



NAN Recovery Network Preliminary Design Project

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Our Story

Indigenous-led experts delivering data-driven research to empower communities and transform healthcare.

→ Indigenous Focus

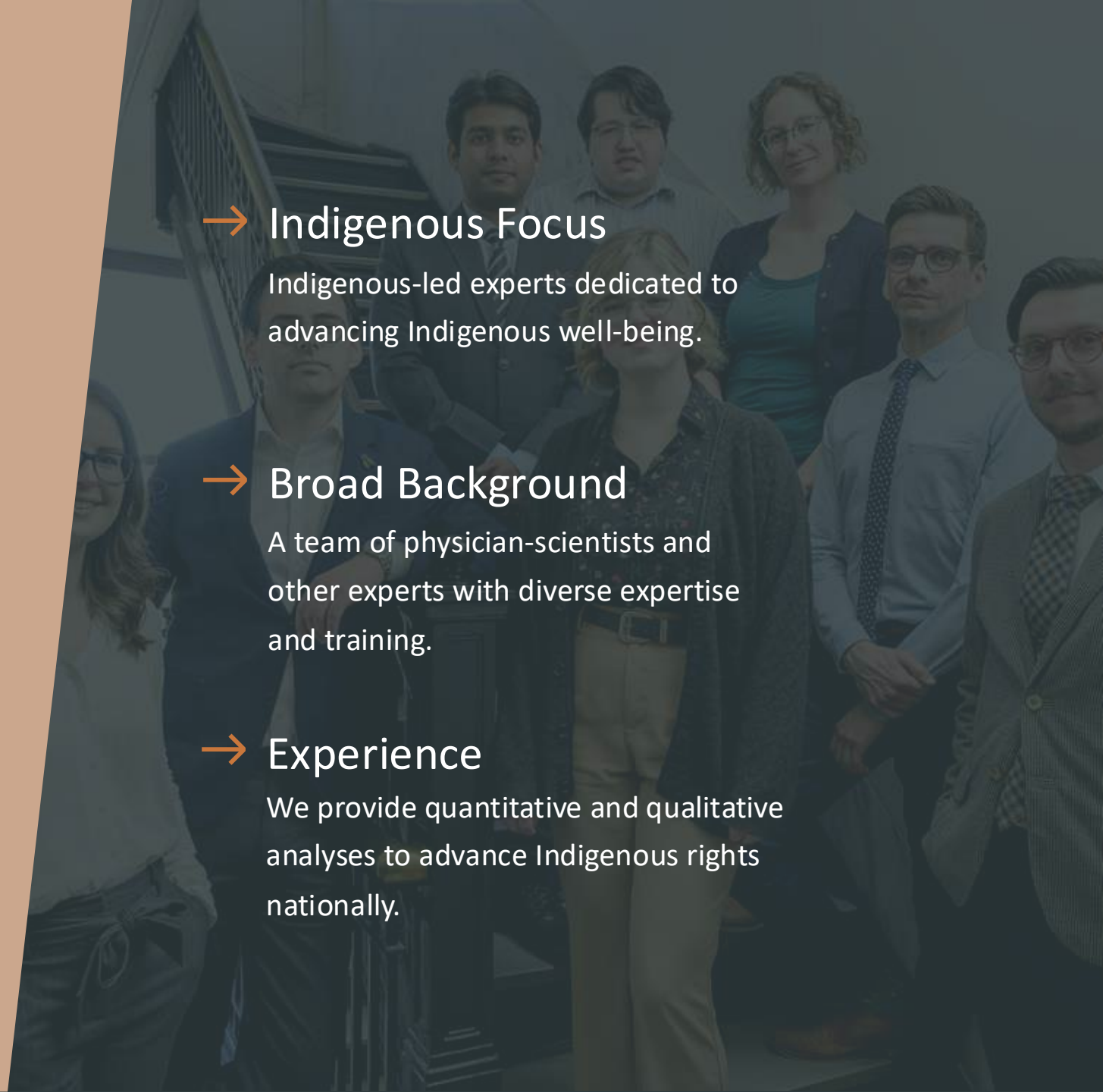
Indigenous-led experts dedicated to advancing Indigenous well-being.

→ Broad Background

A team of physician-scientists and other experts with diverse expertise and training.

→ Experience

We provide quantitative and qualitative analyses to advance Indigenous rights nationally.



