

1 **RESOLUTION 1**

2

3 **TOPIC: TO INCREASE AWARENESS OF THE EFFECTS OF SCHOOL BREAKS ON OVERWEIGHT**
4 **AND OBESITY IN CHILDREN**

5

6 **SUBMITTED BY: California State University, San Marcos**
7 **San Marcos, CA**

8

9 **AUTHOR: Andrea Dunning**

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11 WHEREAS, In 2015-2016, 18.5% of children in the United States were classified as obese,
12 and the prevalence of obesity among children has increased between 1999-2000 and
13 2015-2016 (Hales et al., 2017, p. 5); and

14 WHEREAS, “the prevalence of obesity among those aged 2-5 years was lower compared with
15 older children” (Hales et al., 2017, p. 6); and

16 WHEREAS, overall rates of overweight and obesity increase with age, with prevalence increasing
17 during the summer and stabilizing or decreasing over the school year, with the
18 summer after kindergarten and the summer after second grade being of particular
19 risk for transitioning to overweight or obesity (Chen et al., 2016, p. 4); and

20 WHEREAS, in younger school-age children, rates of overweight and obesity increased only over
21 summer vacation and not while school was in session (von Hippel & Workman, 2016,
22 p. 2297); and

23 WHEREAS, after a 12 week summer break, school-age children had reduced endurance and
24 decreased activity over the course of the school day (Fu et al., 2017, p. 3); and

25 WHEREAS, children display increased obesogenic behaviors during summer break, including
26 decreased food quality possibly resulting from increased food insecurity as well as
27 increased snacking and treats (Tanskey et al., 2019, p. 6-7); and

28 WHEREAS, children displayed decreased physical activity and increased sedentary activity during
29 summer, along with greatly increased screen time (Brazendale et al., 2018, p. 889);
30 therefore be it

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32 RESOLVED, that the California Nursing Students’ Association (CNSA) help to increase awareness

33 among nursing students of the effects of school breaks on overweight and obesity in

34 children; and be it further

35 RESOLVED, that the CNSA collaborate with other healthcare professionals whenever possible to

36 increase awareness among patients and their families about the effects of school

37 breaks on overweight and obesity; and be it further

38 RESOLVED, that the CNSA publish articles and highlights in CNSA online publications on the

39 effects of school breaks on overweight and obesity in children; and be it further

40 RESOLVED, that the CNSA provide education on the effects of school breaks through panels or
41 breakout sessions at CNSA Membership North Meeting, CNSA Membership South
42 Meeting, or the Annual Convention, if feasible; and be it further
43 RESOLVED, that the CNSA send a copy of this resolution to the National Student Nurses
44 Association, American Nurses Association, American Academy of Nursing,
45 Association of Public Health Nurses, American School Health Association, California
46 School Nurses Organization, National Association of School Nurses, Society of
47 Pediatric Nurses, California Association of Colleges of Nursing, American Association
48 of Colleges of Nursing, National League for Nursing, the Organization for Associate
49 Degree Nursing, and all others deemed appropriate by the CNSA Board of Directors.

1 **RESOLUTION 2**

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3 **TOPIC: INCREASE STUDENT NURSE AWARENESS OF NURSE UNIONS AND THEIR ROLE IN**
4 **HEALTH POLICY ADVOCACY**

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6 **SUBMITTED BY: San Diego State University**
7 **San Diego, CA**

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9 **AUTHORS: Michael Taningco, Julia Andres, Ashley Jackson, Andrea Lapuz**

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11 WHEREAS, The National Student Nurses’ Association (NSNA) House of Delegates 2018 adopted
12 the resolution, “In Support of Coordinated Health Policy Advocacy Opportunities for
13 Nursing Students”

14 WHEREAS, “Connecting students in their nursing education to policy development and civic
15 leadership will invite a continued interest in ongoing political participation.”
16 (Woodward, 2016, p.58); and

17 WHEREAS, “Offering various ways to actively direct the students' awareness through self-
18 reflective and engaging political activities is essential in promoting political
19 participation in nurses.” (Woodward, 2016, p.57); and

20 WHEREAS, “Political activism is a way for nurses to become active in creating, influencing, and
21 advocating for healthcare policy that will impact the health of patients, families, and
22 communities.” (Jarigue, 2019, p.1); and

23 WHEREAS, “Nurses are trained to communicate effectively, collaborate with a variety of
24 personality types, and navigate complex and highly emotional situations, while
25 advocating for patient rights and/or populations.” (Woodward, 2016, p.60); and

26 WHEREAS, “When policy makers and other key decision makers know that the largest group of
27 health professionals in the country is in agreement on important issues, they listen
28 and often take action.” (Institute of Medicine, 2011, p.240); and

