Key Takeaways

From each workshop activity

June 3rd, 2026

Workshop: Bringing Primary Care Home: CHCN's Rural Outreach Clinic Model for Expanding Access and Attachment

Mapping Rural Access Gaps

Rural outreach planning begins with understanding both:

- Barriers to care

  AND
- The strengthens and relationships already present within communities.

By grounding outreach efforts in this dual understanding, organizations can move beyond a deficit-focused approach and instead build on what is already working. Leveraging existing partnerships, engaging community voices, and aligning services with local realities helps foster trust, increase uptake, and create more sustainable, effective models of care.

Co-Designing Your Outreach Model

Strong outreach models are built not only through funding, but through:

- relationships
- flexibility
- collaboration
- thoughtful design

When these elements come together, outreach efforts become more than well-funded—they become resilient, responsive, and truly effective.

Stress-test Your Model

Sustainability in rural outreach care is not about perfection. Resilient models are:

- adaptable
- partnership-driven
- community-informed
- flexible under changing conditions

In this way, sustainability becomes less about rigid stability and more about the ability to respond, recalibrate, and continue delivering meaningful care over time.

Mapping Rural Access Gaps

Activity 1 - Participant Handout

June 3rd, 2026

Workshop: Bringing Primary Care Home: CHCN's Rural Outreach Clinic Model for Expanding Access and Attachment

Activity Purpose

This activity is designed to help participants identify barriers, inequities, and existing community strengths that influence rural primary care access and attachment in their local context.

Instructions

In small groups, discuss the questions below using your own community or service area as the reference point. Choose one person to capture key ideas from your discussion.

You will have approximately 5 minutes for discussion followed by a large-group debrief.

Discussion Questions

1. Who is underserved or unattached in your community?

Consider:

- Rural residents
- Seniors
- Youth
- Low-income populations
- People without transportation
- Individuals experiencing mental health or substance use challenges
- Newcomers
- Other vulnerable populations

Notes:

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2. What barriers most significantly impact access to care?

Examples may include:

- Transportation
- Workforce shortages
- Geography/travel distance
- Technology

Consider:

- Awareness of services
- Language or cultural barriers
- Trust in healthcare systems

Notes:

3. Which populations are least likley to access care early?

Why might this occur?

Notes:

4. What community assets already exist?

Consider:

- Municipal supports
- Libraries
- Community Centres
- Schools
- Faith organizations
- Existing healthcare providers
- Informal community networks

Notes:

5. What supports or resources may currently be underutilized?

Notes:

Refection Prompt

Not all barriers are visible in data alone.

What lived experineces or community realities may not be fully reflected in system data?

Notes:

Key Takeaway

Rural outreach planning begins with understanding both:

- Barriers to care

  AND
- The strengthens and relationships already present within communities.

Co-design Your Outreach Model

June 3rd, 2026

Activity 2 - Participant Handout

Workshop: Bringing Primary Care Home: CHCN's Rural Outreach Clinic Model for Expanding Access and Attachment

Activity Purpose

This activity challenges participants to design a practical rural outreach care model that improves access, attachment, and continuity within a real-world community context.

Instructions

Your group has been assigned one of the following:

- **WITH** new funding
- **WITHOUT** new funding

Use this scenario to guide your planning decisions.

Working as a group, design a rural outreach model that addresses primary care access challenges within your community context. You will have approximately 6 minutes to develop your model.

Be prepared to briefly share key ideas during the debrief.

Design Your Outreach Model

1. Care Delivery Approach: How will care be delivered?

Examples:

- Mobile clinics
- Rotating outreach sites
- Shared community spaces

Consider:

- Hybrid virtual/in-person care
- Pop-up clinics

Notes:

2. Core Services: What services are most essential to include?

Examples:

- Primary care
- Chronic disease management
- Mental health supports
- Navigation

Consider:

- Foot Care
- Seniors support
- Preventive care

Notes:

3. Community Partnerships: Who would you partner with?

Examples:

- Municipalities
- Community organizations
- Schools
- Libraries

Consider:

- Housing organizations
- EMS/community paramedicine
- Faith organizations

Notes:

4. Workforce Model: Who would be involved in care delivery?

Examples:

- Nurse Practitioners
- Nurses
- Allied Health
- Community Navigators

Consider:

- Peer Supports
- Physicians
- Administrative supports

Notes:

5. Community Engagement Strategy: How would you build trust and awareness?

Notes:

6. Patient Access Pathways

How will people:

- Learn about services?
- Book appointments?

Consider:

- Follow up?
- Transition into longitudinal attachment

Notes:

Refection Prompt

What changed when funding changed?
What remained essential regardless of funding?

Notes:

Key Takeaway

Strong outreach models are built not only through funding, but through:

- relationships
- flexibility
- collaboration
- thoughful design

Stress-test Your Outreach Model

June 3rd, 2026

Activity 3 - Participant Handout

Workshop: Bringing Primary Care Home: CHCN's Rural Outreach Clinic Model for Expanding Access and Attachment

Activity Purpose

This activity explores how rural outreach models can remain resilient under real-world system pressures and limitations.

Instructions

Your group will be assigned a system challenge.

Using the outreach model you previously designed, adapt your approach to respond to the challenge while maintaining access, continuity, and equity. You will have approximately 5 minutes for discussion.

Assigned System Challenge

- Workforce shortages
- Low trust in healthcare systems
- Transportation barriers

Consider:

- Limited funding
- Technology limitations
- Other

Adapt Your Model

1. Partnerships: What partnerships could help strengthen or stabilize the model?

Notes:

2. Workflow Redesign: What workflows or processes could be adapted?

Examples:

- Rotating schedules
- Shared staffing
- Group visits

Consider:

- Outreach triage
- Flexible clinic locations

Notes:

3. Shared Resources: What resources or infrastructure could be shared?

Examples:

- Space
- Transportation
- Administrative support

Consider:

- Technology
- Community volunteers

Notes:

4. Technology: How could technology support access or coordination?

Examples:

- Virtual visits
- Mobile EMR access

Consider:

- Shared communication tools
- Digital navigation supports

Notes:

5. Task Shifting: Are there opportunities to redistribute work differently across the team?

Notes:

Refection Question

What makes your model resilient?

Examples:

- flexibility
- trust
- partnerhips
- adaptability
- sustainability

Notes:

Key Takeaway

Sustainability in rural outreach care is not about perfection.

Resilient models are:

- adaptable
- partnership-driven
- community-informed
- flexible under changing conditions