

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

**BUILDING TRUSTED  
RELATIONSHIPS  
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. We encourage you to work through each step and take time to reflect thoroughly before moving to the next step. Answers to activity questions are not meant to be “right” or “wrong” but instead exist 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 is meant to demonstrate the importance of not only understanding our own biases, but also understanding how students are influenced by more than school and often as providers, how we can work in partnership with community to support student wellbeing. It will also demonstrate the importance of building meaningful and trusting relationships with students. 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

KL is a 13-year-old \_\_\_\_ who has been complaining of frequent headaches and stomach aches. Two to three times a week after 4th period physical education (PE) they ask to go to the health center/nurse's office because of headaches. They usually stay in the office during lunch and then feel better enough to return to class.

### Key Questions

1. What are some of your initial thoughts?
2. Are there pieces you wish you knew?
3. What assumptions are you making?
  - Do those assumptions change depending on gender?
  - if this is a transgender student?
  - Race? Ethnicity? Primary Language?
  - Intellectual or physical abilities?

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. Be as honest as possible with yourself and/or team.



## Step 2

We will now offer a bit more information.

**KL is a 13-year-old Black-appearing female who has been complaining of frequent headaches and stomach aches. Two to three times a week after 4th period Physical Education they ask to go to the health center/nurse's office because of headaches. She usually stays in the office during lunch and then feels better enough to return to class. When you initially talk with her, she tells you she has a pounding headache and dull pain that goes all over her "stomach."**

**You ask some questions and get this additional information:**

- ***She has a regular pediatric nurse practitioner whom she goes to regularly but not about this complaint because she" does not have these problems when she is at home."***
- ***She says she has no chronic problems like asthma, no allergies, no surgery, and does not take any medications prescribed or over the counter.***
- ***She has started menstruating, and it is regular, but is not currently menstruating.***

Remember, be as honest as possible with yourself and/or team. You ask for some further background information on her and her family's health and social needs. She is not very responsive. You then ask to do basic behavioral health screens and she consents. You verify that you have parental consent to administer screening tools according to the school district and/or SBHC policy. You do a validated screen for drug use which is negative and a validated screen for other mental health concerns which comes back with borderline concerning results. When you sit down and try to discuss the screen, KL stops talking and asks to return to class. You send KL back to class but set up a time for you to talk the next day. You decide to schedule the talk during physical education since that is when the pain usually starts.

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## *Step 2 - Cont.*

### Key Questions

1. What would you do next? How do you feel? (You are allowed to have feelings.)
2. What information do you wish you had and are there ways you can find this information?
3. Do you feel like you know the student? Her family? Her friends?
  - Does anyone at school know her?
  - Can you talk to other school staff and/or the Physical Education teacher without invading her privacy and ruining trust?
  - Did you obtain consent to talk to these colleagues?
4. What do you know about the school environment?
5. How do you want to prepare for your meeting the next day?
6. With more information at hand, what are your assumptions?
7. Do your assumptions change based on the student's intersectional identities (e.g., race, age, sexual orientation, gender, etc.) mentioned on the previous page? Why or why not?
8. Do you think your actions would change based on different assumptions? If so, would action changes be helpful or harmful?

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



## Step 3

We will now offer a bit more information.

**The following day KL does not come into your office. You go to look for her and find out that soon after your meeting, she had an outburst against a teacher and was sent to the principal's office and suspended for two days.**

### Key Questions

1. What would be your next steps?
2. What are you feeling?
3. How much do you know about your school's discipline process? What would you like to know?

During her day off you do some digging. You find out that she has been at the school since 6th grade and has a small but close friend group. She is usually quiet and rarely speaks up in class. You also find out that her friend group is often bullied and called slurs because members identify as LGBTQIA. You talk to the teacher about the outburst. You learn that KL started screaming at the teacher because earlier in the day, some female students were bullying her and she felt the teacher did not stand up for her. The teacher is mystified and unsure what she did wrong, stating that the kids were "simply teasing." In conversation with your school building supervisor and principal, you share that you are considering a home visit but the administration states they can send the Student Resource Officer.