29 WHEREAS, “Labor unions have long been important political actors, mobilizing voters, shaping
30 their members’ attitudes, and influencing representation and economic inequality.”
31 (Macdonald, 2019, p.1); and

32 WHEREAS, “Nursing unions are on the rise in the United States and this growth has many
33 implications for the profession of Nursing.” (Higgins, 2016, p.5); and

34 WHEREAS, “Many RNs, and most nurses unions, recognize the potential contributions the
35 nursing profession can make and are looking for opportunities to participate to a
36 greater degree in decisions involving the delivery of patient care.” (Clark, 2016, p.
37 118); therefore be it resolved

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39 RESOLVED, that the CNSA invite policy experts, nurse lobbyists, and nursing union

40 representatives to state conventions; and be it further;

41 RESOLVED, that the CNSA further promote health policy events that pertain to nursing and

42 health advocacy; and be it further

43 RESOLVED, that the CNSA Legislative Director and Legislative Committee hold a more active role
44 in health policy education, and involvement for nursing students; and be it further
45 RESOLVED, that the CNSA send a copy of this resolution to American Nurses Association,
46 National Nurses United, CA Board of Registered Nurses, American Association of
47 Colleges of Nursing, California Nurses Association, American Organization of Nursing
48 Leadership, Association of California Nurse Leaders, National League for Nursing,
49 American Academy of Nursing, Sigma Theta Tau, and all others deemed appropriate
50 by the CNSA Board of Directors.

1 **RESOLUTION 3**

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3 **TOPIC: ADVOCATING FOR INCREASED MENTAL HEALTH SUPPORT FOR NURSES AND**
4 **NURSING STUDENTS AFTER WORKPLACE VIOLENCE**

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6 **SUBMITTED BY: California State University, Sacramento**
7 **Sacramento, CA**

8

9 **AUTHORS: Nou Thao, Raven Kauba, Carla Luna, Izza Villarino**

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11 WHEREAS, previous resolutions, including the 2019 “In Support of Policy Development and
12 Education in Vertical Violence towards Nursing Students,” and the National Student
13 Nurses’ Association (NSNA) House of Delegates in 2017 adopting the resolution,
14 “Increased Awareness Regarding Post-Traumatic Stress Disorder (PTSD) Related to
15 Workplace Violence Affecting Nurses” and “In Support of Using Simulation to
16 Implement Nursing Education Related to Lateral Violence Responses,”; and
17 WHEREAS, workplace violence in the patient care setting is defined as “an individual who has a
18 relationship with the business and becomes violent while receiving services” (ANA,
19 2020) and 80% of workplace violence experienced by healthcare workers is
20 perpetrated by a patient; and

21 WHEREAS, a survey of 3,765 registered nurses and nursing students found that 43% were
22 psychologically or physically abused by a patient or family member of a patient; and

23 WHEREAS, international studies have found the prevalence of workplace violence experienced
24 by nursing students to be at 60%, and another study reported 73.3% verbal abuse
25 incidents; and

26 WHEREAS, workplace violence can be detrimental to one’s self-worth and confidence and is
27 associated with physical ailments and psychological distress, and may even go so far
28 as to result in impaired clinical judgment, thereby compromising the Nursing Code of
29 Ethics; and

30 WHEREAS, nursing students are particularly vulnerable to workplace violence and report higher
31 incidences of violent patient interactions than nurses which may impair their
32 learning ability and development of a professional nursing identity; and

33 WHEREAS, the ANA identifies the need for primary intervention in workplace violence, which, in
34 the case of nursing curriculum, includes simulation and role-play as well as a
35 secondary intervention which addresses the harmful effect of workplace violence
36 after it has occurred; therefore be it

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38 **RESOLVED,** that California Nursing Students Association (CNSA) raise awareness on prevention of
39 lateral workplace violence from patient to nursing students and promote the
40 implementation of follow up mental health support for students who have
41 experienced workplace violence; and be it further

42 RESOLVED, that the CNSA encourages proper training for clinical faculty to assist in the aid of
43 identifying signs of distress and providing mental health resources for students who
44 have experienced lateral workplace violence; and be it further

45 RESOLVED, that the CNSA encourage nursing programs to educate nursing students on the
46 importance of understanding their roles and limitations in the workplace setting; and
47 be it further

48 RESOLVED, that the CNSA encourages the integration of findings into the curriculum such as
49 simulation-style teaching so that students may feel comfortable filing incident
50 reports and using their resources for further assistance; and be it further

51 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association, the
52 National League for Nursing, the National Organization for Associates Degree
53 Nursing, The International Society of Psychiatric-Mental American Psychiatric Nurses
54 Association, the American Association of Colleges of Nursing, the American Medical
55 Association, Academy of Medical-Surgical Nurses, Emergency Nurses Association and
56 all others deemed appropriate by the CNSA Board of Directors.

