Clinic to Community:
Elevating & Embedding Advocacy in School-Based Health Practice

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Vision

For every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Mission

To advance health equity through anti-racist policies and practices

The HES Advantage functions as HES's mission-aligned consulting social enterprise, offering equity-focused training, facilitation, and policy consulting to government agencies, health systems, institutions, community organizations, and community members.

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Community Agreements

- Speaking from "I" statements
- Listen for understanding
- Take space, make space
- **Expect and accept the lack of closure**
- Be willing to be uncomfortable
- Take the lessons - leave the people
- No blaming, no shaming
- "Oops and/or Ouch" (impact and intent)
- Be engaged here now
- **First Draft language**

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Learning Zones

- **Define foundational concepts of advocacy.**
- **Reflect on comfort, barriers, and opportunities in advocacy.**
- **Apply ethical storytelling principles.**
- **Begin developing an individual advocacy plan.**

Objectives & Goals

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Check-in

- *Turn to someone near you & discuss:*
    - *How do you define advocacy, whose job is to advocate, & why does it matter?*
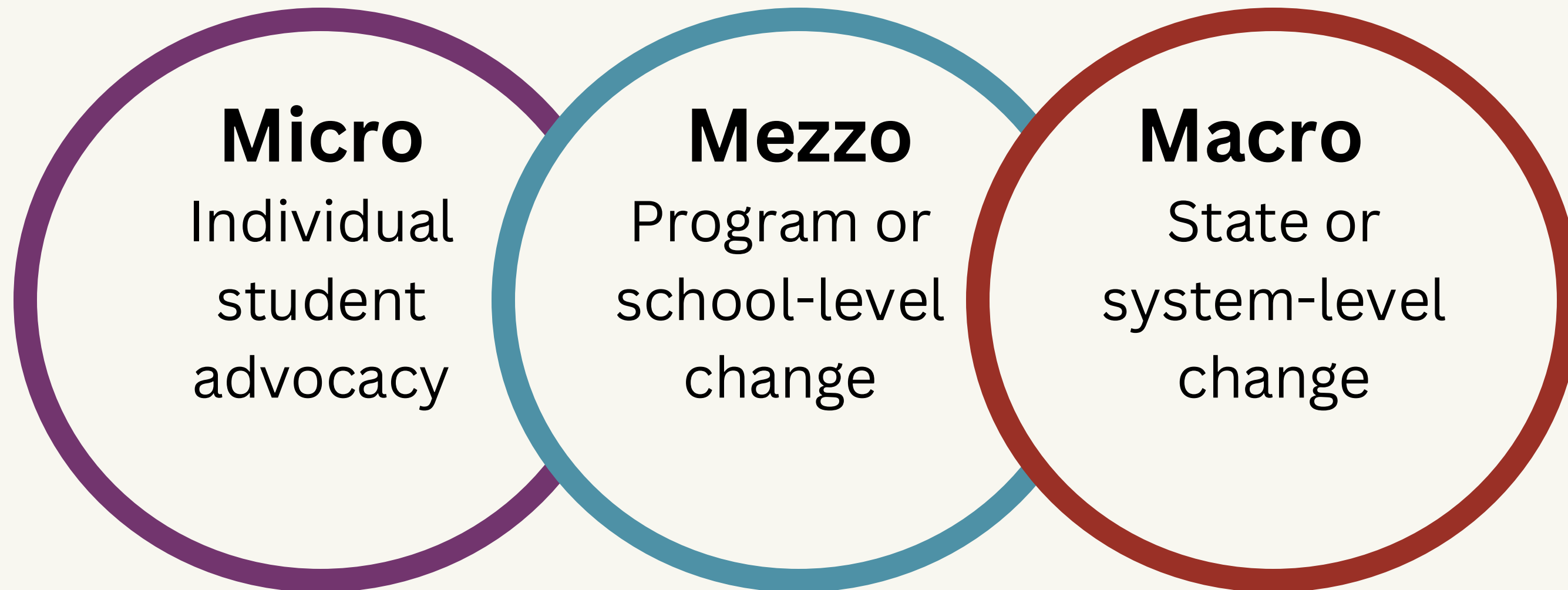   - *What does your role have to do with advocacy?*

Advocacy & 5Ws + H

"the act or process of supporting a cause or proposal; the act or process of advocating something"

In other words:
<u>*Advocacy is making your voice heard (individually or collectively) on issues important to you!*</u>

- What are you advocating for?
- Who is advocating & for whom?
- Why are you advocating?
- Where are you advocating?
- When are you advocating (physical location & is it reactive vs proactive?)
- How do you advocate?

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The Micro–Mezzo–Macro Continuum for Advocacy

Micro
Individual student advocacy

Mezzo
Program or school-level change

Macro
State or system-level change

At what level are you currently investing your advocacy energy & where might you stretch further?

