GRAND COUNTY RURAL HEALTH NETWORK

In 2014, The Colorado Trust launched the **Health Equity Advocacy (HEA) Strategy**, a multi-phased investment in building a strong and diverse field of health equity advocates to ensure equitable health outcomes for Colorado's most vulnerable. A centerpiece of the second phase of this strategy (2015-2016) included providing financial and capacity-building support to a cohort of direct service, community organizing, and policy advocacy organizations across the state. This support was designed to strengthen individual and collective capacity to "seed" an emerging health equity advocacy field in Colorado.

The following is part of a **"Seeds of the Field"** series of profiles of each of the 17 cohort members funded in the second phase of the HEA Strategy.

Seeding a Health Equity Advocacy Field: The Story of Grand County Rural Health Network

In Grand County, geography presents one of the biggest challenges to health. The county has historically lacked key specialty care services and residents must travel over a mountain pass in every direction to access resources in neighboring communities. Approximately 75% of the county's 1,870 square miles are public lands, and the county does not have a public transit system. Grand County Rural Health Network (GCRHN) was founded almost 20 years ago to directly tackle critical health access barriers facing this Western Slope county.

Through a voucher program aimed at providing preventative and acute care for uninsured adults and children, patient and behavioral health navigation support, health education and resource referrals, and a wide-range of cross-sector efforts to advance health and wellness of community residents, the partners of the GCRHN have been operating as a critical safety net in the region. In addition to building upon advocacy capacity established in the first phase of the HEA, Phase 2 provided a timely opportunity for GCRHN to partner with others and turn outward to bring needed attention and resources to the issues facing their community.

GCRHN's Phase 2 Work

As a long-time direct service provider in the region, GCRHN is intimately aware of the urgent concerns facing their community, and therefore eminently positioned to represent their interests in regional and statewide debate over policies that affect their lives. As such, over the course of Phase 2, GCRHN leaders focused on building the Network's capacity and relationships to step into a stronger advocacy role. As a result, GCRHN now has an advocacy agenda for the Network, GCRHN leaders sit on key advisory groups representing rural interests, and GCRHN staff have become vocal advocates within the region. Further, given their leadership in the region, GCHRN is also serving as a visible point of entry for others outside the region—for example policymakers or potential partners—who have an interest in supporting health access among Grand County residents.

In considering strengthening their own advocacy capacity, GCRHN placed a strong value on an approach that does not advocate on behalf of, but in *partnership with* the community it serves. In Phase 2, the Network engaged 22 Grand County residents to conduct one-on-one interviews with 309 community members and survey an additional 180. GCRHN reported that this investment in "direct community engagement gave the Network access to information we have struggled for in the past and helped us build relationships with people we otherwise would not have met. We began breaking down barriers between service providers and recipients of services, and continue to do so."

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> – GCRHN grant report reflecting on community engagement in advocacy

Finally, over the course of Phase 2, GCRHN has also continued to do the hard work of focusing inward to make meaning of health equity within their specific rural context. Over the past two years, Executive Director Jennifer Fanning describes GCRHN staff and board as investing significant time into building their organization's equity lens through ongoing training and intentional alignment of polices and protocol to equity-focused goals. While acknowledging that GCRHN continues to be a work-in-progress, Fanning also observed new levels of comfort and shared values internally that allow GCRHN to confidently advance a health equity agenda externally. She shared, "I don't even have to bring it up. Other people are now saying, …we need to make sure that we're looking at this through – they may not say though a health equity lens—but though a lens of ensuring that we're [considering] the voice of the voiceless."

Laying the Groundwork for an Emerging Field

GCRHN's Phase 2 work has not been conducted in isolation. The Network has also focused outward in Phase 2, through active and consistent engagement with the Health and Human Resources Coalition made up of other non-profit organizations and government agencies in the region. Through bi-monthly meetings, the group has been in meaningful discussions about long-term planning and solutions using a health equity lens. Through their participation in the HEA Strategy, GCRHN leaders have shared with local partners the health equity information and tools gathered from across the state.

In reflecting on the growing capacity of the region to participate in an emerging statewide health equity advocacy field, Fanning observes an evolution of their local community that has mirrored the organization's development. As a result of dialogue and trainings spurred through GCRHN's participation in Phase 2, she is now seeing increased alignment of values on health equity-related issues so that local organizations can quickly mobilize on issues of shared concern. As evidence, she relayed two examples of successfully addressing county decisions to: (1) shut down a home health program that serves the region's elderly and disabled populations, and (2) make changes to the flu vaccine program that would disproportionately impact the region's poor. Fanning explained, "Community partners are just more coalesced [than we were two years ago]" such that they are able to urgently call upon each other for support without having to take the time to even explain why [raising our collective voices] is important."

GCRHN and community partners engaged in community visioning.

As an indicator of progress, Fanning also observed how policymakers and other decision-makers are beginning to respond to partner advocacy. Namely, she now sees key stakeholders as *expecting* local voices to hold them accountable on issues of critical importance to their communities: access to care and support services for low income seniors, disabled populations, Latinos, and the most vulnerable in the region. Fanning further observes greater clarity about local partners' role in raising their voices, "We are [now] clear, here's our advocacy agenda. Any time anything relating to these things comes up, we're going to talk to you about them, or anybody in the community. We're going to come and advocate about it."

Looking Forward

Beginning in 2017, the 17 HEA cohort members, including GCRHN, are launching a new phase of work focused on further cultivating the seeds collectively planted across the state in Phase 2. Ultimately, guided by common values and empowered communities, cohort members will be aligning their change efforts to dismantle structural and racial inequities and build equitable health systems so that all Coloradans can thrive. GCRHN is poised to serve as a leader in this collective endeavor.

Highlights: Grand County Rural Health Network's Seeds of the Field

– Greater advocacy and equity capacity of GCRHN as an anchor organization in Grand County and the Western Slope

– Growing body of engaged community members to support future mobilization and advocacy

– A coalition of Grand County nonprofit and agency partners with aligned health equity values that can be leveraged for statewide advocacy efforts representing regional interests