

RESOLUTION 45--2016 NSNA Convention

TOPIC: IN SUPPORT OF INCREASING EDUCATION AND RESOURCES FOR CHILD VICTIMS OF SEXUAL ABUSE

SUBMITTED BY: Student Nurses' Association of Arizona

AUTHORS: Michelle Douros

1 WHEREAS, Child Protective Service responds every 8 minutes to a report of sexual
2 abuse; and
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4 WHEREAS, 9.2% of victimized children were sexually assaulted; and
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6 WHEREAS, 3 out of 4 adolescents who have been sexually assaulted were victims of
7 someone they know; and
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9 WHEREAS, someone in their social circle is the abuser for 60% of sexually abused
10 children; and
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12 WHEREAS, the large majority of victims of forcible fondling (84%), forcible sodomy
13 (79%), and sexual assault with an object (75%) are juveniles; and
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15 WHEREAS, individuals who report Adverse Childhood Experiences (ACEs) have a two-
16 decade reduced life expectancy, increased rates of chronic health conditions
17 such as ischemic heart disease, chronic obstructive pulmonary disease, liver
18 disease, mental health disorders, addiction, and other quality of life issues;
19 and
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21 WHEREAS, resources and education are available to those victims whose perpetrator
22 was prosecuted, while resources and education are not available to those
23 victims whose perpetrator was not prosecuted, despite that in both cases the
24 sexual abuse occurred; and
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26 WHEREAS, this leaves a great disparity in care where in most unprosecuted cases the
27 children must continually face their abuser; therefore be it
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29 RESOLVED, that the National Student Nurses' Association (NSNA) serve as an advocate
30 for the establishment of and/or improvement in support services regarding
31 this population of victims; and be it further
32 RESOLVED, that the NSNA encourage nursing students to increase awareness of the
33 prevalence of sexual abuse in children and the potential for future health-
34 related complications in these victims; and be it further

35 RESOLVED, that the NSNA publish an article in *Imprint* supporting the need for the
36 establishment of and/or improvement in support services in this
37 underserved population of victims, if feasible; and be it further
38 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses
39 Association, the National League for Nursing, the National Organization of
40 Associate Degree Nursing, the American Association of Colleges of Nursing,
41 the Emergency Nurses Association, the International Association of Forensic
42 Nurses, the American Psychological Association, the National Center for
43 Victims of Crime, the Children's Bureau of the Administration for Children
44 and Families, and to all others deemed appropriate by the NSNA Board of
45 Directors.

Resolution 17—2017 NSNA Convention

TITLE: TO ENHANCE NURSING STUDENT EDUCATION RELATED TO ADVOCACY FOR PATIENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD)

SUBMITTED BY: Arizona State University-College of Nursing and Health Innovation, Phoenix, Arizona
The College of New Jersey, Ewing Township, New Jersey
Mount Mercy University Association of Nursing Students, Cedar Rapids, Iowa

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WHEREAS, nurses are often unable to recognize the specific nature and needs relating to patients with IDD, which influences the comfort level they exhibit in caring for these patients in an optimal way; and

WHEREAS, patients with IDD have varied abilities to provide self-report of pain occurrence or intensity; 21% of youth with IDD cannot understand the typical numeric pain scale to quantify their pain severity or follow instructions for self-report; and

WHEREAS, accurate assessment of pain intensity is vital for successful pain management, Therefore, nursing students must be properly educated to recognize and understand indications of pain and pain management for patients with IDD; and

WHEREAS, when seeking healthcare services, patients have reported discrepancies in the methods of different professionals, while professionals frequently cite interdisciplinary communication problems as a barrier to better care; and

WHEREAS, in order to properly advocate for patients, nursing students should be educated on using the correct terminology for IDD. For example, “intellectual or cognitive disability” has replaced “mental retardation”, and the spelling “Down syndrome” is preferred to “Down’s syndrome”; and

WHEREAS, person-first language is preferred when discussing IDD. For example, the preferred language for those with Down syndrome is to say “a patient has Down syndrome”, rather than to describe them as a “Down syndrome patient”; and

WHEREAS, it is understood that due to their complex needs, advanced education and practice for nursing students, staff, and other professionals concerning individuals with IDD are fundamental to the ability to provide the most optimal care for this population; therefore be it

RESOLVED, that the NSNA encourage nursing students and nurses to advocate for increased research and education regarding patients with IDD; and be it further

RESOLVED, that the National Student Nurses’ Association (NSNA) promote education by publishing an article in *Imprint* about supporting the availability of information and health

promotion resources for individuals with Down syndrome and IDD in general, if feasible;
and be it further

RESOLVED, that the NSNA support the American Nurses Association's position of using preferred
language for those with disabilities, specifically Down syndrome; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association,
National League for Nursing, American Association of Colleges of Nursing, Organization
for Associate Degree Nursing, National Association of Pediatric Nurse Practitioners, the
National Association of School Nurses, the American Association of Nurse Practitioners,
the American Academy of Pediatrics, the Arc of the United States, the Society for
Pediatric Pain Medicine, Developmental Disabilities Nurses Association, Sigma Theta Tau
International, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 50—2017 Convention

TITLE: INCREASED PROMOTION OF THE ROLE OF THE PUBLIC HEALTH NURSE IN NURSING PROGRAMS

SUBMITTED BY: Student Nurses' Association of Arizona

AUTHOR: Neva Farmer

1 WHEREAS, public health nurses (PHN) comprise the largest segment of the professional public health
2 workforce and serve in many different critical roles; and
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4 WHEREAS, public health nursing practice focuses on population health and has included working
5 with vulnerable and disenfranchised individuals, families, communities and across
6 systems to improve health outcomes through health promotion, disease prevention,
7 community engagement, and other activities; and
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9 WHEREAS, public health agencies have experienced a reduction in their workforce capacity,
10 including public health nurses. From 1980 to 2000, the ratio of PHNs to the general
11 population decreased by more than 25%. In addition to having an impact on provision
12 and maintenance of existing public health services, this could lead to difficulties in
13 effectively responding to emerging public health priorities such as infectious and chronic
14 diseases and improving population health outcomes; and
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16 WHEREAS, the need for professional nurses to engage in community and population assessment,
17 health promotion, and interdisciplinary efforts to improve health has never been greater;
18 and
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20 WHEREAS, despite increasing needs resulting from emerging societal and health care issues, the
21 number of community/public health nurses in the United States is facing a precipitous
22 decline; therefore be it
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24 RESOLVED, that the National Student Nurses' Association (NSNA) increase awareness about the
25 importance of public health nurses and their responsibilities by publishing an article in
26 *Imprint*, if feasible; and be it further
27 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association,
28 National League for Nursing, American Association of Colleges of Nursing, Organization
29 for Associate Degree Nursing, Sigma Theta Tau International, National Council of State
30 Boards of Nursing, National Association of Boards of Education, American Public Health
31 Association, and all others deemed appropriate by the NSNA Board of Directors.

