

**CULTURALLY-EFFECTIVE  
HEALTH CARE IN SCHOOL  
HEALTH SERVICES**

**IMPLICIT BIAS  
CASE STUDY  
ACTIVITY**

# INTRODUCTION



The following activity allows you and/or your team to review an actual interaction between a student and school staff. The goal of this activity is to consider how you and/or your team may react to the case based on the information given. We recommend that this case be discussed with team members, if applicable.

Each step of this activity provides you and/or your team with questions to consider, building on the story as you advance through the steps. Answers to activity questions are not meant to be “right” or “wrong” but instead to provide time to think about similar scenarios you may have experienced or encountered. The prompts are examples but there are other ways of thinking about this and other cases.

This case allows us to explore how having - and not recognizing - unknown biases can affect health care access and outcomes. It demonstrates how words can have varied understandings depending upon a person’s background, leading to differential access and potential erroneous diagnoses. Culturally effective health care approaches help to support equitable access and optimal care. By moving through the steps and reflection prompts individually or with your team, you will uncover unknown biases and assumptions you may hold. By the end, you will have an increased ability to address these biases and assumptions by making intentional efforts to identify opportunities to improve your approach to providing culturally effective health care (CEHC).

## Step 1

**A 16-year-old \_\_\_\_\_ walks into the health center/nurse's office because they were referred by the teacher for seeming to be "high."**

### Key Questions

1. What are your initial thoughts about who this student is? Their demographics (i.e., race, ethnicity, or gender) as you read the above statement?
2. Do you have resources/ideas already in mind for how you are going to work with/provide services for this student?
3. Do you think the initial referral response would differ at your school based on the student's:
  - Race and/or ethnicity? Gender? Age? Sexual orientation?
  - Why or why not?

There are no right or wrong answers here, this is a time to think about how a student in your school may or may not get services that are person-centered and/or give you time to think about assumptions you may hold.

Take some time to think about these questions from your own perspective, but also recognize that the student will encounter other staff prior to or after leaving the health center or nurse's office; think about how different responses from various staff can enhance or worsen the care they receive.

### POTENTIAL FOLLOW-UP POINTS

The following questions may come to mind for you and/or your team members as you reflect on the previous questions.

- What does the teacher mean by saying the student looked "high"? When you hear that, what assumptions, classifications, and definitions inherently come with that statement? Did you have a picture in mind of how the student was acting?
- What is the school policy on drug use? Is this policy known by all staff, students, and families? Is there agreement on an approach if drug use is identified? Are there any inequities in the use of and/or outcomes of the approach?
- What are the school demographics and academic outcomes? Are there disparities in terms of achievement? Discipline policies?
- Does anyone know the student and/or their family? Has anything changed in their life recently?

## Step 2

We will now offer a bit more information.

**A 16-year-old white-appearing male walks into the health center/nurse's office because he was referred by the teacher for seeming to be "high." The teacher states he was disruptive in class and his "eyes look funny."**

### Key Questions

1. Does the added information change any of your answers from Step 1? In what way?
2. Do you have a better idea about what is going on with the student?
3. Do you feel as if this additional information can help you work with the student? Teacher?  
The family?
4. Do you understand privacy rules that may or may not allow you to talk with the family?

Remember, be as honest as possible with yourself and/or team.





## Step 3

We will now offer a bit more information.

**A 16-year-old white-appearing male walks into the health center/nurse's office because he was referred by the teacher for seeming to be "high." The teacher states he was disruptive in class and his "eyes look funny." The teacher also notes that he and his family recently arrived from Brazil. The teacher shares that he does not seem to talk to anyone and sits alone at lunch. He became disruptive this morning when they were watching a video on immigration.**

### Key Questions

1. Does the added information provide you with a different view of the student and/or their behavior? What has changed and why?
2. Does the information alter your original assessment or plan of engagement and care?
3. At what point in the case have you felt you might have adequate resources (internal or external to school) to support the student? If yes, where? (Internal or External) and what were these resources? If not, what are some of the gaps?