Our Promises



Listen Before We Lead

We listen to communities first, letting their guidance shape the evidence we provide to support Indigenous wellbeing.



Advance Health Equity

Indigenous Peoples demand equitable health outcomes. Waapihk supports outcomes-based programs to reduce chronic disease.



Data First

Compelling research blends qualitative and quantitative data, honoring and protecting both the stories and the people they belong to.

A NAN-supported **network of First Nations-governed recovery centres** that offers coordinated and wholistic care for individuals at all stages of recovery.

Providing trauma-informed care

Centered around culturally relevant services

Integrating long-term recovery pathways

Including diverse practitioners accountable to First Nations

Delivering wraparound services

In Collaboration with NAN Health Directors:

Vision.

Shared what First Nations-led recovery network might look like across NAN territory with considerations for wrap-around services, diverse practitioners and culturally relevant care



Phased Approach.

5 phases:

- 1) Literature Review
- 2) Community Engagement
- 3) Developing Governance Models
- 4) Budgetary Estimation + Business Case
- 5) Final Feasibility Report



Engagement.

Health Director's survey was introduced and completed by NAN Health directors and provided valuable insights related to programs available, community needs, and current funding sources



Continued Involvement.

Requested involvement from individuals in one-on-one discussion sessions to further understand substance use treatment, recovery and the experiences of services providers.

GEOGRAPHIC CONSIDERATIONS

27 of 49 NAN Nations are accessible only by air or seasonal roads. Current services are often **distant, fragmented, and inflexible.**

Solutions to the access and provision of services must consider the unique remoteness of NAN Nations and tailor treatment strategies and approaches to unique geographic characteristics

STAFF AND SERVICE LIMITATIONS

Residents in Northeast and Northwest Ontario **report lower levels of same day access** to primary care providers compared to all other residents in Ontario

Limited on-site physicians, inconsistent visits by primary care providers, and low same-day access rates to family doctors further exacerbate service gaps.

WESTERN APPROACHES TO CARE

Substance use within NAN Nations is **closely linked to intergenerational trauma** from colonization **and ongoing systemic racism.**

Conventional Western treatment models often fail to address historical, cultural, and systemic factors. Wholistic recovery emphasizes balance across multiple dimensions and frames healing as a collective journey supported by family, community, and cultural practices.

“A First Nations-governed Recovery Network can be realized by a **Hub and Spoke Model** that integrates centralized expertise with community-based, culturally safe care.”

Hub and Spoke Model

This model has been adopted worldwide and celebrated for its ability to increase patient access to care and connect them with appropriate treatment services

Hubs are centralized facilities offering complex, specialized care with greater resources and a full array of services across the continuum of care

Spokes are local programs delivering basic treatment and recovery services closer to home, referring clients to the hub when specialized support is needed.



Access

Providing **centralized specialized care** while maintaining accessible local supports in remote communities.



Cultural Safety

Hubs can integrate **biomedical and psychosocial services** with **culturally grounded interventions** at spokes.



Capacity

Enhancing **community capacity building**, training local staff at spokes while hubs provide mentoring, expertise, and resources.



Collaboration

Encouraging **collaboration across Indigenous communities and health partnerships**, fostering shared decision-making and resource sharing.



Next Steps: Community and Stakeholder Engagement

Health Director Surveys

Complete the virtual survey and provide insights about service provision, funding and delivery within your organization/health system.

One-on-One Interviews

Schedule a discussion with a **Waapihk Researcher** to share about substance use treatments in your community and across different levels of service.

Caucus Meetings

Invite **Waapihk Research** into caucus **meetings** during the forum to gain insights and perspectives across multiple NAN service providers.

Your continued engagement will inform our work together.

DEVELOPING GOVERNANCE AND SERVICE DELIVERY MODELS

Discussions and feedback will help to design a system that supports current service providers, builds internal capacity, and proposes treatments and interventions that meet the needs of NAN community members under the **leadership** of **individual nations**.

PREPARING BUDGETARY ESTIMATIONS, POLICY RECOMMENDATIONS AND INTEGRATION STRATEGIES

Engagement will inform the development of a business case, cost projections for the recovery network, and determining feasibility along with key risks and mitigation strategies.

Recovery Network: Health Directors Survey

Please scan the
QR code to
complete virtually.



Questions?





Eekoshi maarsii.
Thank you for your attention.