and by the Health Information Privacy Committee in Manitoba Health before any research can be pursued.

The articles in this supplement focus on older Manitobans, as is appropriate for the *Canadian Journal on Aging*, defined as 65 and over, unless otherwise noted in a specific article. All of these articles use the longitudinal strengths of the repository, except the second home care article, which focuses on the regional variations with a cross-section of clients (Peterson et al.), and the two methodological articles (Tate et al., Roos, et al.). In the best of all possible worlds, I would have loved to see each of them use the same longitudinal period and the same geographic descriptors; however, that was not the case, here. Therefore, each article must stand alone, although there is a modicum of similarity among them. About half of the articles relate to the whole province and the others refer only to Winnipeg. I am sure some readers will consider this article independence to be a strength.

The first article, by Menec and colleagues, does an excellent job of demonstrating the capacity of the administrative data, especially in identifying health status. This article also provides an introduction to the scope of data that are available to the researchers represented in the supplement as provided by the MCHP repository. This article also has a good news conclusion in finding that the health status of older Manitobans is improving, contrary to unsubstantiated conventional wisdom, best expressed as apocalyptic demography.

The next set of seven articles analyse the use of health services, physician services, especially the aging workforce of family physicians, cataract surgery, home care, and prescription drugs by older Manitobans. As noted earlier, these analyses use differing years of records, differing age of older Manitobans, with four being province-wide and three restricted to Winnipeg. It is too bad, given the scope of the repository, that there is no article that is based on the residential long-term care (known as personal care homes in Manitoba, and nursing homes in most other jurisdictions). It would also have been interesting to have an article that compared cataract surgery to other surgeries, such as hip and knee replacements, selected heart surgeries, and cancer surgeries.

The next four articles are all related to the use of hospital services and beds by older Manitobans. The first and last of this set of articles deal with Manitoba as a whole, and the other two are restricted to Winnipeg. They analyse three to nine years of data in responding to questions about bed blocking, long-stay patients, and use of emergency departments as these services and patients relate to acute hospital bed supply. The final article (Finlayson et al.) in this set looks ahead, in this case to 2020, relative to projected supply of acute care beds to satisfy needs in the future. An additional article (Tate et al.) presents the methodologies that were considered and selected for the projection article.

The final article deals with the Canadian environment as an example of an information-rich environment. This article (Roos et al.) broadens the discussion beyond Manitoba and provides an assessment of the data quality of five Canadian provinces. It is a nice conclusion to the supplement that started by identifying the scope and potential of the repository data (Menec et al.). I was particularly struck by a comment

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by Roos and associates: "Systems based on record linkage offer the researcher great economies of effort, the ability to consider an entire population, and a large number of cases" (Roos et al., p. 153). The number of articles that were based on analyses of more that one data source and within which the requisite data sets were linked to answer the questions posed for analysis reinforces the statement by Roos and colleagues. For example, there were analyses that required data linked from the Drug Prescription Information Network (DPIN), others that relied on the home care payroll data (MSSP), and another on the Cataract Surgery Waitlist Registry.

It is, perhaps, too bad that there was not room for more articles, as none of these demonstrated the explanatory power of linking the administrative data to data from interview sources; for example, the research that has been undertaken using Aging in Manitoba (AIM) longitudinal interview data and the health services administrative databases. Given that the University of Manitoba is blessed with so many excellent longitudinal interview data sources relative to older adults, it may be that a companion issue should be developed to highlight these studies and data sets. For example, there are the Manitoba/Canada Study of Health and Aging (M/CSHA), the Canadian Aging Research network data set, several smaller sets relating to day programs, housing, etc. The Manitoba Follow-up Study (MFUS), a study of men who were examined, first during the Second World War, is now contributing to our understanding of male aging, having previously contributed to understanding cardiac disease.