## Step 4

We will now offer the final information needed for this scenario.

**A 16-year-old white-appearing male walks into the health center/nurse's office because he was referred by the teacher for seeming to be "high." The teacher states he was disruptive in class and his "eyes look funny." The teacher also notes that he and his family recently arrived from Brazil. The teacher shares that he does not seem to talk to anyone and sits alone at lunch. He became disruptive this morning when they were watching a video on immigration.**

The staff, with their limited working Spanish proficiency, attempted to speak with the student in an effort to communicate. They became upset when he did not respond; only to speak louder and become more frustrated. However, they later discovered his primary language was Portuguese.

In addition, he was quiet because he was sad having recently immigrated and the movie caused sadness about an experience he had, which no one knew or asked about. He had not yet made friends with people in his classes and felt/ was lonely. Only a few of the school administrators, teachers, or clinical staff knew of him or his family as classes were crowded and they felt overwhelmed. The ESL teacher did know him, but he only worked part-time and was not at school at that time.

**This case demonstrates the complexity of providing CEHC.** Many people think it is possible to "learn about/become competent" about a certain culture and therefore, be literate in all cultures. Not only is this dangerous as it likely leads to more biases, it ignores some of the systemic silos and policies that can affect health care access and outcomes.

# KEY POINTS TO CONSIDER

As you think about continuing or implementing CEHC within your school setting, here are a few more questions to ask yourself and/or your team:

01

How can the school environment positively or negatively affect engagement in or outcomes from care, bearing in mind that students will not all experience the environment in the same way?

02

How can different staffing models, roles, and density affect outcomes? Are counselors available? Do they offer culturally effective services? Are there different access and outcomes based on whether health professionals are employed by the school vs health care systems?

03

What is the role of individual or family societal realities when providing a health service? Is there different access to culturally and linguistically effective community services? Are there times when effective linkages to culturally effective community resources may lead to more effective outcomes? To more harmful outcomes?

04

Often, focusing on the individual student and providing student-centered care can help you elude these pitfalls and provide the culturally and linguistically effective care the student needs. Is there a way to build in team-based care so that at least one person on the team has time to get to know the person?

# CONCLUSION

Providing CEHC is not easy and takes practice and time. However, it is often a bit easier when done with/as a team. Cases, although similar, will never be exactly the same - nor is it cookie-cutter patient care. CEHC requires a deep commitment to outcomes that will improve the health of every student, meaning that services and responses will often differ based on the student's reality and lived experience. We all will make mistakes; CEHC requires an environment of continual learning and space to admit to and learn from mistakes.

# RESOURCES

## Resources for unpacking and understanding bias & cultural differences:

- How to Identify, Understand, and Unlearn Implicit Bias in Patient Care:  
<https://www.aafp.org/pubs/fpm/issues/2019/0700/p29.html>
- Identity and Cultural Dimensions:  
<https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions>
- Cultural Responsiveness and Equity:  
<https://www.nasn.org/nasn-resources/resources-by-topic/cultural-responsiveness-equity>
- Cultural Inclusiveness and Equity WISE:  
<https://www.classroomwise.org/cie-wise-companion-course>
- Culturally Responsive Walkthrough Tool (teacher role can be replaced for school-based health professional):  
<https://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/CRE/CULTURALLY-RESPONSIVE-WALKTHROUGH-TOOL-2-1.pdf>

## Visit for additional resources:

- School Based Health Alliance: <https://www.sbh4all.org/>
- National Association of School Nurses: <https://www.nasn.org/home>
- See AAP School Health CEHC webpage: <https://www.aap.org/en/patient-care/school-health/culturally-effective-health-care-in-schools/>

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[https://www.aap.org/en/patient-care/school-](https://www.aap.org/en/patient-care/school-health/culturally-effective-health-care-in-schools/)

[health/culturally-effective-health-care-in-schools/](https://www.aap.org/en/patient-care/school-health/culturally-effective-health-care-in-schools/)

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