The analysis was controlled for age, sex and socioeconomic status data housed at the Manitoba Centre for Health Policy. To allow for comparison, health-based time communities, rural, or urban Manitoba, the universal Manitoba Medical Services Plan and living in all Manitoba.

Approach: The study population included all Manitoba residents eligible under the universal Manitoba Medical Services Plan and living in 63 First Nations communities, rural, or urban Manitoba between 1986 and 2014. A population-based time-trend analysis of hospitalization for acute, chronic, and mental health-related ACSC was conducted using de-identified administrative claims data housed at the Manitoba Centre for Health Policy. To allow for comparison, the analysis was controlled for age, sex and socioeconomic status.

Results: Hospitalizations rates for acute and chronic ACSC are decreasing over time, but the rates are significantly higher in the southern compared to the northern FN communities and to the rest of Manitoba. The hospitalization rates are increasing significantly over time for mental health related conditions (Mood disorder and schizophrenia) in the southern FN communities but are relatively stable in the northern FN communities and in all Manitoba. The rates are significantly higher in the southern and the northern FN communities compared to all Manitoba. Among the 63 FN communities, 8 communities have been involved to help us understand what story the data is telling us.

Conclusion: Hospitalization rates for ACSC are higher in the southern than the northern (isolated) FN communities. The health outcomes in FN communities do not depend on isolation level only. Further studies are needed to determine the relationship between levels of access to care and other factors and health outcome in FN communities.

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