

**TOPIC:** **IN SUPPORT OF INCREASING CULTURALLY COMPETENT EDUCATION ABOUT LESBIAN, GAY, BISEXUAL, TRANSGENDER (LGBT) INDIVIDUALS**

**SUBMITTED BY:** **Johns Hopkins University School of Nursing**

WHEREAS, providers in the healthcare system must fully understand and embrace cultural competency. Universal access to healthcare will have little meaning for many LGBT individuals if they cannot access care from culturally competent professionals who recognize and affirm their identities. There must be systematic efforts to remove healthcare provider biases: too often, LGBT people are misunderstood, mistreated, or openly discriminated against by healthcare providers; and

WHEREAS, healthcare disparities affecting the LGBT community are now recognized by numerous federal agencies and working groups. The HHS Secretary's Advisory Committee on Healthy People 2020 has acknowledged the imperative to address the disparities in health status and healthcare access that affect the LGBT community; and

WHEREAS, LGBT people suffer disproportionately from the adverse health effects of stigma, stress, and violence, further compounded by the barriers that prevent them from accessing vital healthcare services even for routine care: research has consistently shown that being LGBT substantially impacts whether or not a person receives care and, when they do receive care, whether that care effectively speaks to all aspects of their lives; and

WHEREAS, the medical educational system has failed to educate providers and researchers about different aspects of lesbian and gay health including communication skills, examination techniques, and preventive recommendations; and

WHEREAS, people in health care represent different disciplines, different occupations, and different institutional affiliations. All are interested in people and health, but unless there is an understanding of who people are, then the collective interest can easily be dissipated by individual differences. An operational context must be developed for that which encompasses our differences, integrates them, and permits us to realize that the power of a group or a community to impact health is greater than the sum of its parts ; and

WHEREAS as nursing enters the 21st century, the profession continues to experience the effects of heterosexism, gender inequality, and racism/ethnocentrism, in large part because these concerns are not explored and processed by students prior to entering professional practice ; and

WHEREAS, this exclusion from curricula and training matters: Students with exposure to lesbian, gay, bisexual, or transgender patients are more likely to perform more comprehensive patient histories, hold more positive attitudes toward LGBT patients, and possess greater knowledge of LGBT health care concerns. All of these factors strongly contribute to better care and improved health outcomes for LGBT people; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support the need for increased awareness of LGBT education in nursing school curricula as a means to improve cultural competence and encourage constituents to do the same, if feasible; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* and on the NSNA website about the benefits of LGBT awareness education as a means to improve the cultural competence of nurses and nursing students, if feasible; and be it further

RESOLVED, that the NSNA provide workshops during MidYear Conference and Annual Convention that focus on health disparities related to LGBT individuals, if feasible; and be it further

RESOLVED, that the NSNA encourage continuing education classes on LGBT issues regarding cultural competency, if feasible; and be it further

RESOLVED, that the NSNA and its constituents support research relating to LGBT individuals, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of Nursing, the Credentialing Center for Nursing Education, the National Council of States Boards of Nursing, the National League for Nursing, the National League of Nursing Accrediting Commission, the American Medical Association, the American Nurses Association, the Student National Medical Association, the Association of American Medical Colleges, the Council on Education for Public Health, the Accreditation Council for Pharmacy Education, the American Association of Colleges of Pharmacy, the Council of Social Work Education, the Commission on Accreditation of Allied Health Education Programs, the National Organization for Associate Degree Nursing, and any others deemed appropriate by the NSNA Board of Directors.