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Flu and Pneumonia Coverage of Lesbian, Gay, Bisexual, and/or Transgender Individuals

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Population health includes health outcomes of certain groups of individuals, referred to as populations. These populations are not limited by geographic area and can include groups defined by a common characteristic or risk factor (Riegelman, 2020). One population may be a faith community. Within the faith community there may be many subpopulations based on factors such as age, gender, ethnicity, chronic disease conditions, etc. Additionally, subpopulations may be vulnerable populations who experience health disparities. Health disparities continue to exist despite of the advancement of medicine. According to the U.S. National Library of Medicine (2018), health disparities refer to the difference in health status of different groups of people. A vulnerable population can be defined as economically disadvantaged, minorities, or those who endure health disparities (Joszt, 2018). The lesbian, gay, bisexual, and transgender (LGBT) community is one vulnerable population encountering health disparities globally (Blevins & Irungu, 2015).

A faith community nurse (FCN) can assume an important role as a patient advocate for members of vulnerable populations (American Nurses Association [ANA], 2017). As referenced in Standard 8 of the *Scope and Standards of Practice* that serve as a guide for the FCN, one's individual practice must incorporate cultural diversity and inclusion principles (ANA, 2017). By identifying healthcare needs and disparities of certain populations, nurses can promote health equality (Munet-Vilaro & Oppewal, 2016). FCNs are in a position to be key leaders in this initiative. One area of importance is health promotion including prevention activities classified as primary, secondary, and tertiary. Immunizations are one example of primary prevention (Demarco & Healey-Walsh, 2020).

“Vaccines are as fundamental to population health as drugs are to clinical medicine” (Riegelman, 2020, p. 89). Vaccines, like drugs, are not 100% effective as evident in the recent

influenza vaccine effectiveness ranging from 20% to 80%, but are important in controlling diseases (Riegelman, 2020). The FCN could provide education regarding influenza and pneumonia vaccines as well as to collaborate with other community groups to help with sponsoring immunization clinics. The specific purpose of this study, which was part of a larger research project, was to examine the self-reported flu and pneumonia coverage in individuals self-identifying as lesbian, gay, bisexual, and/or transgender.

Methodology

Approval for the larger study was obtained from the institutional review board (IRB) at a university located in the southern United States. Individuals subscribing to a source for LGBT news, information, and entertainment were invited to participate in the study with data collection occurring through an anonymous Qualtrics® survey.

Instrument

Extracted items and modules of the Behavior Risk Factor Surveillance Survey (BRFSS) tool from the Center for Disease Control and Prevention (CDC) was used for this study. The BRFSS is public domain; however, permission was obtained to utilize and modify selected items from the BRFSS. Specific questions to address this content of the study included three questions from the Core Section 11: Immunization Module (flu and pneumonia immunization status and location received) (CDC, 2018). Pierannunzi et al. (2013) conducted a systematic review of publications assessing the reliability and validity of the BRFSS from 2004-2011. The immunization and preventative testing module revealed high reliability using test retest and high validity when compared to other national surveys, national registry data, and medical records (Pierannunzi et al., 2013). Validity testing of flu vaccine prevalence indicates a confidence

interval of 66.9-68.2 and pneumonia vaccine prevalence confidence interval of 62.7-64.1 (Fahimi et al., 2008).

Sample

The purposeful sample included 179 respondents; ages ranging from 18 to 69 ($M = 39.65$, $SD = 12.88$) and 87.64% reported being White/Non-Hispanic. In regards to sexual orientation, 45.81% of participants self-reported being gay, 22.91% self-reported bisexual, followed by 18.99% self-reported being lesbian. In regards to gender identity 9.50% self-identified as transgender.

Results

In response to obtaining a flu vaccine, as shown in Table 1, almost half (46.93%) of respondents indicated obtaining a flu shot or vaccine within the last 12 months and a little over half (53.07%) reported not obtaining the vaccine. Of the 42 individuals responding to where they received the flu vaccine, 30.95% reported at a doctor's office and 30.95% reported at their workplace. This was followed by 19.05% indicating receiving the immunization at a store (supermarket or drugstore). Additionally, 27.45% of the respondents reported receiving a pneumonia shot/vaccine and 72.55% indicated they had not.

Table 1

Flu and Pneumonia Vaccine

Question	Respondents (n)	Yes n (%)	No n (%)
Flu shot or vaccine	179	84 (46.93)	95 (53.07)
Pneumonia shot	102	28 (27.45)	74 (72.54)

An analysis of age groups (18-31, 32-44, and 45+) revealed the largest group receiving a flu vaccine was 45+ (51.52%) and those receiving a pneumonia shot were 18-31 (33.33%).

Further examination was conducted to assess if flu and/or pneumonia coverage differed with varying sexual orientation and gender identify. Of those who had not received the flu vaccine, 38.95% self-identified as gay and 26.32% identified as bisexual. This was followed by 24.21% and 10.53% reporting as lesbian and straight (not gay) respectively. In regards to the pneumonia shot, of those indicating receiving a pneumonia immunization, 57.14% self-identified as gay; followed by 17.86% being from the bisexual group; 14.29% from the straight (not gay) group; and 10.71% being from the lesbian group.

Discussion

Flu and Pneumonia are considered high-preventable illnesses. According to Seaman (2016), a study conducted at the Karolinska Institute in Stockholm from 2001 to 2011 found gay and bisexual men were more 48% more likely to have a high-preventable illness than straight men; lesbian and bisexual women were 64% more likely than straight women to have a highly-preventable illness. One should note the Transgender population was not included within this study.

In the current study, findings of flu coverage was similar to that of the general public as reported by NORC at the University of Chicago with 43% of individuals receiving the flu vaccine, 14% intended on getting vaccinated, and 41% did not plan on receiving the vaccine (2018). According to the Kaiser Family Foundation (2017), 74.7% of adults 65 years of age and older have received the pneumonia vaccine within the United States; many studies related to pneumonia vaccines do not include participants less than 65 years of age. It is interesting, as previously noted, for this sample, the greatest percentage reporting receiving a pneumonia vaccine was in the 18-33 years age group. This study took place in a large metropolitan area, which could offer more healthcare resources/options for this population than a rural area. Also,

there may be an increased resiliency of the LGBT community and the possibility of relying on each other to find inclusive and affirming providers.

Strengths and Limitations

Strengths of this study include the timely topic that brings awareness to those caring for members of this community. Limitations of the study could include limited geographically location of the subjects. Caution should be used in generalizing the findings due to a small, homogeneous sample and data collection occurring within one geographical location.

Recommendations

Recommendations for research include repeating the study with larger, more heterogeneous groups. Educators in both academic and clinical settings must provide ongoing education to support and provide affirming and inclusive environments for this community. FCNs are uniquely situated to care for a vulnerable and underserved community. Individuals identifying within the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) community are encountering health disparities and will often delay care until they find themselves in an emergent situation, and often times may be unable to access preventative care. As nurses, many of us feel we were “called” to our vocation, a truer statement for those giving back to their community as FCN serving as leaders in promoting equality of healthcare for all individuals.

Conclusion

Despite limitations of generalizability of the findings, the research contributes to the body of knowledge related to caring for members of the LGBT population. Current healthcare providers, including FCNs, need ongoing education to address specific care needs for members of the LGBT community. Inclusion of everyone is important.

Therefore welcome one another as Christ has welcomed you, for the glory of God.—

Romans 15:7 ESV

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