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Seeing the System Through Your Caseload

- Your caseload reflects system patterns.
- Every student's story, experience, and intervention is a data point!
- Advocacy begins with recognizing patterns and understanding that they require solutions.

"Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

(Healthy People 2030)

But what are they really…?

Healthy Accessible Nutrition
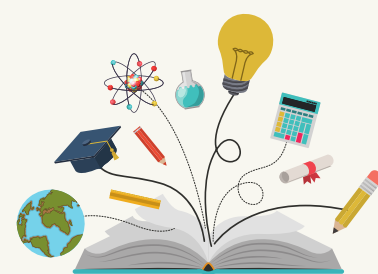
Education Access & Quality

Clean Environment

Healthcare Access & Quality

Economic Stability

Safe and Affordable Housing

Social & Community Context

What do you think is missing from this list…?

But what are they really...?

How do **YOU** talk about them?

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How We Talk about Them Matter

1. Health starts - long before illness- in our homes, schools, and jobs.
2. All CT residents should be able to make the choices that allow them to live long, healthy lives, regardless of income, education, race, ethnicity, or any other identity.
3. Your neighborhood or job shouldn't be hazardous to your health.
4. Your opportunity for health starts long before you need medical care.

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Think, Write, Speak

- *Reflect and jot down*
  - *2–3 common systemic barriers your students face, not individual ones.*
  - *2-3 common systemic barriers your profession, your team, or yourself face as SBHC providers, not individual ones.*
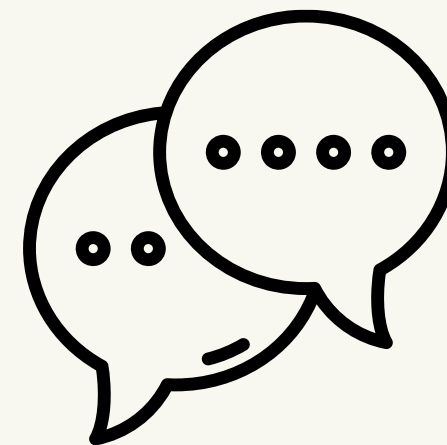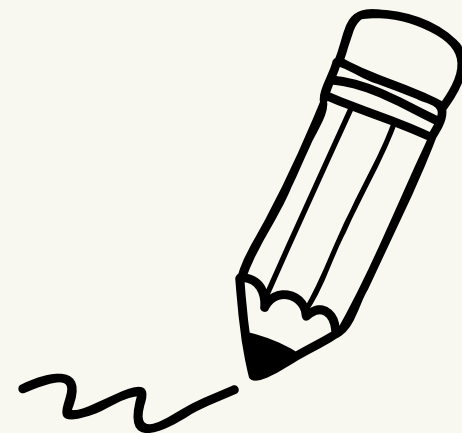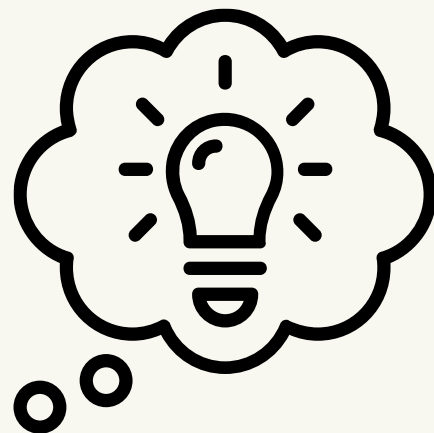
ACTION!

Community Engagement & Power Sharing?

- Transformational community engagement centers on shared power, trust, transparency, and mutual accountability. It ensures communities can safely and meaningfully participate, influence priorities, and drive lasting change.

- Sharing power with communities involves:
    - Decision-making and access to the information that informs those decisions.
    - Building their capacity through clear, accessible information and support is essential.

Community Engagement & Power Sharing?

How could you involve youth or families as partners in identifying advocacy priorities?

- Collaborate with student leadership groups to co-design wellness programs/ advisory boards.
- Host family listening sessions to gather input on care barriers.
- Include youth advisory councils in advocacy campaigns.

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Translate Pattens to Action

Ethical Storytelling Principles:
- Consent and confidentiality
- Avoid "single story" narratives
- Use aggregate or anonymized examples
- Combine data + stories for the strongest advocacy message

Connection, Power, & Allyship

- Who holds power in your ecosystem?

  - School leadership

  - District administration

  - Local health departments

  - State education/health offices

  - Community partners & coalitions

- *Advocacy is deeply relational!*

Your Advocacy Toolkit

- Data storytelling
- Policy literacy
- Relationship building
- Testimony writing & one-pagers
- Coalition participation
- Community power sharing and involvement

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The Unique Role of Clinical Service Providers

- School-based staff as trusted messengers and experts
- Micro-level observations influence policy and practice
- Ethical responsibilities in advocacy
- What have you witnessed that leadership might not see?