1 **RESOLUTION 4**

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3 **TOPIC: IN SUPPORT OF DOCUMENTATION OF NAMES AND PRONOUNS IN ELECTRONIC**
4 **MEDICAL RECORD (EMR)**

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6 **SUBMITTED BY: San Diego City College**
7 **San Diego, CA**

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9 **AUTHORS: Emily Carpenter, Waverly Rocklin**

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11 WHEREAS, The National Student Nurses’ Association (NSNA) House of Delegates in 2019
12 adopted the resolution entitled, “In support of Nursing Faculty Continuing Education
13 in Lesbian, Gay, Bisexual, and Transgender (LGBT+) Health;” in 2016, “Improving
14 Professional Support and Advocacy for Lesbian, Gay, Bisexual, Transgender,
15 Questioning, Intersex, and Asexual (LGBTQIA) Nurses;” in 2015, “Amending Patient
16 Health History Intake Forms to be Inclusive of the LGBT Population;” and while the
17 “2-step” model of asking patients about both their gender identity and sex assigned
18 at birth has become increasingly utilized, neither question in the model address a
19 patient’s preferred name or pronouns which are essential to a respectful and
20 affirming clinical experience (Sequeira et al., 2020); and

21 WHEREAS, lack of adherence to names and pronouns can lead to embarrassment for and
22 discrimination against transgender and gender non-conforming (TGNC) individuals,
23 leading to diminished trust in healthcare professionals; and

24 WHEREAS, nearly one-quarter of TGNC individuals delay care due to fear of discrimination,
25 resulting in even greater healthcare disparities (Burgess et al., 2019); and

26 WHEREAS, lack of access to gender-affirming care, the prevalence of negative healthcare
27 experiences for TGNC individuals, and fear of discrimination increases the risk of
28 psychological distress including depression and suicidal ideation (James et al., 2016);
29 and

30 WHEREAS, nearly 40% of TGNC experience psychological distress (Seelman et al., 2017); and

31 WHEREAS, positive healthcare experiences for TGNC individuals are characterized by a
32 welcoming, inclusive environment and use of inclusive language such as addressing
33 the TGNC individual by their name and pronouns (Floyd et al., 2020); and

34 WHEREAS, use of separate fields in the EMR to note both sex assigned at birth and gender
35 identity of TGNC individuals aids clinicians in providing appropriate gender-affirming
36 care (Burgess et al., 2019); and

37 WHEREAS, the American Medical Association (2019) supports the inclusion of name and
38 pronouns in electronic health records; therefore be it

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40 **RESOLVED,** that the California Nursing Students’ Association (CNSA) officially support

41 documentation of TGNC individuals’ name and pronouns in their EMR; and be it

42 further

43 RESOLVED, that the CNSA provide an opportunity to enhance its constituents' cultural
44 competence by encouraging them to assess patients' names and pronouns during
45 initial clinical encounters; and be it further
46 RESOLVED, that the CNSA holds a webinar to encourage its constituents to utilize gender-
47 affirming language in the clinical setting; and be it further
48 RESOLVED, that the CNSA create a Tool Kit to be published on cnsa.org to educate its
49 constituents on gender-affirming language and care; and be it further
50 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association, the
51 American Association of Colleges of Nurses, the American Academy of Nursing, the
52 National League for Nursing, the National Council of State Boards of Nursing, the
53 World Professional Association for Transgender Health, and all others deemed
54 appropriate by the CNSA Board of Directors.

1 **RESOLUTION 5**

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3 **TOPIC: INCREASING AWARENESS OF THE EFFECTS OF INSTITUTIONALIZED RACISM**
4 **ON HEALTH AND HEALTHCARE**

5

6 **SUBMITTED BY: California State University, Bakersfield**
7 **Bakersfield, California**

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9 **AUTHORS: Nadire Bringas, Hyewon Jhon, Vivien Peralta, Jandrei Libao, Rachel Dacuma**

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11 WHEREAS, Persistent racial disparities demonstrated within healthcare have been
12 historically rooted and distributed in all institutions in society and has significantly
13 affected the health outcomes of minority groups (Bailey, Krieger, Agénor, Graves,
14 Linos & Bassett, 2017, p. 1454); and

15 WHEREAS, Black Americans, Latinos, Native Americans, Asian Americans, Pacific Islanders
16 and other marginalized groups have been the target of health-harming racial
17 bias and discrimination. (Bailey et al., 2017, p.1454); and