### Further Questions

1. What do you do now? Do you agree with the administrator's suggestion? Why or why not?
2. What are the pros and cons to each scenario?
  - In terms of providing care?
  - In terms of offering support?
  - In terms of building trust with the student and family?
3. What other resources exist at school or in your community?
4. Do you think you can wait a day or is this an emergency? If you are not comfortable making that decision alone, with whom can you talk to get help? Is there a counselor? Do you have permission to talk to her pediatric provider based on previous health form releases?

## *Step 4*

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

You decide you can wait a day and recommend not sending the school resource officer to the house. When KL returns to school you set up another appointment during PE. You talk with her at length about what you heard about the bullying and let her know that you are there to support her. She states that she does identify as a lesbian and feels that she is not only bullied by the student, but that the teachers allow it to happen. It is particularly a problem in PE because there is less supervision.

You let her know that while she was away you found some possible support resources in the neighborhood. You offer to share these with her and her family. KL shuts down once again. You decide to reframe the conversation and let her know that you found resources to share with her and she can share with her family if she chooses. She perks up and asks for the resources. You also let her know that you are there for her when/if she needs to come in. This makes her perk up a bit more and talk about her feelings of sadness and loneliness.

You ask her about taking her concerns to the administration. She feels the administration does not condemn the bullying and the teachers and administrators let kids use slurs that are unacceptable under the guise that they are a "joke." This is hard for her and while she has a small group of supportive friends, they are not in all her classes.

She also states that her family does not know and is unlikely to be supportive should they find out that she identifies as a lesbian. You let her know that you will bring the bullying up at the administration meeting but will not identify her by name and request resources and training (i.e. implicit bias training), so all people better understand the different forms of bullying. In terms of her parents, you offer to talk with her and them as a team. She lets you know that she is not ready to have this conversation. Instead, she prefers to use the support resources that will link her to the diverse peer groups where she can interact with and talk to others who may be having the same experiences. Particularly those who may have culturally effective counselors and other practitioners that will better understand her concerns and experiences.

## *Step 4 - Cont.*

### Potential Follow-Up Questions

1. What are some other actions you may take to the school administration?
2. How does the school handle other bullying?
  - Is this lack of attention particularly related to LGBTQ+ concerns?
    - If yes, why and what can you do in partnership with school staff to end the bullying?
    - If not, what are some ways the health and school workers can combat bullying overall?
3. Would your responses to the above have changed based on the student's intersectional identities? Would they have changed based on your OWN intersectional identities?





# 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

Sometimes school is not the place a young person wants to receive support but can still be a place that identifies and links student to culturally and linguistically effective community support. Too often we are made to feel that if we cannot “solve” a problem then we have failed. At times, a student can then be put through uncomfortable interactions when at times it is not only okay, but better to link them to culturally and linguistically effective community-based services. This speaks to the importance of learning about what services exist in your community. This can often best be done by talking to and getting to know students, not just when they have issues/concerns. It is important to obtain consent and then talk with a diverse set of students in safe private settings. Bring students together early in the school year and ask questions such as

- What services they like and trust in the community?
- What services they need or wish existed at school and community?
- What services they would like to find and help shape at school?
- What services do they feel it is best to not receive at school?

## 02

Sometimes the family construct can create stressors that affect student wellbeing. In this case, the student’s relationship with their family was complicated because the student did not feel supported at home and worried that revealing her sexual orientation would cause more conflict. This reality is not rare and often requires school health personnel to provide or find support systems for the young person.

## 03

The school climate, environment, and rules often affect (either positively or negatively) the provision of CEHC. It is great to develop a relationship with administration and the teachers to understand school policy, (if you are an SBHC share your health care policy), and work together as needed to develop or change policies in ways that can lead to equitable educational and health outcomes.

# CONCLUSION

Providing CEHC is not easy and takes practice and time, However, it is often a bit easier when done with/as a team. You will have questions, feelings, and times of uncertainty. You will have biases and assumptions that may or may not hold true. **It is great to have a supportive and trusted team with whom you can talk with.** This may be a team of health professionals within your school, with whom you can share actual information and cases. This may be with a network of health professionals outside of the school where you cannot share patient specific details but still get advice and support.

# 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)  
<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)  
<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)  
<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)  
<https://www.classroomwise.org/cie-wise-companion-course>
- [Culturally Responsive Walkthrough Tool](https://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/CRE/CULTURALLY-RESPONSIVE-WALKTHROUGH-TOOL-2-1.pdf) (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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[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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