Clinicians' perspectives are underrepresented in advocacy; your stories are data.

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Individual Advocacy Planning Activity

**SBHC Example Prompts for Plan**

- **Identify Issue:**
- **Why it matters:**
- **Barriers:**
- **Partners:**
- **Immediate Action:**

PLAN

- *What issue do you see repeatedly in your students' lives that you want to address?*
- *Who in your school could be an ally — perhaps a principal, guidance counselor, or district health coordinator?*
- *If you could take one step toward fixing the issue what would that step be?*

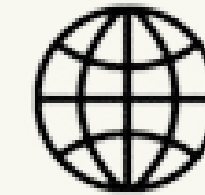Connection to Both System Levels

Downstream = Micro
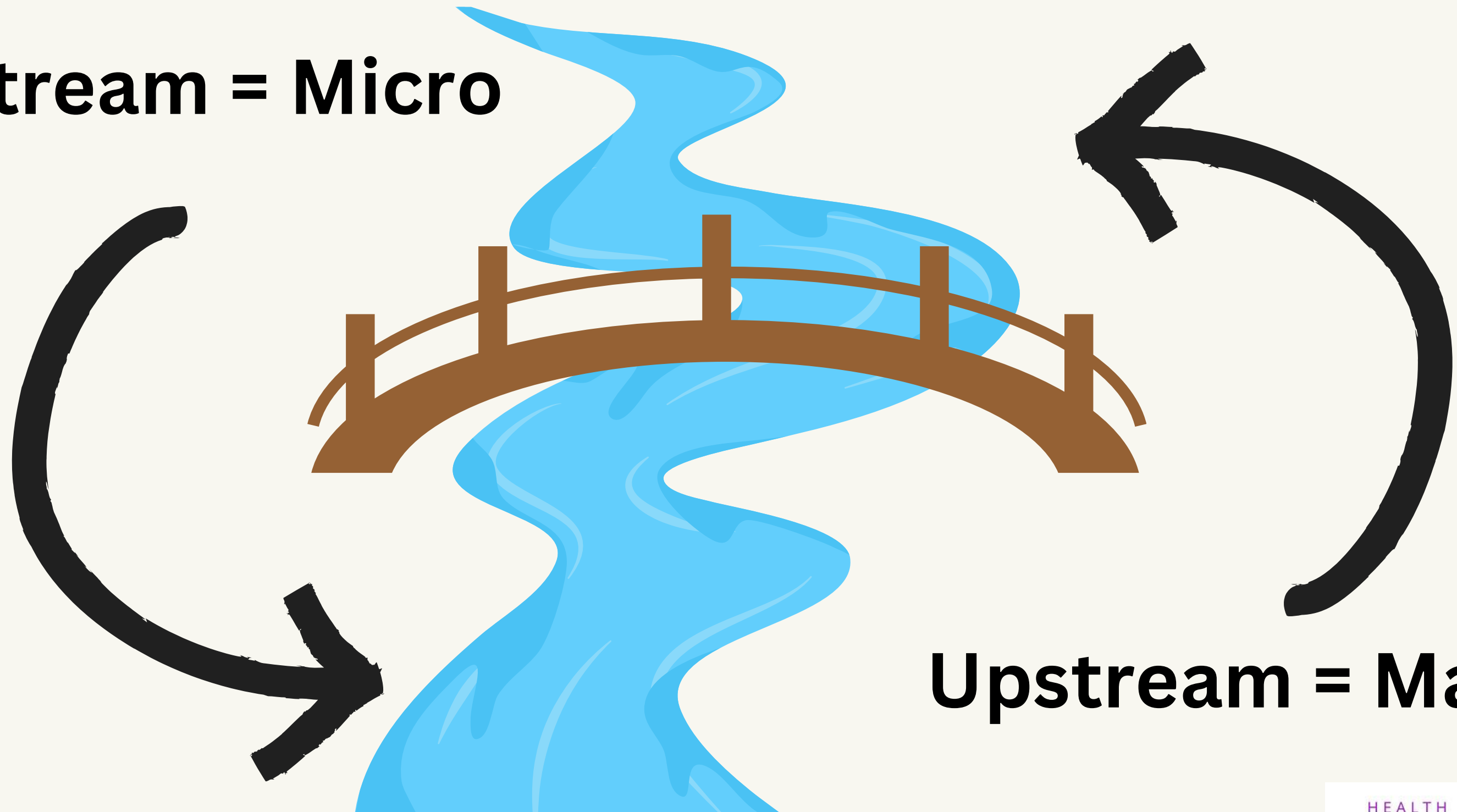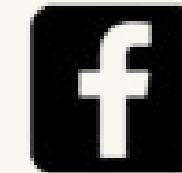
Upstream = Macro

Thank you & Stay Connected

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