18 WHEREAS, research in the United States suggests that people within the Black community
19 have an increased likelihood of premature death, cardiovascular disease,
20 stroke, diabetes, asthma, hypertension, cancers as well as other chronic
21 illnesses and poor physical and mental health outcomes (CDC, 2019, p. 1); and

22 WHEREAS, racial disparities are apparent in health for the Black Community from birth to the
23 age of 65 (CDC, 2019, p. 1); and

24 WHEREAS, in 2015, Black people had 40% higher death rates than their white
25 counterparts for all-cause mortalities in every age group less than 65 years old
26 (CDC, 2019, p. 3); and

27 WHEREAS, although socioeconomic status and access to resources significantly influence
28 disparities in the health of minority groups, evidence proposes structural
29 oppressive factors to be a key determinant in the health of a population
30 (Bailey et al., 2017, p. 145); and

31 WHEREAS, residential segregation and the socioeconomic disadvantage of predominantly
32 Black neighborhoods lead to lower quality facilities with fewer qualified
33 clinicians, resulting in racially biased health services (Bailey et al., 2017, p.
34 1456); and

35 WHEREAS, bias, prejudice, and discrimination of healthcare professionals have a direct
36 influence on decisions and quality of care (Bennet, Hamilton & Rochani, 2019,
37 p. 1); therefore, be it

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39 **RESOLVED,** that the California Nursing Student Association (CNSA) help to increase

40 awareness among nursing students on the effects of institutionalized racism in

41 health and healthcare; and be it further

42 RESOLVED, that the CNSA advocate for legislature to mandate curricula
43 acknowledging the impact of systemic racism and implicit bias into nursing
44 education; and be it further

45 RESOLVED, that the CNSA support increasing inclusivity in nursing education of
46 considerations when assessing patients with darker skin pigmentations; and
47 be it further

48 RESOLVED, that the CNSA sends a copy of this resolution to the American Nurses
49 Association, National Black Nurses Association, National Association of Hispanic
50 Nurses, The National League for Nursing, The Association of Public Health Nursing,
51 The National Council of State Boards of Nursing, and all other associations deemed
52 appropriate by the CNSA Board of Directors.

1 **RESOLUTION 6**

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3 **TOPIC: ADVOCATE FOR THE IMPLEMENTATION OF REQUIRED COURSES ADDRESSING**
4 **RACISM IN HEALTHCARE TO THE CURRICULUM FOR PRELICENSURE NURSING**
5 **PROGRAMS**

6

7 **SUBMITTED BY: California State University, Channel Islands Extended University**
8 **Goleta, California**

9

10 **AUTHORS: Victoria Camacho, Eleanora Gullickson, Kathyvan Tran**

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12 WHEREAS, “the presence of implicit biases among healthcare professionals and the effect on
13 quality of clinical care is a cause for concern” (Fitzgerald & Hurst, 2017); and

14 WHEREAS, “in the U.S., racial healthcare disparities are widely documented” (Fitzgerald & Hurst,
15 2017); and

16 WHEREAS, compared to whites, racial and ethnic minorities are less likely to receive preventive
17 care and often receive lower-quality care (Hostetter & Klein, 2018); and

18 WHEREAS, “the enjoyment of the highest attainable standard of health is one of the
19 fundamental rights of every human being without distinction of race” (World Health
20 Organization, 2006), and thus all humans, regardless of the color of their skin,
21 deserve to have access to quality care; and

22 WHEREAS, “provision 8 of the American Nursing Association (ANA) Code of Ethics for Nursing
23 asserts that social justice is integral to the nursing profession and states that nurses
24 work to develop creative solutions and innovative approaches that are ethical,
25 respectful of human rights, and equitable in reducing health disparities” (ANA, 2015,
26 p. 32); and

27 WHEREAS, the Bachelor of Science in Nursing program curriculum at California State University,
28 Channel Islands (CSUCI) does not require nursing courses that specifically address
29 these issues, which is a disservice to marginalized communities; therefore, be it

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31 RESOLVED, that the California Nursing Students’ Association (CNSA) advocates for the addition
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33 of one required nursing course on racism, diversity, and the social determinants of
34 health to be included in the curriculum for all prelicensure nursing programs; and be
35 it further

35 RESOLVED, that the CNSA promotes the hiring of faculty from diverse racial and ethnic
36 backgrounds who are most qualified to teach these subjects; and be it further

37 RESOLVED, that the CNSA helps to raise awareness regarding healthcare disparities
38 among racial and ethnic minorities and the impact of racism on healthcare
39 delivery in the United States; and be it further

40 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses
41 Association, the American Association of Colleges of Nursing, the CSU system
42 Board of Trustees, the California Community Colleges Board of Governors, the
43 California Board of Registered Nursing, and all other associations deemed
44 appropriate by the CNSA Board of Directors.