A 2018 report by the Williams Institute estimated that 4.5% of the U.S. population identify as LGBT, with a range between 2.8 to 9.8%. It is possible that countries with comparable socioeconomic and political climates as the U.S. might have similar data. Extrapolating these numbers into the academic setting would mean that in a classroom with 100 students, there are approximately, on average, 4 to 5 students who identify as LGBT. The same goes for staff and faculty. Translating data into a relatable chunk of statistics is essential in understanding and advocating for LGBTQ+ inclusion in the curriculum and campus programming.

Although social acceptance of LGBT persons is increasing according to the Gallup Report, the lingering stigma and the resulting minority stress experienced by sexual and gender minorities remains a recurrent issue across all levels of the educational arena. Education stakeholders are encouraged to be vanguards of curricular reforms that aim to bridge the knowledge and experience gaps in inclusive education. Here, I will share some ideas on how to thread LGBTQ+ content into the curriculum from the perspective of health professions education, given that I teach in the baccalaureate program in nursing.

An important first step is to raise the crucial conversation by asking the question: How well does the current curriculum address LGBTQ+ content? This consciousness-raising starter question can be made explicit as an item agenda at a faculty meeting. This thought-provoking question was presented to me by a transgender student during an informal advising meeting. With faculty and administrative support, the student conducted a curricular crosswalk to map out where and how LGBTQ+ topics were taught in the curriculum. A formal presentation of the findings was given to the faculty, leading to the school conducting a thoughtful needs assessment on the teaching gaps, and barriers and facilitators of LGBTQ+-inclusive curriculum. The findings of this survey were presented during a faculty meeting. The dean sponsored a half day train-the-trainer seminar on LGBTQ+ cultural competency, focusing on the unique health disparities affecting LGBTQ+ populations. Faculty champions on LGBTQ+ inclusion continue to serve as informal resource persons and in-house experts. Both the medical and the nursing professions have conducted studies to appraise the extent of LGBTQ+ health inclusion in their respective
curricula. I imagine that similar research can be conducted in liberal arts and professional programs in the undergraduate and graduate levels.

**Framework for integration**

The National Academy of Medicine (formerly Institute of Medicine), in its groundbreaking report on the state of science of LGBT research in 2011, offered four conceptual perspectives (minority stress, life course, intersectionality, and social ecology) for the comprehensive understanding of LGBTQ+ issues. These perspectives can easily be used as guideposts in the design, implementation, and evaluation of LGBTQ+ curricular integration. Much expertise in LGBTQ+ issues are found outside the academic realm. For example, although I teach cultural competencies on caring for LGBTQ+ patients, I seek the expertise of the patient navigator for the gender reassignment surgery service line of our affiliate hospital to teach specific policies and procedures. In general, the curriculum is packed and overloaded. It is expected that there will be resistance among faculty on embedding new content on LGBTQ+. However, threading the current science on LGBTQ+ into existing courses can easily be achieved. For example, when I teach geriatrics, I explore with the students the unique burdens experienced by LGBTQ+ elders. The faculty and education leaders can adapt the Core Competencies for Interprofessional Collaborative Practice in developing an inclusive and collaborative curriculum. Community-based resources (e.g., local LGBTQ center) are an excellent place to look for expert presenters on LGBTQ+ related topics.

**Partnership with students**

I believe today’s students in higher education are proactive co-creators of both the formal and informal curriculum (https://www.campuspride.org/). At the college of nursing at NYU, there are sixteen practice and affinity student-led groups; one of these groups is the LGBTQ+ Nursing Students Association. The group organizes a robust extracurricular program about LGBTQ+ health-related issues such as cancer and mental health disparities among LGBTQ+ populations. They also participate in the annual pride march and university-wide activities. There is a growing interest among students to do independent studies on LGBTQ+ topics. As faculty, we can partner with our students to explore scholarly pursuits on these topics. The growing diversity in ethnic, socioeconomic, gender identity, and ideas among students and faculty is a vital impetus
in making the curriculum inclusive, and the university campus a fertile ground for inquiry and expression.

Reference

